

**PLEASE NOTE TIME OF MEETING**

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 7 June 2018

**A special meeting of the Inverclyde Integration Joint Board will be held on Monday 18 June 2018 at 1.30pm within Board Room 1, Municipal Buildings, Greenock.**

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

<b>BUSINESS</b>		<b>Page</b>
1.	<b>Apologies, Substitutions and Declarations of Interest</b>	
<b><u>Items for Action:</u></b>		
2.	<b>2017/18 Draft Annual Accounts</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>P</b>
3.	<b>Inverclyde IJB Budget 2018/19</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4.	<b>Review of Strategic Plan 2016/19 and Proposed Process for Development of the 2019-22 Strategic Plan</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Annual Performance Report 2017-2018</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
<b><u>Item for Noting:</u></b>		
6.	<b>Audit Scotland Report: What Is Integration? April 2018</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

<p>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, 8 and 9 of Part I of Schedule 7(A) of the Act.</p>	
<p><b>Item for Action:</b></p> <p>7. <b>Non Care Home Providers – Living Wage</b>  Report by Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership making recommendations in respect of non care home providers' rates to meet the living wage commitment</p>	<p><b>p</b></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

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**Report To:** Inverclyde Integration Joint Board      **Date:** 18 June 2017

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/35/2018/LA

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

**Subject:** 2017/18 DRAFT ANNUAL ACCOUNTS

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to set out the proposed approach of the Inverclyde Integration Joint Board (IJB) to comply with its statutory requirements in respect of its annual accounts and to present the draft 2017/18 Annual Accounts and Annual Governance Statement.

## **2.0 SUMMARY**

- 2.1 IJBs are specified as 'section 106' bodies in terms of the Local Government (Scotland) Act 1973, and consequently are expected to prepare their financial statements in compliance with the Local Authority Accounts (Scotland) Regulations 2014 (the regulations) and the Code of Practice on Accounting For Local Authorities in the United Kingdom.
- 2.2 The Scottish Government introduced the regulations to update the governance arrangements relating to the authorisation and approval of a section 106 body's annual accounts. This report outlines the IJB's approach to comply with the regulations and presents the draft 2017/18 accounts.
- 2.3 The regulations require the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance and require that unaudited accounts are submitted to the auditor no later than 30 June immediately following the financial year to which they relate.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014;
  2. Approves the Annual Governance Statement included within the Accounts; and
  3. Agrees that the unaudited accounts for 2017/18 be submitted to the auditor.

**Louise Long, Chief Officer**

**Lesley Aird, Chief Financial Officer**

## **4.0 BACKGROUND**

- 4.1 On 10 October 2014 the Local Authority Accounts (Scotland) Regulations 2014 came into force. The Scottish Government also provided additional guidance on the application of these regulations.
- 4.2 These regulations superseded the 1985 regulations and provide clearer definitions of the roles and responsibilities of Board Members and Officers in respect of the authorisation and approval of a section 106 body's annual accounts.
- 4.3 These regulations apply to any annual accounts with a financial year that begins from 1 April 2014 and therefore govern the preparation of the IJB's 2017/18 annual accounts.

## **5.0 ANNUAL GOVERNANCE STATEMENT 2017/18**

- 5.1 The regulations require that the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance following an assessment of both the effectiveness of the internal audit function and the internal control procedures of the IJB.
- 5.2 The Audit Committee has considered the performance of internal audit and internal control procedures throughout the year.
- 5.3 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.
- 5.4 In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority's systems of internal control that support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the IJB.
- 5.5 The IJB has adopted governance arrangements consistent where appropriate with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". This statement explains how the IJB has complied with the Local Code and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.
- 5.6 The Board of the IJB comprises 8 voting members, including the Chair and Vice Chair; four voting members are Council Members nominated by Inverclyde Council and four are Board members of NHS Greater Glasgow and Clyde. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies and service users. Professional members include the Chief Officer, Chief Finance Officer and Chief Social Worker. The IJB, via a process of delegation from NHS Greater Glasgow and Clyde and Inverclyde Council, and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area.
- 5.7 A Local Code of Good Governance has been approved by the Audit Committee and based on this, an assurance assessment template was completed. The actions identified through this assurance assessment exercise are detailed in the Annual Governance Statement.

- 5.8 The Chief Internal Auditor has confirmed that there are no additional significant governance issues that require to be reported specific to the IJB.
- 5.9 Based on the audit work undertaken, the assurances provided by Directors (of Inverclyde Council) and the Senior Management Teams (of services within NHS Greater Glasgow and Clyde), it is the Chief Internal Auditor's opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the governance and control environment which operated during the reporting period of 2017/18.
- 5.10 Subject to the above, and on the basis of the assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment.
- 5.11 The IJB is asked to approve the Annual Governance Statement. The draft statement is enclosed on pages 12-15 of the draft annual accounts within Appendix A.

## **6.0 UNAUDITED ACCOUNTS**

- 6.1 The regulations require that the unaudited accounts are submitted to the auditor no later than the 30 June immediately following the financial year to which they relate.
- 6.2 The IJB or committee whose remit includes audit and governance, for Inverclyde this is the IJB Audit Committee, must meet to consider the unaudited annual accounts as submitted to the external auditor no later than 31 August immediately following the financial year to which the annual accounts relate.
- 6.3 Scottish Government guidance states that best practice would reflect that the IJB or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.

## **7.0 RIGHT TO INSPECT AND OBJECT TO ACCOUNTS**

- 7.1 The right to inspect and object to the accounts remains unchanged through these regulations. The timetable for the public notice and period of inspection has been standardised with the inspection period starting no later than 1 July in the year the notice is published.

## **8.0 APPROVAL AND PUBLICATION OF AUDITED ACCOUNTS**

- 8.1 The regulations require that the audited annual accounts should be considered and approved by the IJB or Audit Committee having regard to any report made on the audited annual accounts by the proper officer<sup>1</sup> or external auditor by 30 September immediately following the financial year to which the accounts relate. In addition, any further report by the external auditor on the audited annual accounts should also be considered by the IJB or Audit Committee.
- 8.2 The Audit Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the IJB for approval and referred to the Audit Committee for monitoring of any related action plan.

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<sup>1</sup> The Proper Officer is set out in Section 95 of the Local Government (Scotland) Act 1973. In Inverclyde IJB this role is fulfilled by the Chief Financial Officer.

- 8.3 In order to comply with the regulations, it is proposed that the ISA260 and Board Members Report, together with a copy of the audited annual accounts, is considered by the Audit Committee and thereafter referred to the IJB for approval prior to the 30 September in the year immediately following the financial year to which they relate.
- 8.4 The regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years together with any further reports provided by the external auditor that relate to the audited accounts.
- 8.5 The annual accounts of the IJB must be published by 31 October and any further reports by the external auditor by 31 December immediately following the year to which they relate.
- 8.6 The table below summarises the key required and proposed dates for the 2017/18 annual accounts.

	Required Date	Proposed Date
IJB or Audit Committee to approve Annual Governance Statement	30 June	18 June
Unaudited Annual Accounts to be submitted to external audit	30 June	By 30 June
Publication of Draft Accounts inspection period	1 July	By 30 June
Draft Accounts inspection period	2-20 July	2-20 July
IJB or Audit Committee to consider unaudited Annual Accounts	31 August	18 June
IJB or Audit Committee to consider any reports made by the Chief Financial Officer or External Auditor	30 Sept	11 Sept
IJB to consider and approve the audited annual accounts		11 Sept
Audited Annual Accounts to be published	31 Oct	Following the 11 Sept IJB
Any further reports by the external auditor to be published	31 Dec	Following the 11 Sept IJB

## 9.0 2017/18 UNAUDITED ANNUAL ACCOUNTS

- 9.1 The draft Accounts are being prepared in line with guidance issued by CIPFA and provide an overview of the financial performance of the IJB through the following statements:

- Management Commentary
- Statement of Responsibilities
- Annual Governance Statement
- Remuneration Report
- The Financial Statements
- Notes to the Financial Statements

## 10.0 IMPLICATIONS

### 10.1 FINANCE

There are no direct financial implications within this report.

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**

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

**HUMAN RESOURCES**

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

**EQUALITIES**

10.4 There are no equality issues within this report.

10.4.1 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.

10.4.2 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
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## 10.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

## 10.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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.	None

## 11.0 CONSULTATION

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

## 12.0 BACKGROUND PAPERS

- 12.1 The Local Authority Accounts (Scotland) Regulations 2014  
[http://www.legislation.gov.uk/ssi/2014/200/pdfs/ssi\\_20140200\\_en.pdf](http://www.legislation.gov.uk/ssi/2014/200/pdfs/ssi_20140200_en.pdf)

The Local Authority Accounts (Scotland) Regulations 2014 - a narrative



<http://www.gov.scot/Resource/0045/00456007.pdf>

# **Inverclyde Integration Joint Board**

The Governing Body of the

**INVERCLYDE  
HSCP**

**Health and Social  
Care Partnership**

**Annual Accounts  
2017/18**

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# Management Commentary

## Introduction

This publication contains the financial statements for the Inverclyde Integration Joint Board (IJB) for the year ended 31 March 2018.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2017/18 and how this has supported delivery of the IJB's core objectives. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks which we will face as we strive to meet the needs of the people of Inverclyde.

## Inverclyde IJB

In Inverclyde we have an 'all-inclusive' health and social care partnership. The Inverclyde IJB has responsibility for the strategic commissioning (either planning or direct service delivery, or both) of the full range of health and social care services; population health and wellbeing, statutory health and social work/ social care services for children, adults, older people and people in the community justice system. The IJB discharges this responsibility through its operational delivery arm, which is the Inverclyde Health and Social Care Partnership (HSCP).

From 1st April 2016, the IJB took formal delegated responsibility from the NHS Greater Glasgow and Clyde and Inverclyde Council for the delivery and/or planning of local health and social care services.

For some services this delegation of responsibility means the IJB taking full responsibility for planning, management and delivery of service provision, while for others – notably hospital based services and housing – this means planning with partners who continue to manage and deliver the services as part of wider structures (e.g. the Greater Glasgow & Clyde Acute Sector) or via external delivery agencies (e.g. Registered Social Landlords and Housing Associations).

Inverclyde is located in West Central Scotland along the south bank of the River Clyde. It is one of the smallest local authority areas in Scotland, home to 79,500 people and covering an area of 61 square miles. Our communities are unique and varied.

The IJB Strategic Plan 2016-19 outlines our vision for the Inverclyde Health & Social Care Partnership as well as our core objectives and services which are delivered through four core teams. The HSCP has worked hard during 2017/18 to deliver these; the operational HSCP Structure responsible for delivering services is illustrated below.

### HSCP Operational Structure



The IJB Strategic Plan is supported by an operational plan and a variety of service strategies, investment and management plans which aid day to day service delivery. These plans and strategies identify what the IJB wants to achieve, how it will deliver it and the resources required to secure the desired outcomes. The Strategic Plan also works in support of the Inverclyde Community Planning Partnership's Local Outcome Improvement Plan and the Greater Glasgow & Clyde Health Board Local Delivery Plan. It is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our objectives.

## **The Annual Accounts 2017/18**

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2017/18 Accounts have been prepared in accordance with this Code.

## **The Financial Plan**

IJBs need to account for spending and income in a way which complies with our legislative responsibilities.

For 2017/18 the IJB budgeted to deliver Partnership Services at a cost of £127.4m, plus £16.4m of notional budget for Set Aside and £3.7m planned spend through Earmarked Reserves total budget £147.6m. During the year funding adjustments increased the core budget to £128.6m and slippage on Earmarked Reserve spend brought that down to £1.4m, total £146.5m, including Set Aside.

## **Critical Judgements and Estimation Uncertainty**

In applying the accounting policies set out within the notes to these accounts, the IJB has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within Inverclyde IJB for other IJBs within the NHS Greater Glasgow & Clyde area.

In previous financial years the financial accounts have been prepared on the basis that the costs associated with activity for services related to non-Inverclyde residents were removed and transferred to other IJB's to reflect the location of the service recipients. Costs were also added to reflect activity for services delivered by other IJB's related to Inverclyde residents. The costs removed/added were based upon budgeted spend such that any overspend or underspend remains with the hosting IJB.

Within Greater Glasgow and Clyde, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which 2017/18 accounts have been prepared.

In preparing the 2017/18 financial statements the treatment of Hosted Services has changed. The full cost of services which are hosted by the IJB are now reflected in our financial accounts and are no longer adjusted to reflect activity to/for other IJB's within the Greater Glasgow & Clyde area. This change reflects our responsibility in relation to service delivery and the risk and reward associated with it.

The services which are hosted by Inverclyde are identified in the table below. This also shows expenditure in 2017/18 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure 2017/18	Consumed by other IJBs
Inverclyde	General Psychiatry	£5,469,258	£939,619
Inverclyde	Old Age Psychiatry	£3,357,004	£80,181
	<b>Total</b>	<b>£8,826,262</b>	<b>£1,019,800</b>

The services which are hosted by other IJB's on behalf of the other IJB's including Inverclyde are identified in the table below. This also shows expenditure in 2017/18 and the value consumed by Inverclyde IJB.

Host	Service	Actual Net Expenditure 2017/18	Consumed by Inverclyde IJB
East Dunbartonshire	Oral Health	£10,094,336	£578,405
	<b>Total</b>	<b>£10,094,336</b>	<b>£578,405</b>
East Renfrewshire	Learning Disability	£8,194,990	£416,201
	<b>Total</b>	<b>£8,194,990</b>	<b>£416,201</b>
Glasgow	Continence	£3,683,091	£282,898
Glasgow	Sexual Health	£9,697,602	£411,881
Glasgow	MH Central Services	£7,707,927	£774,739
Glasgow	MH Specialist services	£11,517,713	£1,091,277
Glasgow	Alcohol + Drugs Hosted	£16,585,776	£522,452
Glasgow	Prison Healthcare	£7,177,437	£548,442
Glasgow	HC In Police Custody	£2,274,008	£168,277
Glasgow	Old Age Psychiatry	£20,947,550	£164,776
Glasgow	General Psychiatry	£36,885,493	£0
	<b>Total</b>	<b>£116,476,598</b>	<b>£3,964,742</b>
Renfrewshire	Podiatry	£6,235,691	£542,505
Renfrewshire	Primary Care support	£3,873,082	£244,004
Renfrewshire	General Psychiatry	£7,471,809	£0
Renfrewshire	Old Age Psychiatry	£6,589,023	£20,760
	<b>Total</b>	<b>£24,169,605</b>	<b>£807,269</b>
West Dunbartonshire	MSK Physio	£5,858,142	£449,715
West Dunbartonshire	Retinal Screening	£798,272	£59,551
West Dunbartonshire	Old Age Psychiatry	£1,541,243	£0
	<b>Total</b>	<b>£8,197,657</b>	<b>£509,266</b>
<b>Total</b>		<b>£167,133,186</b>	<b>£6,275,883</b>

The set-aside figure included in the IJB accounts is based on the average of 2013/14 and 2014/15 acute hospital activity with a 1% uplift applied. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2017/18. Further work is taking place to improve this for 2018/19 to link it more closely to actual activity and costs for Set Aside services for Inverclyde.

## Performance

The HSCP tracks change in need and demand, and delivery of the National Wellbeing Outcomes through its performance management arrangements. Every service undergoes a quarterly service review, chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service's key objectives and delivery of outcomes. Any divergence from the agreed strategic direction is quickly identified and steps are put in place to get the service back on track. If there are notable differences between the service's performance and what has been planned for, then these differences are reported to the IJB along with a summary of the reasons for the divergence, and an outline of the planned remedial action in cases where the divergence is negative. This is reported through Performance Exceptions Reports, and these continue to be produced and published on a six-monthly basis. The legislation requires that we follow a prescribed format of annual performance reporting against the nine outcomes, based on 23 national indicators. There is also a requirement for us to publish an annual performance report by 31<sup>st</sup> July. Inverclyde's Annual Performance Report 2017/18 was published 18 June 2018.

The IJB's 2017/18 Performance against the 23 National Indicators is shown in the table below:

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
1*	Percentage of adults able to look after their health very well or quite well	91%	93%	
2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80%	81%	
3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	76%	
4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	79%	74%	
5*	Total % of adults receiving any care or support who rated it as excellent or good	83%	80%	
6*	Percentage of people with positive experience of the care provided by their GP practice	83%	83%	
7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	80%	
8*	Total combined percentage of carers who feel supported to continue in their caring role	40%	37%	
9*	Percentage of adults supported at home who agreed they felt safe	84%	83%	

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)		
11	Premature mortality rate per 100,000 persons	505	440	
12	Emergency admission rate (per 100,000 population)	14381	12294	
13	Emergency bed day rate (per 100,000 population)	159547	125634	
14	Readmission to hospital within 28 days (per 1,000 population)	88	100	
15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	
16	Falls rate per 1,000 population aged 65+	24	22	
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	90%	84%	
18	Percentage of adults with intensive care needs receiving care at home	63%	61%	
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	263	842	
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	30%	25%	
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready	Indicator under development (ISD)		
23	Expenditure on end of life care, cost in last 6 months per death	Indicator under development (ISD)		



The data presented against these National Indicators is the most up-to-date as released by ISD in April 2018. Those marked with an \* are taken from the 2017/18 Health and Care Experience Survey (<http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/>).

## Financial Performance

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2017/18.

### (a) Partnership Revenue Expenditure 2017/18

During the year the Partnership again successfully mitigated the full value of the inherited Health baseline budget pressure on Mental Health Inpatient services through a combination of measures, including: improved cost control and tighter absence management arrangements and planned one off underspends in other areas to offset the remaining budget pressure. Health services expenditure therefore was kept within the overall budget.

Partnership services saw continued demand growth, particularly in Learning Disabilities and Older People Services where the number of service users and cost per service user rose significantly. The Partnership was able to effectively manage this budget pressure in year and generate an overall surplus on social care services.

In previous years the Social Care budget has experienced a degree of short term volatility in certain demand led budgets. In order to address this any one off underspends on these budgets have been placed in Earmarked Reserves to cover any one off overspends in future years. In 2017/18 £0.261m was taken into the Adoption, Fostering and Residential fund within Children & Families and £0.246m was taken into a reserve for Older People Residential and Nursing Homes.

During the year £2.115m of Earmarked Reserves were used to fund specific spend and projects and an additional £3.951m was transferred into Earmarked Reserves, leading to a net increase of £1.836m in Reserves over the year.

Total net expenditure for the year was £145.053m against the overall funding received of £146.889m, generating a revenue surplus of £1.836m. This was made up as follows:

### Analysis of Surplus on Provision on Services

	<b>£000</b>
Underspend on Children & Families	143
Overspend on Learning Disabilities due mainly to increases in client packages	(297)
Underspend on Physical Disability client packages	101
Underspend on Business Support mainly through early delivery of future savings	491
Underspend on Assessment & Care Managements mainly through employee	125
Underspend on Addictions mainly due to delay in filling vacancies	221
Other services various minor underspends	51
Homelessness overspend to increase bad debt provision	(133)
Movement in EMRs	1,134
<b>Surplus on Provision of Services</b>	<b>1,836</b>

All of the above has been taken to Earmarked reserves as detailed in note 7.

## Budget agreed at Period 9 vs Final Outturn

Original Budget	IJB FUNDING	Revised Budget @ P9	Outturn	Difference
	<b>Operational funding budget</b>			
80,055	Health	81,603	83,129	1,526
47,380	Council	47,043	47,043	0
16,439	Set Aside	16,439	16,439	0
<b>143,874</b>	<b>TOTAL IJB FUNDING</b>	<b>145,085</b>	<b>146,611</b>	<b>1,526</b>
Original Budget	IJB NET EXPENDITURE	Revised Budget @ P9	Outturn	Difference
	<b>Operational net expend budget</b>			
80,055	Health	81,603	83,129	1,526
47,380	Council	47,043	45,485	(1,558)
16,439	Set Aside	16,439	16,439	0
<b>143,874</b>	<b>TOTAL IJB NET EXPENDITURE</b>	<b>145,085</b>	<b>145,053</b>	<b>(32)</b>
<b>0</b>	<b>Surplus/(Deficit) on Provision of Operating Services</b>	<b>0</b>	<b>1,558</b>	<b>1,558</b>
3,754	Movement on Earmarked Reserves Decrease/(Increase)	1,426	(278)	(1,704)
<b>(3,754)</b>	<b>Overall Surplus/(Deficit)</b>	<b>(1,426)</b>	<b>1,836</b>	<b>3,262</b>

### (b) The Balance Sheet

The Balance Sheet summarises the IJB's assets and liabilities as at 31 March 2018, with explanatory notes provided in the full accounts.

### Financial Outlook, Risks and Plans for the Future

The UK economy was showing signs of recovery with inflation and unemployment falling and growth taking place in a number of sectors. The planned exit from the European Union has created some further, short and longer term, uncertainty and risk for the future for all public sector organisations.

Additional funding of £66m has been announced for Local Authorities across Scotland for 2018/19 to address social care pressures, and in particular, to support providers to pay the Living Wage to care workers. Despite this, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted to 2019/20. In addition to economic performance, other factors influence the availability of funding for the public sector including demographic challenges that Inverclyde is facing.

The most significant risks faced by the IJB over the medium to longer term, reflected in the IJB risk register can be summarised as follows:

- financial sustainability with increased demand for services alongside reducing resources and the wider financial environment, which continues to be challenging; and
- the risk around the relationships with acute partners, risk of differing priorities and competing pressures from external stakeholders.

The Inverclyde IJB has responsibility for social care and a range of health services. The IJB is responsible for financial and strategic oversight of these services.

Moving into 2018/19, we are working to proactively address the funding challenges presented while, at the same time, providing effective services for the residents of Inverclyde.

We have well established plans for the future, and the IJB Strategic Plan 2016/17 to 2018/19 was approved by the IJB in March 2016 and outlined the overarching vision of:



'Improving Lives' is underpinned by the 4 key values of:



Work is underway to update the Strategic Plan to take the IJB forward into its next phase. The new plan will cover the period from 2019/20 to 2021/22.

## Conclusion

In a challenging financial and operating environment the IJB has successfully overseen the delivery of its Strategic Plan objectives and the delivery of all core services while undertaking a significant change programme designed to provide a more person centred model of care, deliver on early intervention and prevention ambitions and free up efficiencies.

A mid-term review of the Strategic Plan is underway, and will be used to inform the content of the next Strategic Plan (2019-22).

## Where to Find More Information

If you would like more information please visit our IJB website at:  
<https://www.inverclyde.gov.uk/health-and-social-care>

### Louise Long

Chief Officer

\_\_\_\_\_

**Date:** 11 September 2018

### Lesley Aird, CPFA

Chief Financial Officer

\_\_\_\_\_

**Date:** 11 September 2018

### Simon Carr

IJB Chair

\_\_\_\_\_

**Date:** 11 September 2018

# Statement of Responsibilities

## Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has the responsibility for the administration of those affairs. In this IJB, the proper officer is the Chief Financial Officer;
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003)
- Approve the Annual Statement of Accounts.

I confirm that the audited Annual Accounts were approved for signature at a meeting of the IJB on 11 September 2018.

Signed on behalf of the Inverclyde IJB

**Simon Carr**

IJB Chair

**Date:** 11 September 2018

## Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and then applied them consistently;
- Made judgements and estimates that were reasonable and prudent;
- Complied with legislation;
- Complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- Kept proper accounting records which were up to date;
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of Inverclyde IJB as at 31 March 2018 and the transactions for the year then ended.

**Lesley Aird, CPFA**

Chief Financial Officer

**Date:** 11 September 2018

# Remuneration Report

## Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

### 1 Integration Joint Board

The voting members of the IJB were appointed through nomination by the Health Board and Council.

### 2 Senior officers

The IJB does not directly employ any staff in its own right. All HSCP officers are employed through either the Health Board or Council and remuneration for senior staff is reported through those bodies. Specific post-holding officers are non-voting members of the Board

#### Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The Chief Officer, Louise Long, is employed by Inverclyde Council and seconded to the IJB and has been in post since 8 May 2017. The former Chief Officer, Brian Moore, was also employed by Inverclyde Council and seconded to the IJB until his retirement on 28 April 2017. The statutory responsibility for employer pension liabilities sits with Inverclyde Council as the employing partner organisation. There is therefore no pension liability reflected on the Inverclyde IJB balance sheet for the IJB's Chief Officer. The remuneration terms of the Chief Officer's employment are approved by the IJB.

#### Chief Financial Officer

The IJB Chief Financial Officer, Lesley Aird, is employed on a part time basis by NHS Greater Glasgow and Clyde. The Council and Health Board share the costs of this and all other senior officer remunerations.

#### Other officers

No other staff are appointed by the IJB under a similar legal regime. There are no other non-voting board members who meet the criteria for disclosure and require to be included in the disclosure below.

Salary, Fees & Allowances 2016/17 £	Name and Post Title	Salary, Fees & Allowances 2017/18 £
0	Louise Long (started 08 May 2017) Chief Officer	100,075
107,002	Brian Moore (retired 28 April 2017) Chief Officer	10,334
42,653	Lesley Aird (part time 0.5 WTE) Chief Financial Officer	41,469

### 3 Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by Inverclyde Council and Greater Glasgow & Clyde Health Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair, Vice Chair and other IJB voting member appointments and any taxable expenses paid by the IJB are shown below.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for voting members.

Name	Post(s) Held	Nominated By
Simon Carr	IJB Chair	GG&C
Councillor Jim Clocherty	IJB Vice Chair	Inverclyde Council
Alan Cowan	IJB Member Vice Chair Audit Committee	GG&C
Councillor Vaughan Jones	IJB Member (until 04/05/2017)	Inverclyde Council
Dr Donald Lyons	IJB Member Audit Committee Member (from 07/11/2017)	GG&C
Dorothy McErlean	IJB Member Audit Committee Member (until 07/11/2017)	GG&C
Councillor Joe McIlwee	IJB Member (until 25/05/2017)	Inverclyde Council
Councillor Jim MacLeod	IJB Member (from 25/05/2017)	Inverclyde Council
Councillor Ciano Rebecchi	IJB Member Chair Audit Committee	Inverclyde Council
Councillor Lynne Quinn	IJB Member (from 25/05/2017) Audit Committee Member	Inverclyde Council

There were no Inverclyde IJB specific expenses recorded for voting members of the IJB during 2017/18. Any expenses claimed by voting members are paid through the relevant IJB partner organisation.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension		Accrued Pension Benefits		
	For Year to 31/03/17 £	For Year to 31/03/18 £	Difference from 31/03/17 £0	As at 31/03/18 £0	
Louise Long Chief Officer since 08/05/2017)	0	19,147	Pension	4,121	10,714
			Lump Sum	0	0
Brian Moore Chief Officer till 28/04/2017	20,593	1,996	Pension	(2,754)	52,983
			Lump Sum	(1,331)	120,724
Lesley Aird Chief Financial Officer	606	1,178	Pension	572	1,178
			Lump Sum	0	0

The Chief Finance Officer was previously a member of the Strathclyde Pension Scheme but has opted not to transfer those benefits. The accrued pension benefit disclosed above therefore relates only to this current employment and pension.

### Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose whole time equivalent remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2016/17	Remuneration Band	Number of Employees in Band 2017/18
1	£105,000 - £110,000	2*
1	£65,000 - £70,000	1

\* The Chief Officer retired and was replaced during 2017/18

### Louise Long

Chief Officer

Date: 11 September 2018

### Simon Carr

IJB Chair

Date: 11 September 2018

# Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

## Scope of Responsibility

The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. It is a body corporate, a legal entity in its own right but it relies on support from officers employed by Inverclyde Council and Greater Glasgow & Clyde NHS Board in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland. The main features of the IJB's governance arrangements are described in the Local Code but are summarised below.

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the Inverclyde Council and Greater Glasgow & Clyde Health Board systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

The system can only provide reasonable and not absolute assurance of effectiveness.

## The Governance Framework and Internal Control System

The Board of the IJB comprises voting members, nominated by either Inverclyde Council or Greater Glasgow & Clyde Health Board, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the IJB's governance arrangements are described in the Local Code but are summarised below:

- The IJB was the key decision making body. The IJB's membership (voting and non-voting), as set by statutory instrument, is fully established. An Audit Committee with detailed remit and powers and clearly defined membership was set up in 2017/18 to consider all matters in relation to Internal and External Audit and Risk Management;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, Standing Orders, and Financial Regulations.
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which was approved and published prior to the delegation of the integrated functions on 1 April 2016 and which links closely to the vision of the Inverclyde Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and national statutory performance indicators;
- The Performance Management Strategy focuses very firmly on embedding a performance management culture that measures delivery of improved outcomes rather than systems and processes throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has a Code of Conduct based on the Model Code of Conduct for Integration Joint Boards. The register of members' interests is published and made available for inspection.
- The IJB has in place a development programme for all Board Members. The IJB places reliance on the organisational development activity undertaken through partnership organisations for senior managers and employees;



- The IJB has established three Wellbeing Localities, East Inverclyde, Central Inverclyde and West Inverclyde. These reflect the local planning areas that were developed by the Community Planning Partnership (the Inverclyde Alliance) through full public consultation. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.
- As a separate Public Body, the IJB is required to publish Equalities Outcomes. These were published on the HSCP website in April 2016, and will be subject to review in 2018.

The governance framework was in place throughout 2017/18.

### **The System of Internal Financial Control**

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of the Health and Social Care Partnership. During 2017/18 this included the following:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against budget and forecasts;
- Setting targets to measure financial and other performance;
- Clearly defined capital expenditure guidelines;
- Formal project management disciplines.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). The Chief Internal Auditor reports directly to the IJB Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Audit Committee.

With regard to the entries taken from the Health Board and Council Accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Annual Governance Statements where appropriate.

### **Review of Effectiveness**

Inverclyde IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Internal Audit functions of the Council and Health Board have independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2017/18, these services operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditors prepared annual reports to the relevant Audit Committees, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

### **Significant Governance Issues during 2017/18**

The Internal Audit Annual Reports 2017/18 for the Council and Health Board identify no significant control issues. Some actions have been agreed within the Council and Health Board Annual Governance statements to further enhance those internal control environments. None of these are considered material enough to have a significant impact on the overall control environment.

The Internal Audit Annual Report and Assurance Statement for 2017/18 concludes: “On the basis of Internal Audit work carried out in 2017/2018, the majority of the IJB’s established internal control procedures appeared to operate as intended to meet Management’s requirements for the individual systems reviewed by Internal Audit. On the basis of selective testing of key controls it can be concluded that, in the main, controls were generally operating as expected during the period under review, although it does need to be recognised that some recommendations were made by Internal Audit to improve controls. The overall opinion is **Satisfactory**”.

### Action Plan

Following consideration of adequacy and effectiveness of our local governance arrangements the following actions have been identified to enhance local governance and ensure continual improvement of the IJB’s governance.

- Introduce self-assessment for IJB members
- Link the programme of IJB development to the Strategic Plan
- Include specific training for IJB members around ethics, equalities and diversity and similar areas within overall IJB Member training programme
- Locality Planning work and locality groups are to be further developed
- Develop and implement an action plan to deliver the Internal Audit Strategic Planning report recommendations
- Ensure risk registers are included in IJB reports where appropriate and that risk management is an embedded process within all strategic and financial planning
- Develop a more objective process for agreeing what exception reporting is required in performance reports
- Review performance of Hosted Services

During 2018/19 the IJB plans to deliver these actions to further strengthen its strategic planning and governance arrangements.

No significant actions were required as part of the 2016/17, other than a commitment on the part of the IJB to develop its local code of good governance which has been done.

### Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB’s governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB’s principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

**Louise Long**

Chief Officer

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**Date:** 11 September 2018

**Simon Carr**

IJB Chair

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**Date:** 11 September 2018

# The Financial Statements

## Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

2016/17 Restated			2017/18		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
3,527	(535)	2,992	2,648	(57)	2,591
28,158	(631)	27,527	29,037	(2,170)	26,867
11,358	(330)	11,028	11,326	(673)	10,653
6,376	(628)	5,748	6,048	(244)	5,804
9,619	(76)	9,543	9,381	(43)	9,338
13,615	(636)	12,979	13,453	(467)	12,986
2,873	(159)	2,714	2,885	(226)	2,659
3,768	(423)	3,345	3,488	(99)	3,389
6,578	(547)	6,031	8,239	(467)	7,772
3,719	(398)	3,321	4,233	(634)	3,599
2,120	(2,065)	55	1,959	(1,997)	(38)
1,582	(723)	859	1,689	(722)	967
22,692	(892)	21,800	22,660	(894)	21,766
18,136	0	18,136	18,817	0	18,817
1,347	0	1,347	1,236	0	1,236
199	0	199	208	0	208
<b>135,667</b>	<b>(8,043)</b>	<b>127,624</b>	<b>137,307</b>	<b>(8,693)</b>	<b>128,614</b>
16,439	0	16,439	16,439	0	16,439
<b>152,106</b>	<b>(8,043)</b>	<b>144,063</b>	<b>153,746</b>	<b>(8,693)</b>	<b>145,053</b>
0	(148,023)	(148,023)	0	(146,889)	(146,889)
<b>152,106</b>	<b>(156,066)</b>	<b>(3,960)</b>	<b>153,746</b>	<b>(155,582)</b>	<b>(1,836)</b>
		<b>(3,960)</b>			<b>(1,836)</b>

The income and expenditure statement has been restated in 2016/17 to reflect the revised position in relation to hosted services. See critical judgements section for further information.

There are no statutory or presentation adjustments which affect the IJB's application of funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently and Expenditure and Funding Analysis is not provided in these annual accounts.

## Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2017/18	General Reserves £000	Earmarked Reserves £000	TOTAL Reserves £000
<b>Opening Balance at 31 March 2017</b>	<b>0</b>	<b>(3,960)</b>	<b>(3,960)</b>
Total Comprehensive Income and Expenditure	0	(1,836)	(1,836)
Increase in 2017/18		(1,836)	(1,836)
<b>Closing Balance at 31 March 2018</b>	<b>0</b>	<b>(5,796)</b>	<b>(5,796)</b>

## Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2017 £000		Notes	31 March 2018 £000
<b>Current Assets</b>			
3,972	Short term debtors	5	5,820
<b>Current Liabilities</b>			
(12)	Short term creditors	6	(24)
<b>3,960</b>	<b>Net Assets</b>		<b>5,796</b>
3,960	Reserves	8	5,796
<b>3,960</b>	<b>Total Reserves</b>		<b>5,796</b>

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2018 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 18 June 2018.

**Lesley Aird, CPFA**

Chief Financial Officer \_\_\_\_\_ **Date:** 11 September 2018

# Notes to the Financial Statements

## 1. Accounting Policies

### 1.1 General principles

The Inverclyde Integration Joint Board is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. The Integration Scheme is a legally binding agreement between Inverclyde Council and NHS Greater Glasgow and Clyde.

Integration Joint Boards (IJB's) are specified as section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Local Authority Accounts (Scotland) Regulations 2014 and the Code of Practice on Accounting for Local Authorities in the United Kingdom, supported by International Financial Reporting Standards (IFRS). These are issued jointly by CIPFA and the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) and are designed to give a "true and fair view" of the financial performance of the IJB.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

The Annual Accounts summarise the IJB's transactions for the 2017/18 financial year and its position at the year end of 31 March 2018.

### 1.2 Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms or conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down

### 1.3 Funding

The IJB is primarily funded through funding contributions from the statutory funding partners namely Inverclyde Council and NHS Greater Glasgow and Clyde. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Inverclyde.

### 1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor in the IJB Balance Sheet.

## **1.5 Employee Benefits**

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

## **1.6 Provisions, Contingent Liabilities and Contingent Assets**

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

## **1.7 Events After The Reporting Period**

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts are adjusted to reflect such events
- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

## **1.8 Exceptional items**

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the IJB's financial performance.

## **1.9 Related Party Transactions**

As parties to the Inverclyde Integration Scheme both Inverclyde Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 3 in line with the requirements of IAS 24.

## **1.10 Support services**

Support services were not delegated to the IJB through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided are mainly comprised of: provision of financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

## **1.11 Indemnity Insurance**

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. Inverclyde Council and Greater Glasgow & Clyde Health Board have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike Health Boards, the IJB does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

## **1.12 Clinical and Medical Negligence**

The IJB provides clinical services to patients under the statutory responsibility of NHS Greater Glasgow and Clyde. In connection with this it is responsible for any claims for medical negligence arising within the services it commissions, up to a certain threshold per claim. For claims in excess of this threshold the Health Board and IJB are members of CNORIS established by the Scottish Government which reimburses costs to members where negligence is established.

The IJB would make provision for claims notified by the NHS Central Legal Office according to the value of the claim and the probability of settlement. Where a claim was not provided for in full the balance would be included as a contingent liability. The corresponding recovery from CNORIS in respect of amounts provided for would be recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

## **1.13 Reserves**

Reserves are created by appropriating amounts out of revenue balances. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year so as to be included within the Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement.

## **1.14 VAT**

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.



Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the Commissioning IJB.

## 2 Taxation and Non-Specific Grant Income

31 March 2017 (Restated) £000	Taxation and Non-Specific Grant Income	31 March 2018 £000
95,616	NHS Greater Glasgow and Clyde Health Board	99,568
52,407	Inverclyde Council	47,321
<b>148,023</b>	<b>TOTAL</b>	<b>146,889</b>

The note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See critical judgements section for further information.

### Health Board Contribution

The funding contribution from the Health Board above includes £16.439m in respect of 'set aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however, has responsibility for the consumption of, and the level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

### 3 Related Party Transactions

The IJB has related party relationships with Greater Glasgow & Clyde Health Board and Inverclyde Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

31 March 2017 (Restated) £000		31 March 2018 £000
<b>Transactions with NHS Greater Glasgow &amp; Clyde</b>		
(95,616)	Funding Contributions received	(99,568)
(2,038)	Service Income received	(1,865)
83,846	Expenditure on Services Provided	85,232
<b>(13,808)</b>	<b>TOTAL</b>	<b>(16,201)</b>
<b>Transactions with Inverclyde Council</b>		
(52,407)	Funding Contributions received	(47,321)
(6,006)	Service Income received	(6,829)
68,261	Expenditure on Services Provided	68,515
<b>9,848</b>	<b>TOTAL</b>	<b>14,365</b>

31 March 2017 (Restated) £000		31 March 2018 £000
<b>Balances with NHS Greater Glasgow &amp; Clyde</b>		
0	Debtor balances: Amounts due to the NHS	0
0	Creditor balances: Amounts due from the NHS	0
<b>0</b>	<b>Net Balance with the NHS Board</b>	<b>0</b>
<b>Balances with Inverclyde Council</b>		
0	Debtor balances: Amounts due to the Council	0
3,972	Creditor balances: Amounts due from the Council	5,820
<b>(3,972)</b>	<b>Net Balance with the Council</b>	<b>(5,820)</b>

The note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See critical judgements section for further information.

Key Management Personnel: The non-voting Board members employed by the Health Board or Council and recharged to the IJB include the Chief Officer, Chief Financial Officer, representatives of primary care, nursing and non-primary services, and staff representatives. Details of remuneration for some specific post holders is provided in the Remuneration Report.

#### 4 IJB Operational Costs

31 March 2017 £000	Core and Democratic Core Services	31 March 2018 £000
179	Staff costs	152
3	Administrative costs	32
17	Audit fees	24
<b>199</b>	<b>TOTAL</b>	<b>208</b>

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Inverclyde Council. For the 2017/18 Accounts this is combined within the gross expenditure for both partners.

#### 5 Short Term Debtors

31 March 2017 £000	Short Term Debtors	31 March 2018 £000
3,972	Other local authorities	5,820
<b>3,972</b>	<b>TOTAL</b>	<b>5,820</b>

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

#### 6 Short Term Creditors

31 March 2017 £000	Short Term Creditors	31 March 2018 £000
(12)	Other local authorities	(24)
<b>(12)</b>	<b>TOTAL</b>	<b>(24)</b>

## 7 Movement in reserves

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

2016/17		2017/18		
Balance at 31 March 2017 £000		Transfers Out 2017/18 £000	Transfers In 2017/18 £000	Balance at 31 March 2018 £000
43	Self Directed Support/SWIFT Finance Module	0	0	43
26	Growth Fund - Loan Default Write Off	0	0	26
262	Integrated Care Fund	1,243	1,030	49
494	Delayed Discharge	364	333	462
27	Veterans Officer Funding	12	0	15
65	CJA Preparatory Work	56	60	69
43	Welfare Reform - HSCP	22	0	22
27	Deferred Income	24	261	264
56	John Street	56	0	0
925	Adoption/Fostering/Residential Childcare	74	261	1,112
220	New Ways	220	469	469
70	Patient/Client Transport Coordinator Role (FT 2 years)	15	0	55
118	SWIFT Replacement Project	42	0	76
620	Funding to cover timing delay in delivery of future savings	0	0	620
250	Residential & Nursing Placements	0	246	496
121	LD - Integrated Team Leader (FT 2 years)	55	0	66
0	CFCR Reserve	0	340	340
0	Continuous Care	0	152	152
277	Social Care in year underspend	796	519	0
316	Social Care Fund 16/17 C/fwd	597	281	0
0	IJB Transformation Fund	0	1,461	1,461
<b>3,960</b>	<b>Total Earmarked</b>	<b>3,576</b>	<b>5,412</b>	<b>5,796</b>
0	Contingency	0	0	0
<b>3,960</b>	<b>General Fund</b>	<b>3,576</b>	<b>5,412</b>	<b>5,796</b>

## 8 Expenditure and Income Analysis by Nature **UPDATE TABLE**

31 March 2017 (Restated) £000	Inverclyde Integration Joint Board	31 March 2018 £000
<b>HEALTH SERVICES</b>		
22,289	Employee Costs	21,570
10	Property Costs	2
4,190	Supplies & Services	4,596
22,692	Family Health Service	23,731
18,136	Prescribing	18,817
16,439	Set Aside	16,439
(2,038)	Income	(1,865)
<b>SOCIAL CARE SERVICES</b>		
26,708	Employee Costs	27,203
1,449	Property Costs	1,130
1,083	Supplies & Services	1,042
446	Transport	371
868	Administration	1,084
37,597	Payments to Other Bodies	37,553
(6,005)	Income	(6,828)
<b>CORPORATE &amp; DEMOCRATIC CORE/IJB COSTS</b>		
179	Employee Costs	152
3	Administration	32
17	Audit Fee	24
<b>144,063</b>	<b>TOTAL NET EXPENDITURE</b>	<b>145,053</b>
(148,023)	Grant Income	(146,889)
<b>(3,960)</b>	<b>SURPLUS ON PROVISION OF SERVICES</b>	<b>(1,836)</b>

The note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See critical judgements section for further information.

## 9 External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2017/18 are 24,000. There were no fees paid to Audit Scotland in respect of any other services.

## 10 Post balance sheet events

None.

## 11 Contingent assets and liabilities

There are equal pay claims pending against both the Council and Health Board. Since the IJB is not the employer for any of the staff in question it is not financially liable for any amounts due.

## 12 New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

# Independent Auditor's Report

## **Independent Auditor's Report** to the members of Inverclyde IJB and the Accounts Commission for Scotland

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**Report To:** Inverclyde Integration Joint Board      **Date:** 18<sup>th</sup> June 2018

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership      **Report No:** IJB/33/2018/LA

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

**Subject:** INVERCLYDE IJB BUDGET 2018/19

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## **1.0 PURPOSE**

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

## **2.0 SUMMARY**

- 2.1 Inverclyde Council set their 2018/19 budget on 15 March. Greater Glasgow & Clyde Health Board confirmed our funding allocation for 2018/19 on 1 May 2018. In advance of this, the IJB agreed an Indicative Budget on 20 March based on latest updates and discussions with Council and Health Board officers.
- 2.2 The Chief Officer, on behalf of the IJB, has formally accepted the offers from the Council and Health Board which were broadly in line with the figures contained within the Indicative Budget.
- 2.3 The planned spend based on the formal offers from the Council and Health Board is now £153.033m (£47.795m for Social Care, £105,238m for Health) based on confirmed funding of £153.033m (£47.795m from the Council, £82.880m from the Health Board and an indicative £16.439m for Set Aside and £5.919m for Hosted Services). The agreed Interim budget is £151.664m, £46.404m for Social Care and £105.260m for Health, including Set Aside and Hosted Services. The £1.369m increase in funding and expenditure from the Interim budget is detailed later in this report.
- 2.4 The anticipated 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.
- 2.5 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. Accepts the proposed funding of £47.795m 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. Accepts the proposed funding of £82.880m from Greater Glasgow & Clyde (GG&C) Health Board;
4. Agrees the proposed net revenue budgets of £47.795m to Inverclyde Council and £82.880m, 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;
5. Agrees the notional budgets of £16.439m for Set Aside and £5.919m for Hosted Services;
6. Authorises officers to issue related Directions to the Health Board and Council;
7. Notes the ongoing discussions and continued budget risk around Mental Health Inpatients;
8. Notes and approves the proposals relating to the creation of and/or use of reserves at the year end, and
9. 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.
- 4.4 Appendices B1 to B9 contain the detailed budget proposals.

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

- 5.1 On 15 March 2018, the Council agreed its budget for 2018/19. Included within this, the Council agreed £47.795m to be designated as the Council's contribution to the IJB in line with the Integration Scheme plus coverage for other cost pressures around the pay award, living wage and other non-pay inflation once these costs are confirmed. The cost in 2018/19 of providing these services, excluding the above items, is £47.795m.
- 5.2 There are a number of cost pressures in Social Care some of which are not yet confirmed. Inverclyde Council has 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	IC expected to fund cost tbc
NCHC Inflation	0.463
Budget adjustment	0.106
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>1.930</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 as agreed at the IJB meeting of 20 March total £1.555m. The savings are summarised in the table below and detailed in Appendix B4.

Service	Social Care Savings £m	Social Care FTE
Mental Health	0.280	1.0
Children & Families	0.313	0.0
Health & Community Care	0.718	8.5
Strategy & Support Services	0.051	0.1
Other	0.213	4.6
<b>TOTAL Savings</b>	<b>1.555</b>	<b>14.2</b>

5.4 The proposed budget for Social Care services based on the above is £47.795m plus coverage for other cost pressures around the pay award and living wage once these costs are confirmed. It is anticipated that the final savings package, once agreed, will be delivered in full. This is £1.369m higher than the Interim budget due to:

- Additional funding for NCHC and other budget adjustments being agreed by the Council totalling £0.569m
- Reduction in the savings target of £0.445m, specifically in relation to:
  - Removal of the Review of Advice Team saving £0.210m
  - Deferring the Management Restructure saving to 19/20 £0.155m
  - Reduction in anticipated income growth £0.080m

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 AGREED SAVINGS FOR HEALTH FOR 2018/19**

6.1 The Health Board confirmed its proposed 2018/19 funding offer on 1 May 2018, see Appendix A. The Inverclyde funding offer for 2018/19 is £82.880m (Indicative Budget £82.902m, difference £0.022m which will be covered by a reduction in the anticipated Prescribing uplift) excluding Set Aside and hosted budgets. Health funding was uplifted by 1.5% and this uplift has been passed across to the IJBs which will help reduce the overall anticipated budget pressure on health.

6.2 Additional in year funding has been announced by Scottish Government in respect of:

- Primary Care - £115.5m total investment for 2018/19 (£45.750m of this is in relation to the Primary Care Improvement Fund (PCIF) Inverclyde share of that is £0.755m)
- Mental Health - £11m in 2018/19 (Inverclyde £0.181m), £17m in 2019/20 (Inverclyde £0.280m), £24m 2020/21 (Inverclyde £0.396m)
- ADP - £20m – local allocations still to be confirmed but if based on same formula as Mental Health monies Inverclyde share would be £0.329m

6.3 Health cost pressures and funding changes are detailed below:

Health Budget Pressures	£m
Pay Award	0.582
Mental Health Inpatients	0.250
Prescribing	1.058
General Inflation	0.045
<b>CONFIRMED BUDGET PRESSURES TOTAL</b>	<b>1.935</b>
Anticipated funding increases	1.278
<b>FUNDING GAP</b>	<b>0.657</b>

6.4 Agreed 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 B7.

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>

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

6.6 The joint working group chaired by the Assistant Director of Finance for NHSGGC, which includes representatives from the Scottish Government and the CFOs for Glasgow and Renfrewshire HSCPs (representing all 6 HSCPs), continue to review the set aside budget to identify an agreed mechanism for the transfer of resource. Once this work is concluded the set aside budget delegated to HSCPs will be based on actual activity data and costs, and will replace the current notional allocation.

6.7 Prescribing

The anticipated Prescribing uplift for 2018/19 is by far the biggest cost pressure for the Inverclyde IJB. The pressure assumes:

- prescribing volumes say relatively consistent with the current year
- anticipated inflation on drug prices
- ongoing issues around 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 has not continued into 2018/19. This presents a significant risk to all IJBs which will require careful in year monitoring.

6.8 The Prescribing efficiencies which are assumed within the net Prescribing uplift are around a range of efficiencies to be delivered by GPs and/or the central Prescribing teams in the following areas, the anticipated efficiencies are GG&C wide:

- Repeat Prescribing £2m
- Anticoagulant Prescribing £1.4m
- Polypharmacy – Care Home Prescribing £0.5m
- National Therapeutic Indicators £0.5m
- Diabetes Strategy - monitoring and medications £0.4m
- Respiratory strategy £1.6m
- Pain Management £0.5m
- Oral Nutrition Reviews £1m
- Other efficiencies including control of 'specials' and ScriptSwitch £1.5m
- Non Medicine Prescribing including stomas, continence and wound dressing £0.5m

#### 6.9 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.

6.10 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 the IJB agreed 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.

6.11 The 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.

6.12 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. An updated reserves position will be brought to future IJB meetings through the Revenue Monitoring reports. At period 11 Social Care services were projecting a £0.702m underspend and Health a £0.055m underspend, both of which will be carried into an Earmarked Transformation Reserve, £0.297m is being carried into the smoothing reserve for Children External Residential Accommodation and £0.237m into the smoothing reserve for Older People Residential and Nursing Accommodation.

- 7.2 General spend on Earmarked Reserves was lower than anticipated during the year, leaving a higher Reserve balance at the 2017/18 year end which will carry forward into 2018/19. Appendix B9 details the proposed carry forward to earmarked reserves.
- 7.3 It is proposed that a new Capital Project Reserve/CFCR be created from existing reserves to fund agreed capital works in the coming years. A new Transformation Fund Reserve has been created from the combination of the Social Care Fund and other IJB underspends reserves created at the end of 2016/17. The fund is to support test of change and redesigns required to transform how services are delivered in Inverclyde.
- 7.4 It is proposed that per papers to the 15 May IJB, the costs relating to the following projects will be funded from the relevant Earmarked Reserve in 2018/19:
- planned alterations to the Fitzgerald Centre as part of the new Learning Disabilities strategy £0.140m (CFCR Reserve), and
  - Children and Families CELSIS £0.097m (Transformation Fund)

## 8.0 IMPLICATIONS

### 8.1 FINANCE

The IJB is being asked to set its 2018/19 budget at this stage in line with the Indicative Budget agreed 20 March 2018 and 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.

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

#### 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.

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.	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.

**Greater Glasgow and Clyde NHS Board**

Date: 1<sup>st</sup> May 2018  
Our Ref: MW/JH

Enquiries to: Mark White  
Direct Line: 0141-201-4610  
E-mail: [Mark.White@ggc.scot.nhs.uk](mailto:Mark.White@ggc.scot.nhs.uk)

Dear Louise

**2018/19 Devolved Budget Allocation to Inverclyde Health & Social Care Partnership**

I am writing to set out the Board's allocation to the Health and Social care partnership for 2018/19. This proposal has been approved by the NHS Board at its meeting on 17 April 2018. The financial details of the allocation are included in appendix 1 to this letter.

The proposition, which has been agreed in principle with Chief Officers, has been drafted around the following key areas:

**Legacy Unachieved Savings**

The budget allocation is made on the basis that the HSCP will deliver recurrently its agreed share of the unachieved HSCP savings from 2015/16.

**Annual Uplift**

The budget allocation includes a 1.5% uplift on 2017/18 base budgets and any proportionate full year effect additional pay, mental health and alcohol and drug funding uplifts from Scottish Government for 2018/19. In addition, a further uplift for the Agenda for Change pay settlement will be confirmed in due course but a prudent indicative estimate is included in the financial schedule in appendix 1.

**Prescribing**

As previously agreed in 2017/18, the prescribing risk sharing arrangement will terminate with effect from 1st April 2018. The HSCPs have worked on this basis in planning for 2018/19 and the prescribing budgets will be allocated on the existing basis to HSCPs.

The Board will work together with Chief Officers to mitigate this, and more widely reduce the costs of drugs, through a series of actions including collaborating with other HSCPs across Scotland to proactively engage with the Scottish Government with the clear aim of establishing plans to reduce overall drug costs in 2018/19. This will include a clear focus on testing how improved national procurement can generate a cost advantage in year; and consideration of drug availability in 2018/19 in Scotland / locally with the joint aim that patient need is met, patient safety assured, effectiveness and evidence are prioritised but costs are reduced.

**Joint Working**

Shifting the balance of care remains a key commitment of the Board and the Integration Joint Boards. As such, Chief Officers will continue to work with the Board's Executive and Senior Management teams to identify any plans for delivery in 2018/19 that will appropriately accelerate service redesign and change as part of the emerging Moving Forward Together Health and Social Care Transformation Programme.

This programme is centred on ensuring a balanced and effective future system of health and social care services. These changes must sensibly and pragmatically connect the policy intentions set out in the Scottish Governments National Clinical Strategy, Health and Social Care Delivery Plan, link to the emerging West of Scotland Regional Plan, to the emerging NHSGGC whole system Mental Health Strategy, to the implementation of the new GP contract and the local HSCP Primary Care Improvement Plans and to the NHSGGC Unscheduled Care Action Plan.

**Set Aside Budget**



The 2018/19 Set Aside Budget for unscheduled care services consumed by your HSCP in Acute hospitals will be advised to you in due course as the calculations are currently being updated. The Board is currently working with HSCPs and Scottish Government colleagues to review the basis for calculation using current activity levels and actual budgets and to agree details of how it will work in practice. This will remain a notional budget in 2018/19.

### **Corporate Recharges**

The following items will continue to be recharged to the HSCP during 2018/19:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

I hope this now enables the HSCP to finalise its financial plans for 2018/19.

Yours sincerely

**Mark White**  
**Director of Finance**

## Appendix 1 – Financial Allocation

Spend Categories	Inverclyde Hscp
	£000s
Prescribing incl contingency& central methadone	17,887.6
Drugs	491.4
Non Pay	4,258.2
Pay - AFC	18,716.6
Pay- Sen Mgrs & Med & Dental	1,542.8
Purchase Of Healthcare	1,316.5
Resource Transfer	16,303.9
Savings	(257.7)
Family Health Services *	22,443.1
<b>Total Expenditure</b>	<b>82,702.4</b>
Fhs Income*	(893.8)
Other Income	(116.3)
<b>Total Income</b>	<b>(1,010.1)</b>
<b>Net Total budget</b>	<b>81,692.3</b>
<b>Budget Eligible for HCH uplift</b>	<b>60,143.0</b>
<b>Uplifts - to be confirmed</b>	
SG allocation to Boards @1.5%	902.1
AFC Pays uplift consequentials - TBC	286.4
<b>Total expected Uplift (TBC)</b>	<b>1,188.5</b>
<b>Budget Allocation</b>	<b>82,880.8</b>

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

### **FINANCIAL APPENDICES - B**

B1	Summary Budget
B2	Social Care Budget
B3	Social Care Pressures
B4	Social Care Savings
B5	Health Budget
B6	Health Pressures
B7	Health Savings
B8	Directions
B9	Earmarked Reserves

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

<b>SUBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
Employee Costs	48,567	1,103	(840)	48,830
Property Costs	1,217	0	0	1,217
Supplies & Services, Transport, Admin & PTOB	45,923	1,704	(945)	46,682
Family Health Services (net)	21,686			21,686
Prescribing (net)	17,888	1,058	0	18,946
Income	(6,259)	0	(427)	(6,686)
Set Aside	16,439	0	0	16,439
Hosted Services	5,919	0	0	5,919
	<b>151,380</b>	<b>3,865</b>	<b>(2,212)</b>	<b>153,033</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
Strategy & Support Services	2,515	0	(45)	2,470
Older Persons	27,788	1,114	(554)	28,348
Learning Disabilities	10,463	292	(171)	10,584
Mental Health - Communities	6,437	0	(409)	6,028
Mental Health - Inpatient Services	8,102	250	(10)	8,342
Children & Families	13,098	200	(438)	12,860
Physical & Sensory	2,646	0	0	2,646
Addiction / Substance Misuse	3,448	0	(10)	3,438
Assessment & Care Management / Health & Community	7,600	0	(41)	7,560
Support / Management / Admin	4,225	0	(207)	4,018
Criminal Justice / Prison Service **	0	0	0	0
Homelessness	824	0	(35)	789
Family Health Services	21,686	0	0	21,686
Prescribing	18,105	1,058	0	19,163
Change Fund	1,233	0	(100)	1,133
Unallocated Funds	853	951	(193)	1,611
<b>HSCP NET EXPENDITURE (DIRECT SPEND)</b>	<b>129,022</b>	<b>3,865</b>	<b>(2,212)</b>	<b>130,675</b>
Set Aside	16,439	0	0	16,439
Hosted Services	5,919	0	0	5,919
<b>HSCP NET EXPENDITURE</b>	<b>151,380</b>	<b>3,865</b>	<b>(2,212)</b>	<b>153,033</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	Savings £000	Budget 2018/19 £000
NHS Contribution to the IJB	103,960	1,278	0	105,238
Council Contribution to the IJB	47,420	1,930	(1,555)	47,795
<b>HSCP NET INCOME</b>	<b>151,380</b>	<b>3,208</b>	<b>(1,555)</b>	<b>153,033</b>
NHS Expenditure on behalf of the IJB	103,960	1,935	(657)	105,238
Council Expenditure on behalf of the IJB	47,420	1,930	(1,555)	47,795
<b>HSCP NET EXPENDITURE</b>	<b>151,380</b>	<b>3,865</b>	<b>(2,212)</b>	<b>153,033</b>

<b>HSCP SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>(657)</b>	<b>657</b>	<b>0</b>
Council one off Funding for Continue Care for young people				500
<b>TOTAL Anticipated Council contribution for 2018/19</b>				<b>48,295</b>

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

<b>SUBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
<b>SOCIAL WORK</b>				
Employee Costs	26,629	271	(439)	26,461
Property costs	1,212			1,212
Supplies and Services	811			811
Transport and Plant	380			380
Administration Costs	739			739
Payments to Other Bodies	38,188	1,659	(845)	39,002
Resource Transfer	(15,739)			(15,739)
Income	(4,800)		(271)	(5,071)
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>47,420</b>	<b>1,930</b>	<b>(1,555)</b>	<b>47,795</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
<b>SOCIAL WORK</b>				
Strategy & Support Services	1,785			1,785
Older Persons	27,788	1,114	(554)	28,348
Learning Disabilities	9,977	292	(139)	10,130
Mental Health	3,196		(262)	2,934
Children & Families	10,488	200	(311)	10,377
Physical & Sensory	2,646			2,646
Addiction / Substance Misuse	1,613		(10)	1,603
Business Support	2,301		(51)	2,250
Assessment & Care Management	1,688			1,688
Criminal Justice / Scottish Prison Service	0			0
Change Fund	0			0
Homelessness	824		(35)	789
Resource Transfer	(15,739)			(15,739)
Unallocated Budget Changes	853	324	(193)	984
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>47,420</b>	<b>1,930</b>	<b>(1,555)</b>	<b>47,795</b>

<b>COUNCIL CONTRIBUTION TO THE IJB</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
<b>Council Contribution to the IJB</b>	<b>47,420</b>	<b>1,930</b>	<b>(1,555)</b>	<b>47,795</b>

**INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP****APPENDIX B3****Social Care Anticipated Budget Pressures**

Description	2018/19 £000
Pay Award	IC to fund once amount confirmed
Living Wage	
NCHC Inflation	463
Budget adjustment	106
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>1,930</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 B4**

	2018/19 £m	FTE
<b>PUBLIC CONSULTATION PROPOSALS</b>		
Income Growth through Charging	0.168	0.0
	<b>0.168</b>	<b>0.0</b>
	<b>2018/19 £m</b>	<b>FTE</b>
<b>EFFICIENCIES</b>		
WRVS - Meals on Wheels Historic Underspend	0.045	0.0
Fostering/Adoption/Kinship - Underspend and Smoothing Reserve	0.195	0.0
Client Treatment - Historic Underspend	0.002	0.0
ASN Respite - Historic Underspend	0.028	0.0
Housing Support - Historic Underspend	0.027	0.0
Older Persons Respite - Fund from new funding stream	0.016	0.0
Dementia Strategy - Fund post from Resource Transfer	0.038	0.0
Sundry Minor Proposals	0.247	0.1
Management Restructure	0.000	4.6
Turnover Savings	0.193	0.0
	<b>0.791</b>	<b>4.7</b>
	<b>2018/19 £m</b>	<b>FTE</b>
<b>SERVICE REDESIGNS</b>		
Housing Warden Service	0.035	0.0
Long Term Care Placements	0.250	0.0
Learning Disabilities	0.139	8.5
Mental Health & Addictions Redesign	0.162	0.0
Addictions Review	0.010	1.0
	<b>0.596</b>	<b>9.5</b>
<b>TOTAL</b>	<b>1.555</b>	<b>14.2</b>

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

SUBJECTIVE ANALYSIS	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
<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	1,058		18,946
Resource Transfer	15,739			15,739
Income	(1,459)		(156)	(1,615)
<b>HEALTH DIRECT NET EXPENDITURE</b>	<b>81,602</b>	<b>1,935</b>	<b>(657)</b>	<b>82,880</b>
Set Aside	16,439			16,439
Net Hosted Services	5,919			5,919
<b>HEALTH NET EXPENDITURE</b>	<b>103,960</b>	<b>1,935</b>	<b>(657)</b>	<b>105,238</b>

OBJECTIVE ANALYSIS	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
<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	1,058		19,163
Unallocated Funds/(Savings)	0	627		627
Resource Transfer	15,739			15,739
<b>HEALTH DIRECT NET EXPENDITURE</b>	<b>81,602</b>	<b>1,935</b>	<b>(657)</b>	<b>82,880</b>
Set Aside	16,439			16,439
Net Hosted Services	5,919			5,919
<b>HEALTH NET EXPENDITURE</b>	<b>103,960</b>	<b>1,935</b>	<b>(657)</b>	<b>105,238</b>

HEALTH CONTRIBUTION TO THE IJB	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2018/19 £000
NHS Contribution for Direct Services	81,602	1,278		82,880
Notional Set Aside Contribution	16,439			16,439
Notional Hosted Services Contribution	5,919			5,919
<b>Total NHS Contribution to the IJB</b>	<b>103,960</b>	<b>1,278</b>		<b>105,238</b>





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

**APPENDIX B7**

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	26,461
Property costs	1,212
Supplies and Services	811
Transport and Plant	380
Administration Costs	739
Payments to Other Bodies	39,002
Income (incl Resource Transfer)	(20,810)
Unallocated Funds	0
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>47,795</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2018/19 £000
<b>SOCIAL WORK</b>	
Strategy & Support Services	1,785
Older Persons	28,348
Learning Disabilities	10,130
Mental Health	2,934
Children & Families	10,377
Physical & Sensory	2,646
Addiction / Substance Misuse	1,603
Business Support	2,250
Assessment & Care Management	1,688
Criminal Justice / Scottish Prison Service	0
Change Fund	0
Homelessness	789
Unallocated Budget Changes	984
Resource Transfer	(15,739)
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>47,795</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:

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	OBJECTIVE ANALYSIS	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	18,946	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>82,880</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>105,238</b>	Prescribing	19,163
		Unallocated Funds/(Savings)	627
		Resource Transfer	15,739
		<b>HEALTH DIRECT NET EXPENDITURE</b>	<b>82,880</b>
		Set Aside	16,439
		Net Hosted Services	5,919
		<b>HEALTH DIRECT NET EXPENDITURE</b>	<b>105,238</b>

This direction is effective from 20 March 2018

**EARMARKED RESERVES  
INVERCLYDE HSCP**

**APPENDIX B9**

<b>Project</b>	<b><u>Total</u> Earmarked Reserves <u>C/Fwd into 2018/19</u> <u>£000</u></b>
Self Directed Support	43
Growth Fund - Loan Default Write Off	26
Integrated Care Fund	49
Delayed Discharge	462
Veterans Officer Funding	15
CJA Preparatory Work	69
Welfare Reform - CHCP	22
Deferred Income	264
C&F Adoption, Fostering Residential Budget Smoothing	1,112
New Ways	469
Swift Replacement Programme	76
Health Transitional Funding	620
Residential & Nursing Placements	496
LD - Integrated Team Leader	66
CFCR Reserve	340
Continuous Care	152
Transformation Fund (from Social Care, Health and SCF underspends)	1,515
	<b>5,796</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:** 18 June 2018

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:** IJB/30/2018/HW

**Contact Officer:** Helen Watson  
Head of Service  
Strategy & Support Services    **Contact No:** 01475 715285

**Subject:** REVIEW OF STRATEGIC PLAN 2016-19 AND PROPOSED  
PROCESS FOR DEVELOPMENT OF THE 2019-22 STRATEGIC  
PLAN

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to present the Review of Inverclyde HSCP's Strategic Plan 2016-19 to the Integration Joint Board for approval, and to outline the proposed process for developing the next Strategic Plan, covering the timeframe from 2019 to 2022.
- 1.2 The Review has been developed in full collaboration with the members of the Strategic Planning Group, and the members have used the review process to shape a development process for the next Plan.

## **2.0 SUMMARY**

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that all HSCPs develop Strategic Plans that set out their intentions and priorities. The Plan must be approved by the IJB so that responsibility for services and functions can then be fully delegated from the Council and Health Board to the IJB.
- 2.2 Our first Strategic Plan was a Statement of Intent setting the vision and direction of travel for the Partnership over a three year cycle of 2016-19, building on a range of plans and strategies that were already in place. In March 2018, the IJB Audit Committee requested that the Plan should be reviewed and that review should be presented to members for consideration.
- 2.3 This Review highlights progress and challenges, and also allows us to consider if we need to refresh our aspirations as we move forward into our second cycle.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Integration Joint Board approves the Review of Inverclyde HSCP's Strategic Plan 2016-19.
- 3.2 That the Integration Joint Board notes the process for developing the Strategic Plan (2019-22).

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

## 4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that all HSCPs develop a Strategic Plan that sets out their intentions and priorities. The Plan must be approved by the IJB so that responsibility for services and functions can then be fully delegated from the Council and Health Board to the IJB.
- 4.2 Inverclyde HSCP's first Strategic Plan was approved in March 2016 outlining its overarching vision of '*Improving Lives*'. In March 2018, the IJB Audit Committee requested a review of our current Strategic Plan. This has been undertaken by the HSCP's Strategic Planning Group.
- 4.3 Strong engagement and co-production is evident across Inverclyde and this is reflected in how the review was undertaken.
- 4.4 A proposal on how to progress the review was discussed at a Strategic Planning Group and agreed. This involved:
- Your Voice - Inverclyde's Community Care Forum - facilitating several focus groups across existing fora
  - Questionnaires to all individual members of the Strategic Planning Group
  - Small core group of Strategic Planning members meeting to review the feedback

As a result, the format style and content of this review were developed in full collaboration and are reflective of real partnership working.

- 4.5 It was agreed that the format and content of the review would focus on highlighting examples of challenges and achievements to date and work in progress. The reason being that the second Annual Performance Report (due in June 2018) will report on specific performance measures and indicators.
- 4.6 Within the Review, each example shows how it correlates to the five Strategic Commissioning Themes which were developed to show *how* Inverclyde HSCP was indeed '*Improving Lives*' for the people of Inverclyde.
- 4.7 The process for developing the new Strategic Plan (2019-22) will mirror the inclusive approach taken to produce the Review.

## 5.0 PROPOSALS

- 5.1 The Key Stages to develop the three year strategic plan are:
- Establish a writers' sub group (July 2018)
  - Engagement and information gathering
  - 1<sup>st</sup> draft of plan (December 2018)
  - Public consultation
  - Final plan
- 5.2 A writers' sub group will be established to develop the new three years Strategic Plan for the period 2019-2022. The group will consist of Strategic Planning Group members, representatives across the partnership, third and independent sector. The group will be established July 2018.
- 5.3 The group will agree the approach to develop the strategic plan and will gather information and engage with stakeholders.

- 5.4 The group will analyse relevant plans from the NHS Board and Inverclyde Council, as well as other key partners.
- 5.5 The group will produce the first draft by the end of December 2018; this will be presented to the January Integration Joint Board for scrutiny and comment.
- 5.6 Public consultation will be integral to the development of the Plan, via the engagement networks that underpin the Strategic Planning Group, with wider public consultation commencing early in the new year. The consultation will be across all three Inverclyde Localities.
- 5.7 A second and final draft will be presented to the Integration Joint Board March 2019 for a final presentation and approval.

## 6.0 FINANCE

### 6.1 Financial Implications:

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

## 7.0 IMPLICATIONS

### LEGAL

- 7.1 There are no legal issues within this report.

### HUMAN RESOURCES

- 7.2 There are no human resources issues within this report.

### 7.3 EQUALITIES

There are no specific equality issues contained within this report.

	YES (see attached appendix)
X	NO –



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

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

#### **8.0 NATIONAL WELLBEING OUTCOMES**

8.1 The purpose of the Strategic Plan is to describe how we aim to deliver all of the National Wellbeing Outcomes. The review, in conjunction with the Annual Performance Report therefore supports the delivery of all of the Outcomes.

#### **9.0 CONSULTATION**

9.1 Full consultation was undertaken through the Strategic Planning Group.

#### **10.0 BACKGROUND PAPERS**

10.1 Inverclyde HSCP's Strategic Plan 2016-19



# Review of Inverclyde Strategic Plan 2016-19 (Draft)

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## Introduction by Louise Long - Chief Officer, Inverclyde HSCP

In 2016, Inverclyde Health & Social Care Partnership, as a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 developed its first three year Strategic Plan (2016-2019).

Our Strategic Plan is a Statement of Intent - setting the vision and direction of travel for the partnership over a three year cycle outlining the services for which Inverclyde HSCP has responsibility and depicting our aspirations for all citizens, both adults and children, across the whole of Inverclyde.



Strong engagement and co-production is evident across Inverclyde partners and this is reflected in how this review was undertaken.

A proposal on how to progress the review was discussed at a recent Strategic Planning Group and agreed. This involved:

- Your Voice - Inverclyde's Community Care Forum - facilitating several focus groups across existing fora
- Questionnaires to all individual members of The Strategic Planning Group
- Small core group of Strategic Planning members meeting to review the feedback

As a result, the format style and content of this review has been developed in full collaboration and reflective of real partnership working.

It is useful to note that each year across the life of our Strategic Plan we are required to report to the Integration Joint Board on our actual performance.

In June 2017, we produced the first Annual Performance Report of Inverclyde HSCP and we will also be developing and publishing our second annual Performance Report to our Integration Joint Board on the 22<sup>nd</sup> of June 2018. As such a report specifically measures performance and progress against set indicators and outcomes for wellbeing and focuses on dedicated data, for this review we have chosen to highlight some examples of our achievements and work in progress.

This review will allow us to consider if we need to refresh our aspirations in facing challenges as we move forward.

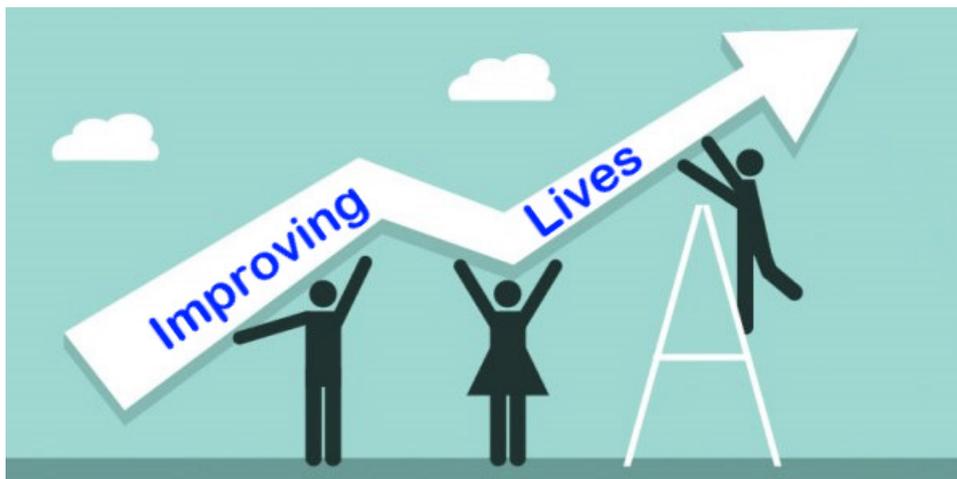
Ultimately the review will assist in the process of developing a second overarching Strategic Plan that is a meaningful and easy to read document for the people of Inverclyde and truly reflects the priorities of our communities.

I trust you will enjoy reading this review which is a snapshot in time. It highlights some of the many positive improvements Inverclyde Health & Social Care Partnership has achieved to date and our commitment to continually reviewing our services to ensure we provide the best possible health & social care for the people of Inverclyde.

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## Section 1 - Context

Inverclyde HSCP's first Strategic Plan produced in March 2016 outlined the overarching vision of:



'Improving Lives' underpinned by the 4 key values of:



These values are all still relevant however '*Strategic Commissioning*' is the term used for all the activities involved in assessing and forecasting needs, linking investment to *agreed outcomes*, planning the nature, range and quality of future services and working in partnership to put these in place.

With this approach we therefore identified 5 key '*Strategic Themes*' that run through all our planning.

These 5 Strategic Commissioning Themes are:

- Employability and Meaningful Activity
- Re-ablement and support to live independently
- Prevention, early intervention and recovery
- Support for Families and
- Inclusion and Empowerment

This review will highlight examples of how commissioning services with these themes in mind has resulted in positive outcomes and ultimately in '*Improving lives*' for the people of Inverclyde. In addition, underpinning all of the examples highlighted is the alignment to the nine National Wellbeing Outcomes.

## Section 2 - Our Achievements



### Our People Plan

*'Employability & Meaningful Activity'*

*'Inclusion & Empowerment'*



The Public Bodies (Joint Working) (Scotland) Act 2014 required that a workforce plan was produced and presented to Integration Joint Boards (IJB), highlighting the structure of the workforce. In Inverclyde we were keen to promote a more inclusive approach, based on our recognition that good health and wellbeing is delivered by a much wider workforce than just those employed or commissioned by the HSCP.

It is for this reason that we agreed on the title of People Plan rather than Workforce Plan. Both the People Plan and the accompanying action/ implementation plan have been developed in a co-produced way with a range of stakeholders and are ambitious in its scope.

The People Plan 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

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 are not 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.

Challenges such as our ageing population and depopulation of working-aged people 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.

Each action in The People Plan Action Plan has been set against timescales as follows:

Short Term: 1 Year; Medium Term: 2 Years and Long Term: 3 Years.

A core group with representation from all partners, including the third and Independent sectors, has been established to drive forward the implementation of the action plan with the Strategic Planning Group accountable for monitoring progress.

The full People Plan and People Plan Action Plan can be accessed from the link below.

<https://www.inverclyde.gov.uk/assets/attach/7522/Inverclyde%20HSCP%20People%20Plan%202017-2020%20Full%20Version.pdf>

## Leadership & Accountability

*'Inclusion & Empowerment'*



The HSCP has deployed a full time Senior Organisational Development Advisor to help support and bring different parts of the health and social care workforce together.

The post-holder also supports senior fora such as the Integration Joint Board (IJB); the Strategic Planning Group; the Staff Partnership Forum and the many intra-professional integrated teams across the range of services. This dedicated support ensures effective implementation of change, development of leadership capacity, multi- agency working and cultural integration.

Examples of development offerings include:





We are also currently participating in the staff engagement tool known as iMatter across our whole workforce of both council and health staff.

In addition a process has been established in Inverclyde whereby all plans and /or reports due for submission to the Integration Joint Board (IJB) are scheduled in advance for consultation and presentation to the Strategic Planning Group for input and amendment.

This ensures the members of the Strategic Planning Group (SPG) are fully engaged and supported in undertaking the requirements of their role and function as laid out in the Terms and Reference (revised February 2018).

## Market Facilitation & Commissioning Plan

*'Inclusion & Empowerment'*



The Public Bodies (Joint Working) (Scotland) Act 2014 also requires that a Market Facilitation Plan is produced to set out the Health and Social Care commissioning priorities and intentions for Inverclyde HSCP.

We are committed to ensuring Inverclyde service users are appropriately supported 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 that 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. By “commissioning” we mean the entire process from assessment; discussing options through to making arrangements for the right supports to be put in place.

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.

Our Market Facilitation & Commissioning Plan represents the beginning of communication to service users and providers to find the best ways to use available resources in the context of complex change and challenges.

It 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 responsibilities and contracting activities and thereby help them to build on their knowledge of local needs in order to develop new activities and 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.

The full Market Facilitation & Commissioning Plan can be accessed from the link below

<https://www.inverclyde.gov.uk/meetings/documents/10893/04%20Market%20Facilitation.pdf>

## Children's Services

*'Support for Families'*

*'Inclusion & Empowerment'*



*'Inverclyde's services for children and young people are leading when it comes to involving young people in their care.'*

That is the view in a new inspection report from the Care Inspectorate where involvement of young people received a rare *'excellent'* rating.

The *'excellent'* rating is in the category *'participation of children, young people, families and other stakeholders'* and is believed to be the first in Scotland

Particular strengths praised include embedding the *'Nurturing Inverclyde'* approach across children's services and driving continuous improvement through a culture of collaboration, high aspiration, reflective practice and learning for success.

Inspectors also highlighted work being done to mitigate the adverse consequences of child poverty and how young people and children are involved in every aspect of policy, planning and service development.

The inspection report also highlighted the benefit of Inverclyde investing significantly in prevention and early intervention, especially from pre-birth to starting at school as key strengths which are making a positive difference to the lives of children and young people.

Inspectors focused on the leadership across the partnership. They pointed out the overarching commitment across partners towards repopulation and promoting Inverclyde as a place where families would choose to bring up their children, young people would wish to remain or return to live and newcomers would be made welcome.

The joint inspection focused on the difference that services are making to the lives of children, young people and families in Inverclyde

Specific Examples highlighted include:

**Extending the UNICEF Rights Respecting Schools approach to Residential**

**Children's Houses** – St Columba's High School was the first school in Scotland to achieve the UNICEF level one and Level two 'rights respecting schools award' and almost all schools in the area are now involved in this approach.

As corporate parents and with the agreement of UNICEF, partners have successfully adapted and piloted the programme in a residential children's house. Looked after and accommodated young people living in the children's house and care staff report very positively on the difference this has made. This is the first venture of this type and UNICEF have described it as world class.

**Becoming data-informed through the development of a Joint Strategic Needs Assessment -**

Partners recognised the need to carry out a joint strategic needs assessment as a first step towards producing a children's services plan and moving ultimately to joint commissioning.

Outcomes of this work include reducing risks to looked after and accommodated young people associated with going missing from residential placements.

The full Inspection Report can be accessed from the link below

<http://www.careinspectorate.com/images/documents/4102/Inverclyde%20services%20for%20children%20and%20young%20people%20joint%20inspection%20report%20Oct%202017.pdf>

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# Inverclyde Delivering Effective Advice and Support



EUROPE & SCOTLAND  
European Social Fund  
Investing in a Smart, Sustainable and Inclusive Future

## I:DEAS

I:DEAS is a Financial Capability Programme relating to Financial Inclusion in Inverclyde. It is funded by the European Social Fund and The Big Lottery Fund for £2.3 million as part of a Scotland wide initiative, which aims to decrease debt and financial concerns in order to improve individuals' and families' social inclusion, and develop their meaningful activity. It commenced in Inverclyde in September 2017 and will run until June 2020.

The service aims to support people who fulfil one of the following:

- be living in a workless household
- be living in a low income household
- be living in a single parent household - (could also be homeless and meet one of the above)

The Eligible Participants (EPs) go through a registration process and have an allocated Mentor who will support them as much or as little as they require dependant on their need.

This is a truly holistic service with regard to finances and inclusion in society. Our contracted partners are:

<b>CVS</b>	Building Resilience and creating Opportunities – Volunteering
<b>Future Skills</b>	Homes Accessing Affordable Products – Digital Skills
<b>HSCP Advice First</b>	Intensive Debt Advice and Support & Link to Local Agencies
<b>Barnardo's</b>	Family Support – Schools Project, Early Years and access to Family Support
<b>The Wise Group</b>	Mentor Wrap Round Service for each EP and Fuel Poverty Work
<b>Financial Fitness</b>	Income Maximisation for those out of work and in work
<b>Scotcash</b>	Accessing Affordable Loans and Bank Accounts
<b>Community Learning Development</b>	First Step and Moving ON learning Programmes/NQ's

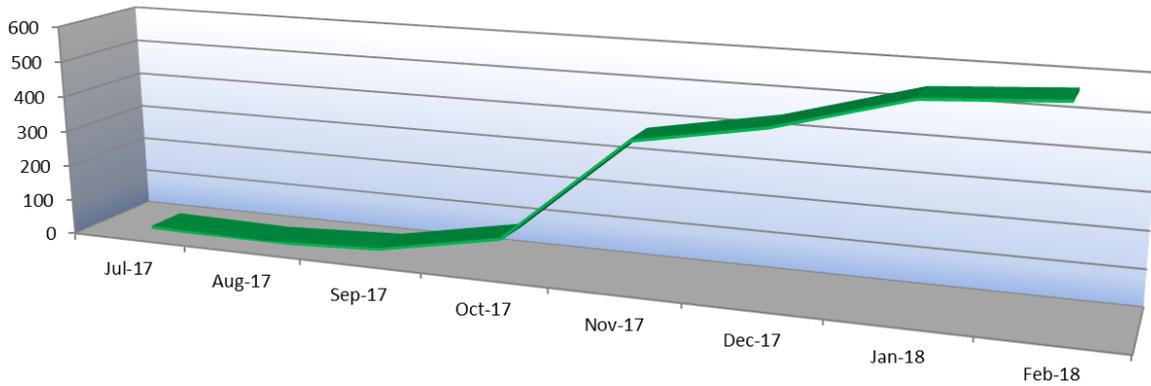
We have dedicated workers in each of these organisations who all work together as a wider team.

Each participant will have an allocated Mentor who will walk hand in hand with them and will provide ranging degrees of support dependant on the individual's needs. The aim is to improve a person's current situation with their finances and ensure they have the skills and capability to be able to continue with positive finances through their lives.

A large part of the service is to ensure that those who are socially excluded due to debt will no longer be, and those who take part will develop skills relating to finances ensuring lifelong learning and behaviour change, creating positive examples and learning for future generations in Inverclyde.

Family support is provided and opportunities for volunteers and peer supporters are available to carry on with the work linking to Inverclyde's Financial Inclusion Strategy.

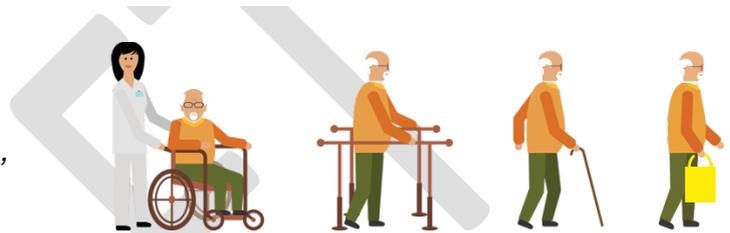
## I:DEAS Eligible Participant Contacts



■ I:DEAS Eligible Participant Contacts

## Reablement Services

*'Reablement & Support to Live Independently'*



The Reablement team have been enhanced this year by the addition of Social Workers whose main goals are to carry out short term intervention work around discharges from hospital and to support prevention of admission to hospital or care homes.

The team have relaunched under the name of **Home1st**, as the ethos of the service is around facilitating maximum independence and safety for people within their own homes. The team ensures that support in the form of reablement, equipment and care is tailored to an individual's needs to optimise their abilities and also to give support to informal carers where required.

Within the last 12 months using a reablement approach the team have worked in partnership with 934 people to meet the goals that they have around living well at home. The outcomes of the team remain strong with 330 people (35%) they have worked with returning to full independence and requiring no ongoing support from Care at Home Services.

Forty eight percent (453) of the people the team have worked with have required some practical support at home ongoing, however many of these people have regained partial independence with the day to day activities of their lives. Of the initial practical support at the beginning of the programme only 45% was required ongoing due to people regaining abilities.

The service aims to respond to all community requests by giving the optimum support to Inverclyde residents preventing admissions to hospital and to long term care; however the level of complex need amongst referrals has increased.

*Although this has created pressures on services it has also been a catalyst for closer working relationships across teams and should be celebrated as innovative work as across Inverclyde HSCP..*

Over the last 12 months there has been greater joint working between Home1st with the *in-reach* posts to the hospital, Step Up rehabilitation to prevent admissions, Falls prevention as well as working alongside core Care at Home services Independent Living Services, Assessment and Care Management and District Nursing.

Services working together are providing a flexible, reactive, high quality response provision to the people of Inverclyde.

## **Inverclyde HSCP's Partnership Discharge Plan**



*Reablement & Support to Live Independently'*

The basis of the Home 1<sup>st</sup> approach is that people are supported better and achieve improved outcomes when social and health care is provided.

The positive performance relating to discharge process has been a result of good partnership working between Acute (hospital based) and HSCP staff. This work has been underpinned by the Home First – Ten Actions to Transform Discharge Approach. In Inverclyde this has focused on;

- Reducing the number of people identified as having their hospital discharge delayed.
- Aiming to discharge within 72 hours of being fit for discharge
- Ensuring staff are empowered to make changes which improve discharge processes and reduce length of stay
- Ensuring returning home is the first and best option in the majority of discharge situations.

This plan has been re-launched for 2017/18 building on the good work in Inverclyde. The revised plan is also looking to develop;

- Discharging to assess approach: when an individual is medically fit to be discharged they return home where assessment for future needs is completed by the new Assessment and Reablement Team.
- Reviewing the partnership staff involved in discharge to ensure a smooth patient pathway, with early referral for follow-on social care assessment.
- Developing Home1st team, bringing together the reablement inreach team and discharge team to move the emphasis of discharge from hospital to community provision. Discharge planning begins in the community and assessments completed in the service users home.
- Care Home Liaison Nurses involvement in supporting care homes to maintain residents in the community and avoid hospital admission unless it is absolutely necessary.

The Home 1<sup>st</sup> approach has successfully contributed to a reduction in *long term care* placements, the average length of stay in care homes as well as delayed discharges.

# Housing Partnership Group

*'Prevention, Early Intervention & Recovery'*

*Inclusion & Empowerment'*



Recognising the importance of good quality and affordable housing for the wellbeing of the local population, Inverclyde HSCP included a Housing Contribution Statement within the Strategic Plan. This was a summary of what housing providers could do to improve outcomes for individuals and families.

Subsequently A Housing Partnership Forum was established to take responsibility for the implementation, monitoring and review of the Housing Contribution Statement by producing and agreeing on a specific plan with detailed activity to achieve desired outcomes.

The Housing Partnership Group (HPG) is chaired by a senior manager from within the HSCP with membership from Inverclyde Council and representatives from each of the local and national (who have a presence in Inverclyde) Registered Social Landlords (RSLs).

The Housing Partnership Group (HPG) reports into the HSCP Strategic Planning Group (SPG) and also feeds into the Strategic Housing Investment Plan (SHIP) and the Local Housing Strategy (LHS) processes. Examples of related activity are to:

- Strengthen existing partnerships to ensure people are pro-actively supported to enable them to maintain their accommodation.
- Increase the suitability of existing housing stock in meeting disabled people's needs through provision of adaptations across tenures.
- Include Health and Social Care Partners in the planning processes for the Affordable Housing Supply Programme.
- Using telehealth/telecare to enable older people to remain independent at home for longer.
- Improving housing outcomes across a range of measures for young people, young people in pregnancy and young parents, including care leavers.
- Exploring models of support and intervention to prevent Multiple Exclusion Homelessness (MEH).

The ultimate aim being to work in partnership to develop housing options for every Inverclyde citizen.

## Supported Living

*'Reablement & Support to Live Independently'*



Inverclyde HSCP has commissioned a Supported Living Service based on our commissioning theme of “*Reablement and Support to Live Independently*” and the six principles contained within the national care standards of:

- Dignity
- Safety
- Choice
- Privacy
- Equality & Diversity and
- Realising Potential.

A key outcome of the Supported Living Service is to promote individualisation and inclusion and to meet the assessed needs of service users with a learning disability, physical disability, sensory impairment, mental illness, addiction or are homeless.

The aim is to establish a framework agreement to support approximately 210 service users. It will have common terms and conditions and standardised funding arrangements.

The value of the contract will be approximately £6.75M per annum. The ten successful providers must provide responsive support dependent on the fluctuating needs of the Service User, and support must be provided 7 days a week, 52 weeks per year.

The model of service includes “Core” and “Enhanced”.

The Core Service will cover the majority of the service, which shall be informed by the service user’s *Assessment of Need*.

The Enhanced Service shall be purchased in limited circumstances based upon the service user’s *Assessment of Need* which are significantly and demonstrably higher and may require more resources than those provided under the Core Service of which the Council shall be the sole judge.

Each *Assessment of Need* will be *Outcome* focused. All Providers will need to demonstrate continuous efforts to work innovatively with service users to promote independence, support social inclusion, increase well-being and reduce unnecessary support where it is unnecessary.

Services under this framework will be person centred and Providers will embrace a culture of change and will be encouraged to offer innovative and alternative ways of supporting service users through assisting in outcome based support planning and increase community alternatives



for those using services. A culture of respecting services user's wishes will be paramount and this framework will embed the culture of co-production in creation of service user support plans.

A key objective of this framework is the effective use and targeting of resources for greatest impact. Resources will be prioritised at those with the greatest need, taking a positive assets based approach in commissioning services, focusing where possible, on what service users can do, rather than what they can't.

Within Mental Health Services, two integrated resource groups have been created to manage more effective use of resources. These groups will improve communication across service areas, increasing cross sector working relationships and improving expected service user outcomes for those using services and for their families.

## **Community Link Workers**

*'Prevention, Intervention & Recovery'*

*Inclusion & Empowerment'*



## **Community Link Workers**

The Community Link Worker programme is funded by the Scottish Government and delivered in partnership with GP Practices and the Third sector to support people to live well, through strengthening connections between community resources and primary care. In Inverclyde, the project is overseen by the Council for Volunteer Service (CVS).

The Community Link Workers provide a person-centred service that is responsive to the needs and interests of a GP practice population living in an area affected by socio-economic deprivation. They will support them to identify issues that affect their ability to live well.

Taking a person-centred approach, the community link worker holder supports individuals on a 1-1 basis to help them identify personal outcomes and priorities that they would like to address, to overcome any barriers to addressing these and to link them to local and national support services and activities.

The Community Link Workers support the existing GP practice team to become better equipped to match local and national support services to the needs of individuals attending for health care. They will also build relationships and processes between the GP practice and community resources, statutory organisations, other health services and voluntary organisations.

Within Inverclyde we have five full time and two part time workers who are in six surgeries at present. These are the three surgeries in Port Glasgow Health Centre; the surgery at Dubbs Road and in two of the three surgeries in Greenock Health Centre.

# Community Connectors

*'Inclusion & Empowerment'*

*'Support for Families'*

*'Prevention, Early Intervention & Recovery'*



The purpose of The Community Connectors Project, funded by Inverclyde HSCP but commissioned and delivered through Your Voice, (Inverclyde Community Forum), is to provide information, support and advice about local activities, facilities, resources and connections for local people, patients, service users and carers. The overall aim is to encourage and support local people to make connections and participate in local activities to support their health and wellbeing, reduce social isolation and live as full an independent life as possible.

The Community Connectors offer *short term assistance* to help identify and access resources and activities which help individuals achieve their personal goals. The project works to achieve 4 outcomes.

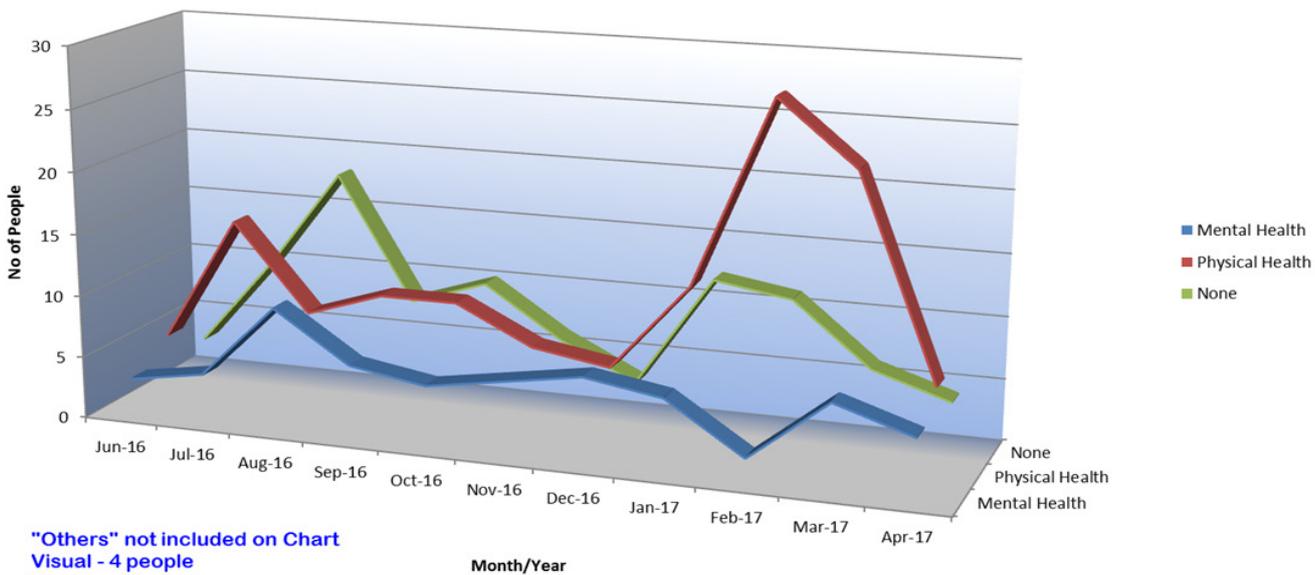
- Local people have increased awareness and access to community activities and resources
- Local people are facilitated to increase their independence and levels of activity through connection to local community resources and activities
- Local people are supported to make links and develop supportive relationships with groups and other individuals
- Local people are more able to live independently, stay in their own homes, avoid unnecessary hospital admission and reduce service demand as a result of being linked to the community.

The Connectors follow a community development approach by sourcing what is available in the community, building on existing assets.

The Community Connector project is a Community Social model of Care '*front door*' facilitating people and communities to come together to achieve positive change using their own knowledge, skills and lived experience of the issues they encounter in their own lives. It is an early intervention '*staying well*' service, enabling signposting and maximising independence.

# People engaged with Community Connectors Pilot Project June 16 to April 17

Community Connectors were engaged with a total of 320 people during this period



"Others" not included on Chart  
 Visual - 4 people  
 Hearing - 2 people  
 Learning Difficulties - 10 people  
 Addiction - 20 people

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## Our 3rd Sector Partners



### Council for Voluntary Service Inverclyde (CVS)



CVS Inverclyde is the recognised Third Sector Interface (TSI) for Inverclyde with a clear role in developing the third sector, creating connections across sectors, building collaborations and leading the third sector response to local priorities.

The organisation is charitable company limited by guarantee and was formed in 1991 by the coming together of key people within the local third sector at the time. They wanted a way of speaking strategically to public agencies and building a new relationship.

CVS Inverclyde has a seat on all key local partnerships including those within the HSCP such as the Integration Joint Board and the Strategic Planning Group. A series of networks exist to enable the third sector to understand what is happening at these and contribute.

Inverclyde HSCP recognises the value of the third sector and the unique role of CVS Inverclyde in providing advice and guidance in order to develop:

- a volunteering culture across Inverclyde
- an effective and engaged local third sector
- awareness amongst the public of local services and activities
- connections between the public and third sectors
- effective partnerships and collaborations
- new enterprises that can respond to market need
- knowledge of communities and the use of asset based approaches
- strong communities with resilience and reduced inequalities
- the external funding that is brought into Inverclyde
- the voice of communities through the third sector

In recognition of the unique role of CVS Inverclyde, the HSCP currently funds a **Partnership Facilitator** post for the 3<sup>rd</sup> Sector. The post holder is hosted and line managed within CVS Inverclyde. The purpose of this role aims to support the connections between the HSCP and third sector organisations; enabling greater collaboration; design approaches and more effective / innovative commissioning. The post- holder has a detailed work-plan with key areas of priority identified and agreed with the HSCP. The post- holder has been integral to the development of the Market Facilitation & Commissioning Plan and the People Plan/ Action Plan.

CVS Inverclyde also runs:

**Volunteer Inverclyde** – a web portal enabling organisations to promote volunteering opportunities and members of the public to access them.

**Inverclyde Life** – a web portal for the public and professionals to identify valuable activities and services that exist locally – everything from amateur football to statutory services.

**Community Link Workers** – a team of social prescribers based in six of Inverclyde's GP surgeries

**Inverclyde Community Fund** – a local funder that distributes grants to local third sector organisations, including on behalf of public bodies like Inverclyde HSCP.

**Saltire Awards** – a recognition of the contribution made by young volunteers with certificates signed by the First Minister

**Trustees Week and Volunteers Week** – the local programmes of these national weeks of recognition of the work done on a voluntary basis by trustees and volunteers.

**Inverclyde Community Conference and Inverclyde Community Awards** – the highlights of the third sector calendar

## Your Voice - Inverclyde Community Care Forum



Your Voice (Inverclyde Community Care Forum) is an independent registered charity and Company Limited by Guarantee, set up over 24 years ago.

Its collective Network has built up a reputation of trust and effectiveness over the years and influenced decisions to ensure local services and support meets the needs of local people

Your Voice works with local statutory, voluntary and private providers, as well as national organisations to ensure they listen to the voice of local people. The main areas of work involve:

- Supporting people to speak up and get involved
- Listening to and acting on their views
- Identifying common issues of concern and develop solutions
- Building and developing the skills and knowledge of local people
- Raising awareness of local services and supports
- Connecting people and
- Promoting positive health and well-being

Your Voice and Inverclyde HSCP are committed to ensuring the views of local people who receive services/support, their carers, families and the people of Inverclyde are taken into account when

developing and planning services to ensure that they are responsive to the needs of the people who use them.

A significant development over the last year has been in facilitating public representation on the Integration Joint Board (IJB) and the Strategic Planning Group (SPG). This representation has been drawn from the Health & Social Care Partnership Advisory Group and the associated 11 sub-groups. Inverclyde Advisory Group brings together a network of local people with an interest in health and social care.

The Advisory Group brings issues to the attention of the HSCP Committee and ensures members of the Advisory Network via its sub groups and broader 'Your Voice' network are informed of the nature and outcome of discussions relating to these issues on a regular basis.

Over the past year Your Voice has engaged with a diversity of people and groups to ascertain areas of good practice, identify gaps in services and highlight issues of concern which will evidence need for service developments.



Inverclyde HSCP also developed and currently funds a part-time post of Independent sector development worker in an attempt to enhance relationships between the HSCP and the independent sector care providers.

The post requires the appointed worker to facilitate positive communication between Inverclyde HSCP and the Independent Sector raising awareness and understanding of each other's responsibilities.

Examples of the contribution from this post has been inputting to the development of The People Plan and the Market Facilitation & Commissioning Plan. The post-holder is also a core member of the Strategic Planning Group.

A work-plan with priority areas for impact is agreed between the post-holder and the HSCP.

A few examples of the contribution from this post to highlight are:

- **Come On In:**

A collaborative of care inspectorate, care home residents, family members and staff along with the post-holder have developed a booklet called *Come On In* which has been published and distributed across Scotland. The booklet was funded by the Life Changes Trust. *Come on In* is now being used as a resource to be used with a dementia carers network and is now showcased in The Care Inspectorate website.

- **CAPA: Care... About Physical Activity**

Working in collaboration with HSCP staff and CVS, a cohort of providers has been developed who will be involved in an 18 month programme designed to support reflection on how to develop and promote increased levels of activity amongst clients in; Care at Home, Sheltered Housing, day-care and respite services. Working with the Care Inspectorate strong networks across providers has been developed. The participants are focused on ensuring they have clarity over what they are hoping to achieve in the activities they develop and that they are rigorous in ensuring they have measurements recorded that note improved levels of activity.

- **National Care Standards:**

The new standards are introduced in April 2018 and in preparation a methodology has been developed for supporting providers to identify how they are meeting the standards, action they have to follow with staff to develop awareness amongst staff. This work is being progressed with the Care Inspectorate Team Leader at the provider forum. This work is also being discussed in relation to possibly publishing it to distribute beyond Inverclyde.

- **Promoting Excellence:**

Dementia Friendly Inverclyde continues with regular training sessions on a monthly basis. The learning from the group has also developed networks across providers and local services are supported with environmental assessment to ensure the setting is dementia friendly. The work on environmental assessment has assisted in developing communication across providers who

are now visiting the Dementia Services Dementia Centre at Stirling University to develop their knowledge of the importance of environmental impact on people living with dementia.

The Care Homes have also had access to stress and distress training from psychological services to support them in continuing to work with people who may otherwise have been part of an unscheduled hospital admission as their behaviour became more complex and previously occasioned an admission. The training has been well received and enhanced the ability of staff to support people experiencing stress and distress.

- **Supporting Care Home Managers**

This is a key function of the post assisting with work based issues, ranging from complaints processes, staffing issues, person centred care, Care Inspectorate self-assessment and developing action plans in response to Care Inspectorate feedback.

DRAFT



## Section 3 - Work in Progress



To ensure we continue to provide the best possible health & social care to the people of Inverclyde, several service reviews have been or are being undertaken in order to ensure services are indeed fit for purpose. Some examples are as follows:

### Carers



[The Carers \(Scotland\) Act 2016](#) is enacted from 01 April 2018. The aim is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring. There are statutory duties set out in the Act as follows:

- Carers have the right to be offered or can request an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) which sets out their personal outcomes and identified needs.
- A local eligibility criteria must be set which outlines where support is provided to carers based on their identified needs;
- We must establish and maintain a carers information and advice service, including the publication of a short break statement by 31 December 2018;
- Carers and carer representatives must be involved in the planning and evaluation of services including the preparation of the local carer strategy;
- There is a requirement to consider support in the form of a break from caring, and the desirability of breaks from caring provided on a planned basis.
- Health Boards must inform carers, invite their views and take these into account before a cared-for person is discharged from hospital.
- The Scottish Government will publish a Carers' charter to accompany the Act, which sets out the rights of carers in or under the Act.
- Transitional arrangements allow a maximum of one year for all young carers to have a YCS completed and three years to move all adults over to the new ACSP.

We are fortunate in Inverclyde to have longstanding collaborative approaches between services, carers and carer organisations. Inverclyde Carers Centre is already funded by the HSCP to deliver an information and advice service for adult carers both in the community, primary care and the acute hospital setting.

Additional initiatives have been developed to support readiness of the Act: These include:

- Publishing the Inverclyde Carers and Young Carer Strategy 2017 - 2022;
- Inverclyde Carers Centre have delivered an Emotional Support Programme for adult carers;
- Collaborative working to raise awareness of young carers in schools;
- Supporting the transition for young carers to adult carer supports;
- Barnardo's Thrive Project provide group support for young carers to enable them to have a break from their caring role;
- Financial Fitness provide surgeries within Inverclyde Carers Centre to undertake benefits checks and provide information about financial matters or benefits for carers;
- A number of engagement opportunities for carers, supported by Your Voice and Inverclyde Carers Centre have taken place regarding various aspects of the Act including the Carers Charter, development of a local Eligibility Criteria which will inform the content of Adult Carer Support Plans and Young Carer Statements and developing the local Short Break Statement.
- A range of staff learning resources are being developed including working with Inverclyde Carers Centre to deliver Equal Partners in Care training.

This is a strong foundation already in place across Inverclyde HSCP on which to build upon in order to meet the requirements of the Act.

The full Inverclyde Carer & Young Carer Strategy can be accessed from

<https://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

## Treatment Room Review

*'Prevention, Early Intervention & Recovery'*



Treatment room services in Inverclyde HSCP are provided across three sites; Greenock Health Centre, Port Glasgow Health Centre and Gourock Health Centre, supported by a cohort of treatment room nursing staff.

The service needed a structured review in terms of its fitness to support future demands and is facing challenges in terms of current demand ;lack of clarity in terms of the scope of the service; and more than 50% of the staff could leave the service in the next 5 years and 75% in the next 10 years.

A steering group of key stakeholders was established to undertake the review. This focussed on how effectively and efficiently the current services were operating, whether all patients in Inverclyde have equitable access to services, review of performance measures in terms of clinical standards and national guidelines and how clear the patient pathway was from referral to front door to treatment.

The recommendations from the review are as follows:

## **Service Standard**

- A service specification that clearly articulates the service profile
- Treatment room service provision in Greenock and Port Glasgow Health Centres to be open 8am-6pm in line with GP practice opening times Monday to Friday.
- Further demand analysis in terms of Gourock re opening hours within the next 6 months
- Develop stand - alone phlebotomy (taking of blood) services in Greenock and Port Glasgow Health Centres.
- Pilot a treatment room service model operated by District Nurses in Kilmacolm in an dual role.
- Implement standard operating procedures across the service to reduce variations in practise.

## **Appointments**

- Implement a scheduled appointment system with 15 minutes appointment time (patients requiring longer appointment will be given a double appointment or longer as required).
- Patients referred for routine interventions will be seen within 2 -5 working days.
- Follow-up appointments will be allocated based on individual patient need.

## **Workforce Model**

- A flexible nursing workforce model developed to reflect needs of the proposed service model matched to 15 minute appointment and peak times of service demand.
- Mix of staff refreshed to ensuring right person, right job to reflect clinical skills required.
- Define the clinical leadership role in terms of operational and clinical capacity requirements.
- Develop leadership capacity of staff.
- Succession plan in light of future potential leavers in the next 5 years.
- Discussions with acute (hospital based) services to support acute staff capacity to cover annual leave for acute clinics.
- Implement the community nursing Learning and Education Framework creating opportunities for training, development, succession planning and development of non - medical prescribers within the team.
- Implement the community nursing Induction programme for new-starts.
- Scope business support requirements at Port Glasgow and Gourock Health centres.
- Explore the need for Advanced Nurse Practitioner role in treatment room services.

# Learning Disability Redesign

*'Inclusion & Empowerment'*

*'Employability & Meaningful Activity'*

*'Support for Families'*

*'Reablement & Support to Live Independently'*



This redesign intends to increase the opportunity for carers to be equal partners in the care of adults with a Learning Disability and to have a fulfilling life of their own. In addition the aims and objectives of the redesign support improved transitions so we should see an improvement in the experience of families and carers at key points of change.

The Redesign Programme Objectives are as follows:

- Embed a culture amongst service users, carers and workers of partnership, focused on achieving personal outcomes.
- Ensure that the service is sustainable for the future, delivering more efficient ways of working and contributing to savings and efficiency targets.
- Deliver an **integrated model** of daytime activity services and resource opportunities for local adults with a learning disability, underpinned by the re-ablement model promoting independence, choice and control – and maximising opportunities for real employment wherever possible.
- Deliver a model of supported and independent living, underpinned by the Re-ablement model, which **maximises people's independence** in activities of daily living and in managing their own lives.

A programme of significant engagement and partnership working is evolving and is being led jointly with 3<sup>rd</sup> sector partners, providers, trades unions and users/carers. Integration Joint Board members are engaged in the process as are the wider relevant elected member group. Timelines are being worked up to ensure that each stage on the process in time bound.

Full reviews of all service users will be undertaken by May 2018. Interim work in Fitzgerald Centre personal care areas will be undertaken by June 2018. The merger of buildings will be by 28<sup>th</sup> September.

A programme of Learning Disability Redesign Programme Board meetings has been set up, as have a range of sub groups to deliver on each element of the programme.

A series of carer, service user and staff events have on a rolling basis. Ongoing provider and staff engagement with regular communication updates are scheduled.

# Allied Health Professional (AHP) Review

*'Reablement & Support to Live Independently'*



Within Inverclyde Allied Health Professionals (AHPs) are employed directly by the HSCP across Adult and Children's services as well as some AHP services (MSK Physiotherapy, Podiatry) being based and managed by West Dunbartonshire and Renfrewshire respectively

The issues for Inverclyde HSCP in terms of AHP service provision can be summarised as follows:

- Adult services AHPs practice within Health & Community Care, Mental Health, Addiction services but do not work across services despite having core AHP skills transferable to all services whilst retaining their specialist skill base and clinical practice.
- The quality of activity data for adult AHP activity is variable and requires further scrutiny to understand how Inverclyde HSCP deploys AHP resource.
- The balance of AHP resource requires to be reviewed and developed to allow more efficient integration across services rather than a single service approach.
- The Professional Leadership across NHS GG&C is well developed but requires improvement in how it links with Inverclyde HSCP and how Inverclyde HSCP links with the professional structure and Director of Allied Health Professions. At present Inverclyde AHP does not have a recognised AHP Lead.
- A better understanding of AHP services that are based and managed elsewhere is also required.

Allied Health Professionals (AHPs) in health and social care make a significant impact on people's health and quality of life and are key to service development and improvement. AHPs possess a diverse range of specialist skills in rehabilitation, enablement and diagnostics.

AHPs practice within integrated multidisciplinary teams, focusing on personal outcomes for patients and service users and are pivotal to preventative interventions, rehabilitation and enablement and self-management of conditions, reducing the requirement for GP appointments and hospital visits.

Within Health & Social Care Partnerships, Allied Health Professionals need to be appropriately positioned to impact on local planning and influence future developments for integration. Their visibility and accountability for delivery of organisational priorities needs to be strengthened through a new and innovative approach to leadership.

This will support designated AHP leads to have a locus of influence across HSCPs and drive key elements of the nationally agreed AHP outcomes for integration of Health and Social Care

services and support other national policy directives. Within NHS GG&C a number of Health and Social Care partners have a recognised lead Allied Health Professional.

Links to the wider Allied Health Professional Governance structure are presently not as robust as they are intended to be with good links to some professions but lesser so to others and it is paramount that Inverclyde HSCP addresses this inequality by promoting Allied Health Professions governance through a recognised lead AHP role as other professions such as nursing have already established.

It is therefore recommended from this review that a Lead Allied Health Professional Post is considered for Inverclyde HSCP and that this post has an opportunity to exert the appropriate professional influence within the HSCP.

The HSCP also needs to ensure that AHPs are being professionally supported and not being constrained by service specific structures where core competences can be best utilised to ensure mainstreaming of patient/service user care whilst retaining the specialist knowledge base of AHP clinicians.

Improved integration of AHPs across the service will maximise economies of scale whilst maintaining appropriate professional input.

## **Primary Care Services**

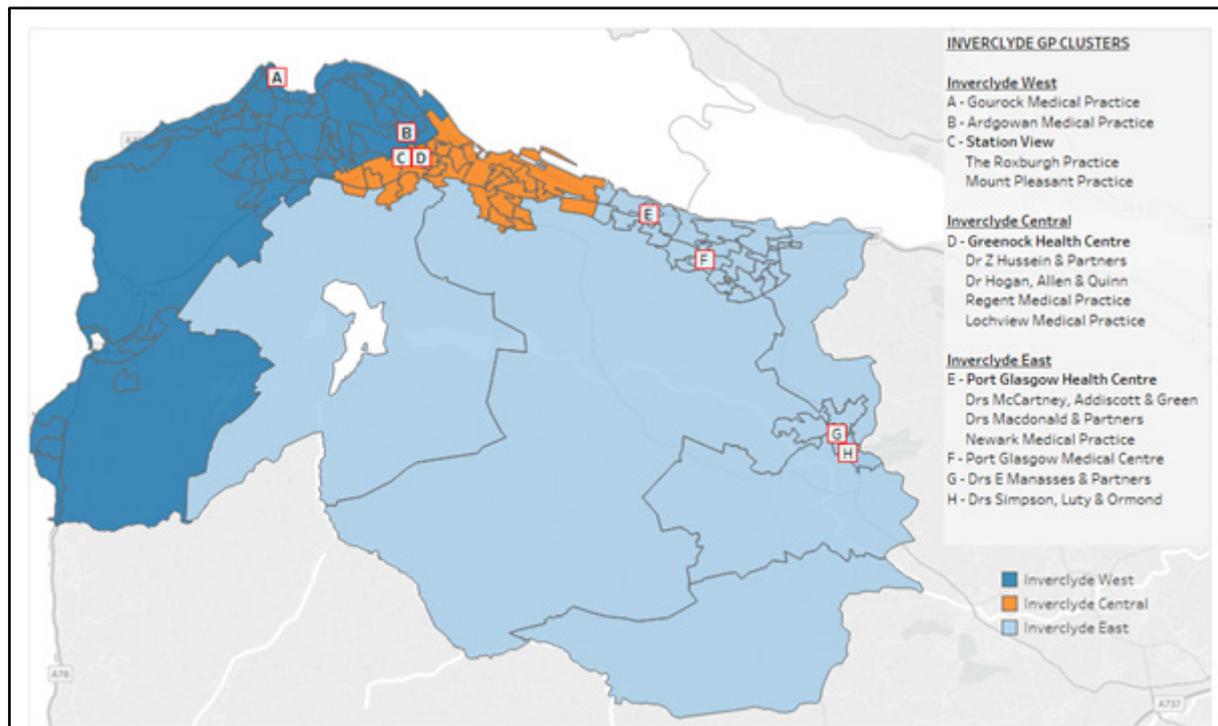
*'Prevention, Early Intervention & Recovery'*



There are fourteen General Practices, (GPs) covering Kilmacolm, Port Glasgow, Greenock, Gourock and their surrounding areas. The fourteen practices cover a population of 81,354 patients. Whilst the overall practice population has been falling since 2010 (down 4.5%) the proportion of patients on the lists who are over the age of 65 has steadily increased from 17% to 20%.

There have been a number of changes to general practice in Inverclyde in the last few years. Within the fourteen practices there are 68 General Practitioners, with six of these being doctors in training. The overall number of GPs has not varied greatly over the last five years however in line with other areas across Scotland, there are particular challenges recruiting new GPs when vacancies arise.

## Inverclyde GP Clusters



GP clusters were introduced in Scotland with the 2016/17 General Medical Services (GMS) agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. Each practice in Inverclyde now has a Practice Quality Lead (PQL) and each cluster a Cluster Quality Lead (CQL).

In Inverclyde there are 3 clusters that align with our planning localities: Inverclyde East, Inverclyde Central, and Inverclyde West. The East cluster is comprised of 6 practices with a total population of 23,608. Central cluster has 4 practices and a total population of 28,509.

West cluster has 4 practices and a total population of 29,237. The clusters in Inverclyde were established early due to the *New Ways of Working* pilot and have been in operation for approximately two years with good evidence of successful working in the clusters.

Clusters communicate regularly through meetings or online tools and also provide feedback on activity and projects to the HSCP at a scheduled quarterly meeting. Quality Improvement work in one cluster has included reviewing and improving identification of Sepsis and using cluster money to support the on-going development of this project. Innovative ways of communicating across a cluster have been supported using Trello, a web based project management app.

The health and socio-economic circumstances of Inverclyde are well documented in our existing Strategic Plan and Health Needs Assessment; however there are some key factors impacting on the delivery of primary care locally such as deprivation; disease prevalence; level of older people and primary care activity.

As a result, Inverclyde HSCP will create a three year Primary Care Improvement Plan (2018-21) that will enable the development of the role of the GP moving forward into the expert medical generalist. The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.



Primary Care Improvement and implementing the new GP contract is just one element of developing Health and Care services in Inverclyde HSCP. These include improving access to services and in particular improving digital access and online self-assessment for services. The HSCP is also developing a pilot of “Click to Contact” in partnership with NHS24 which will see local people and professionals able to request a call back from a range of services on the NHS Inform National Service Directory.

We recognise that in order to deliver on the outcomes of the new GP contract, a culture change in how primary care services are used is required. Building on the theme of *Working Better Together*, in 2016 we successfully engaged Pharmacists, Optometrists and Dentists alongside GPs and the wider practice teams to better understand roles and the range of support which could be offered as a first point of contact in primary care. This led to our established culture change campaign Choose the Right Service.



This culture change programme has been widely publicised using a variety of printed and social media and is currently being evaluated.

We will continue this campaign utilising a number of avenues and will link this to our work around unscheduled care.

The relationships built across the wider multi-disciplinary team including health, social care, housing, third sector and others will be the lever with which to address the health inequalities of local populations.

Cluster working is one aspect of this, improving local population health through an emphasis on better intelligence supported by our data analysts.

Agreed quality improvement projects will focus on improving outcomes for individuals and subsequently communities.



# Inverclyde Dementia Strategy

*'Inclusion and Empowerment'*

*'Support for Families'*



The Community Planning Partnership vision for Inverclyde is Getting It Right for Every Child, Citizen and Community. This means the Inverclyde Alliance works in partnership to create a confident inclusive Inverclyde with safe, sustainable, health, nurtured communities and a thriving prosperous economy, with active citizens who are resilient respected and responsible and able to make a positive contribution to the area.

The Single Outcome Agreement and partnerships are committed to:

- All older people living in Inverclyde have healthy, productive, active and included lives preferably living in their own homes with access to the services they need, when they need them.
- All our communities have good mental health and wellbeing integral to the achievement of all local outcomes for Inverclyde.

As a result, Getting it Right for People with Dementia, their families and carers and working towards a Dementia Friendly Inverclyde has been a key aim of Inverclyde's Dementia Strategy 2013-2016.

The Dementia Strategy Action Plan developed focussed on four key objectives and six key outcomes. These are:

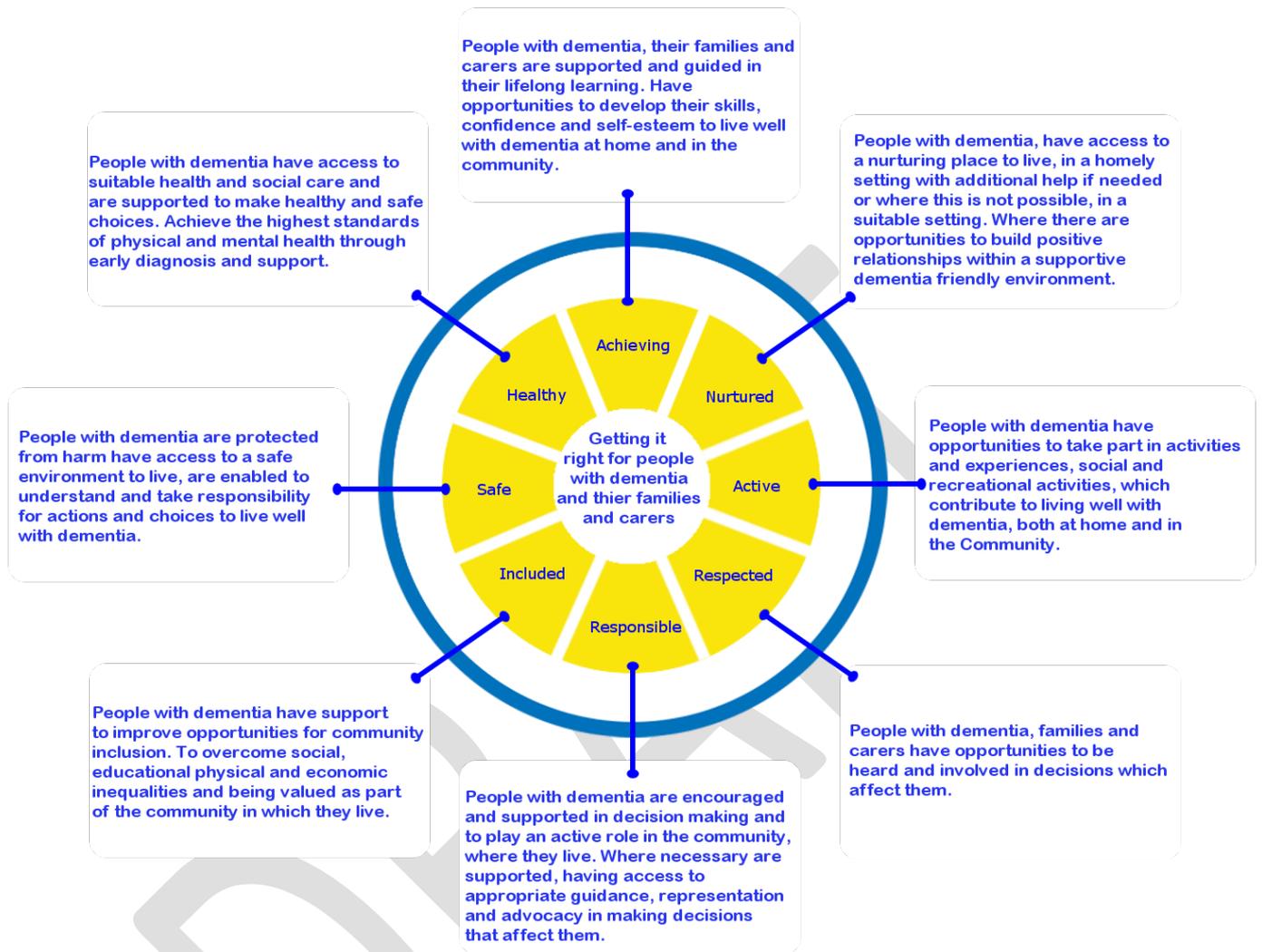
## **Dementia Strategy Objectives**

1. Improve Dementia Awareness and Knowledge
2. Improving Community Inclusion
3. Early Diagnosis and Support
4. Living Well with Dementia

## **Dementia Strategy Outcomes**

- Improve coordination, collaboration and continuity of care across services
- Improve access to services
- Improve flexibility of services
- Improve capacity of services to be responsive
- Increase awareness of dementia in the general public and community
- Increase opportunities for people with dementia, their families and carers to contribute to service planning.

A further mapping exercise was undertaken to highlight relevance to the single outcome wellbeing indicators to ensure linkages at all levels to better reflect the needs of people with dementia, their families and carers. This is fully illustrated in the diagram below:



The Dementia Strategy Action Plan is currently being reviewed and evaluated and the outputs from this exercise this will inform the future direction of travel for the continued implementation of Inverclyde's Dementia Strategy.

# Addiction Services Review

*'Prevention, Early Intervention & Recovery'*

*Reablement & Support to Live Independently'*

Addiction Recovery  
Heal The Root - Heal The Tree



The following key principles will be at the forefront of a new service model:

- To ensure service users receive the right assessment and treatment, at the right time, that is centred on their needs
- To ensure the focus on a recovery pathway in which the service user is fully involved and able to participate in planning their own sustainable recovery.
- To ensure safe, effective; evidence-based and accountable practice, focused on delivering quality outcomes.

The overall aim of the review is to develop a coherent and fully integrated model for Addiction Services in Inverclyde. There are two phases to the review.

**Phase 1:** To review all aspects of the current model for delivery of services to people with alcohol and drug use problems within the Inverclyde population including the current HSCP service delivery, 3rd sector delivery and any other delivery by other relevant partners.

**Phase 2 :** To develop options for a new model of working with a fully integrated pathway across drug and alcohol services which meets a common set of core professional and practice objectives. This will include focus on future demands and other emerging factors e.g. national policy; resource allocations; ageing population; new and emerging drug trends and also treatments.

The Programme Board has continued to meet and externally commissioned work around service user flow; demand; capacity and workforce development. In addition more detailed analysis of the services has been undertaken by the HSCP's Performance & Information Team.

A draft report of Phase 1 is currently in development.

# Inverclyde Community Justice Partnership

*Employability and meaningful activity*

*Inclusion and empowerment*



Inverclyde Community Justice Partnership was established on 1<sup>st</sup> April 2017 to ensure local implementation of this agenda as outlined in the Community Justice (Scotland) Act 2016.

The definition of community justice is:

*“The collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Local communities and the Third Sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship.”*

## **National Strategy for Community Justice, (2016)**

The National Strategy for Community Justice was published in November 2016. The local priorities being progressed in Inverclyde Community Justice Partnership are highlighted below. The direction for each of these priorities has evolved directly from people who have lived experience of the criminal justice system, listening to their personal story and forming key messages about what needs to improve.

Some highlights of progress made over the last year include:

### **Prevention and Early Intervention**

Inverclyde led on two regional events titled “An Upstream View in North Strathclyde”. This was followed by an Inverclyde collaborative event with the Scottish Criminal Justice Voluntary Sector Forum. Local Third Sector and Community Organisations who attended this event have subsequently led on a bi-monthly Inverclyde Community Justice Breakfast that offers a networking opportunity and a forum to consider new ideas for collaborative practice.

### **Housing and Homelessness**

A joint event was held involving Corporate Parenting and the Community Justice Partnership. This was informed with clear messages and questions posed by a wide variety of people with lived experience. A report was compiled of the event and a working group is currently progressing a “Young People’s Charter” targeting young people up to the age of 26 years of age.

## **Domestic Abuse**

A joint report between the Violence against Women Partnership and Community Justice Partnership was submitted to the Inverclyde Alliance focusing on the work being done with perpetrators of domestic abuse by all of the statutory partners involved at different stages. Plotting data to each stage highlighted that with a view of changing the culture around domestic abuse requires an early intervention model. Discussions are on-going with national fora to help us consider a different model.

## **Women Involved in the Criminal Justice System**

Inverclyde was successful in a funding bid for Big Lottery Early Systems Change for Women Involved in the Criminal Justice System. The funding will support a five year project of firstly undertaking research to understand the system with the second phase being implementing changes to the system and tests of change.

## **Employability**

Inverclyde was successful in securing the Scottish Government Employability Innovation and Integration Fund to pilot an “Inverclyde Resilience Project”. This will target employability support to people involved in the criminal justice system who may also have homelessness / housing issues and / or an addiction problem.

## Health Improvement

'Prevention, Early Intervention and Recovery'



The Health Improvement Team Review has now been completed and agreed and will allow the HSCP Health Improvement Team to focus more on strategically influencing policy makers and service partners/ providers, rather than providing a direct service delivery model.

In addition there are two separate strands of work which are on-going. These are:

- NHSGGC is undergoing a Smoking Cessation Review which will see a centralised model for non- Glasgow City delivery. This review is currently underway with a planned date for delivery by the end of April 2018.
- Discussions with Children and Families Services and the Oral Health Directorate (OHD) regarding a more coordinated management and delivery model for oral health in Inverclyde, which proposes the current oral health staff are managed through by the OHD.

This model supports targeted work; however, this may necessitate diverse knowledge across many aspects of Health Improvement and Inequalities.

## Compassionate Inverclyde



Compassionate Inverclyde is an innovative, multi-agency, community wide initiative which aims to build a compassionate community in Inverclyde by encouraging an ethos that end-of-life is the responsibility of the whole community and not just one part of it (such as the NHS). A number of agencies are signed up to Compassionate Inverclyde, including:

- The HSCP
- Inverclyde Council
- Carers
- Third sector organisations
- Police Scotland
- The Independent Care Sector
- Community representatives
- Faith organisations and others.

(The programme is led by Ardgowan Hospice.)

There are many strands to the initiative, including No One Dies Alone (NODA) and Absent Friends which will focus heavily on deploying and training volunteers to develop community led responses to palliative care. Compassionate Inverclyde will contribute to the Acute Service Review.

To date, the initiative has been unfunded and has developed through the voluntary efforts and in-kind contributions of the partner agencies, but represents another example of working together for better outcomes.

## **Ardgowan Hospice**



Ardgowan Hospice consultations with primary care professionals suggested that there is a perception that hospice care is less likely to be accessed by people from more deprived parts of the community.

To this end, Ardgowan Hospice has established a project called the Inside Out Hospice, which is developing outreach hospice services throughout Inverclyde.

The aim is to provide service users with what they need, where they need it, and when they need it, by transforming day and home support services, making them more accessible and reaching a larger population of potential service users across Inverclyde. A core aim will be to achieve the earliest intervention, to improve the journey of patients with life limiting illnesses.

Service users have expressed interest in day services being made available nearer to their homes, supporting, and improving the life of families, carers, and patients living with life limiting illness, complex, and life changing conditions. Including, Chronic Obstructive Pulmonary Disorder, (COPD) Heart failure, neurological conditions, kidney failure, and other life limiting illnesses.

The Project has already established two Supportive Care Clinics, in Inverclyde with one at Port Glasgow and the other at Greenock Health Centre. A further two are planned; however, in order to benchmark and qualify their planning, a statistical and geographic analysis of Ardgowan's patient referral data for 2017 / 2018 was undertaken.

It is important to set this information in the context of the Palliative Patient referral across the Inverclyde area, and to understand the evidence of local need for each of the hospice's services.

Our objective is to avoid hospital admission for palliative care, as the hospital environment is not usually the best for patients and carers at this difficult time. On that basis we are keen to establish reliable palliative patient referral data across the Inverclyde area. This is equally important to NHSGG&C, Inverclyde HSCP and Ardgowan Hospice.

It is essential therefore that each organisation collaborates to develop the mechanisms, and methodologies necessary to attain the data that can inform our planning models.

A working group has now been established, in partnership with Inverclyde HSCP to reinforce the need to establish reliable palliative patient referral data across the Inverclyde area.

## Section 4 - Moving Forward Together



Moving Forward Together (MFT) is Greater Glasgow & Clyde's (GG&C) Transformational Change Programme which builds a Vision of an integrated response to the increasing health and social care demands of our population with the ultimate aim of empowering our population and working together to ensure care is designed to meet the needs of our people and is delivered in the right place, at the right time and by the right people.

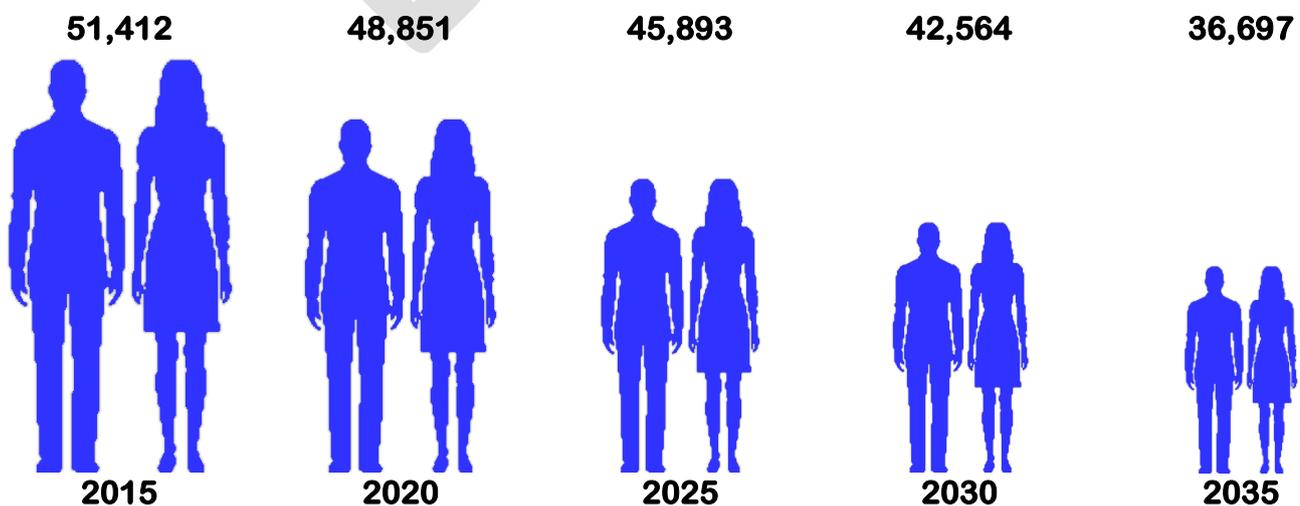
The key objectives of this programme are to:

- Update projections and predictions for the future health and social care needs of our population.
- Implement the clinical case for change as outlined in the National Clinical Strategy for Scotland (2016).
- Review existing national, regional and NHSGGC published strategies and model the impact of delivery on our population.
- Taking the information above to develop new models of care delivery which provide safe, effective and person-centred care which maximises our available resource, provides care in the most efficient and effective way and makes best use of innovation and the opportunities presented by new technology and the digital age.
- Support the subsequent development of delivery plans for these new models of care, which describe the required changes in workplace and the projected benefits realised

The summary of why this change programme is necessary is described by the following 9 key themes. These are:

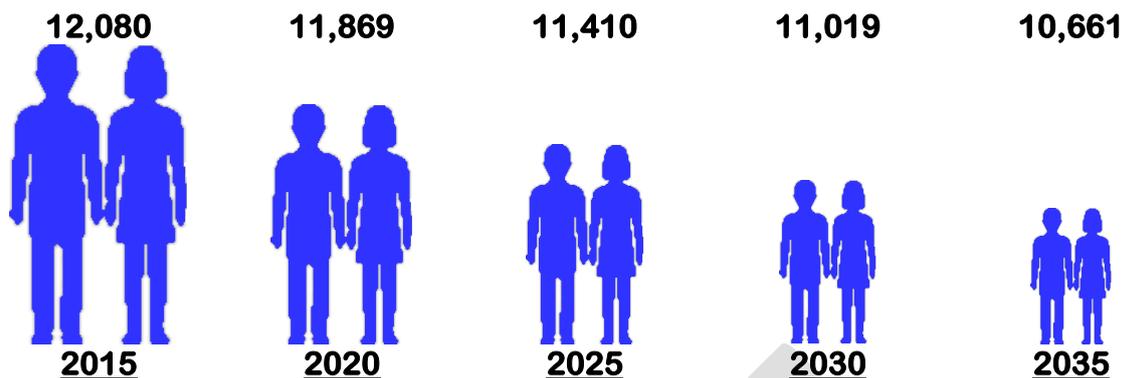
1. The health and social care needs of Inverclyde's population are significant and increasing as illustrated below:

### Population Projections (2015 to 2035) – Aged 15-64

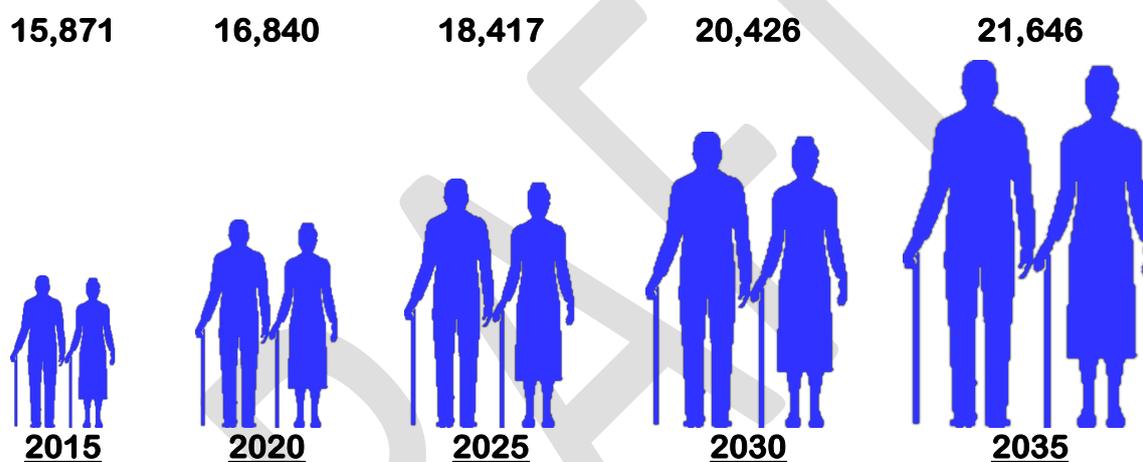




## Population Projections (2015 to 2035) – Aged 0-14



## Population Projections (2015 to 2035) – Aged 65 and over



2. We need to do more to support people to manage their own health and well being and to develop early interventions to prevent crisis.
3. Our services are not always organised in the best way for patients/ service users.
4. We need to do more to make sure that care is always provided in the most appropriate setting by the most appropriate team.
5. There is growing pressure on primary care and community services.
6. We need to provide the highest quality specialist care.
7. Increasing specialisation needs to be balanced with the need for coordinated care which takes an overview of the patient/ service user.
8. Health and social care is changing and we need to keep pace with best practice and standards.
9. We need to support our workforce to meet future challenges

According to the latest official statistics from the National Records of Scotland (NRS) the population of Inverclyde is 79,860 people. (This figure varies from the GP population due to patients who reside out-with Inverclyde being registered with an Inverclyde practice).

There are more female than males in every age group except for those aged 0-15. Inverclyde's population is an increasingly elderly population with the percentage of the population in older age groups higher in Inverclyde compared to the rest of Scotland.

Some of the key questions that we are reflecting upon are:

- What are the core elements of our services?
- What co-located services and supports are essential for delivery of those services?
- Given the demographic projections and other factors affecting demand, how do services need to evolve over next 5-10 years?
- Thinking about changes to speciality pathways, at what level do services need to be developed within the community?
- What would the impact of those changes be, and what would be the benefit for service users?
- What would be the impact on the workforce?

However these questions cannot be considered in isolation as the scope of the Moving Forward Together programme includes a range of functions which are delegated to Inverclyde's Integration Joint Board (IJB) in terms of strategic planning, and to the Health and Social Care Partnership (HSCP) for operational delivery.

Therefore this transformational change programme will be taken forward in a planned and sustainable way with full engagement of all stakeholders within Inverclyde HSCP and will align to and link in with our approach to Locality Planning and wider Community Planning within the context of the Inverclyde Alliance Local Outcome Improvement Plan.

The output of these engagement sessions will also be of further value and relevance to Inverclyde HSCP in informing the other key strategic developments over the coming 12-18 months, including development of a Primary Care Strategy, and our new IJB Strategic Plan for 2019-2022.

This Transformational Change Programme will help to align all of Inverclyde HSCP's aspirations as outlined in our first Strategic Plan. Ultimately it will be a key driver in our development as one of six GGC HSCP in providing a more effective and patient centred system that delivers better outcomes.

Moving Forward Together is also a key description for how *we as an HSCP* will work with all of our partners and stakeholders across Inverclyde to deliver on our priorities and aspirations for the people of Inverclyde.

With all of our stakeholders and partners, Inverclyde HSCP will indeed *Move Forward Together* and continue to strive towards improving the health & wellbeing of all citizens across Inverclyde.

***“If everyone is moving forward together,  
then success takes care of itself”***

**Henry Ford (1863-1947)**

## Chief Officer's Closing Remarks.

Working in a complex system inevitably involves effective partnership working and I recognise that Inverclyde Health & Social Care Partnership is not and cannot be the sole provider of health and social care as we move forward into challenging times.

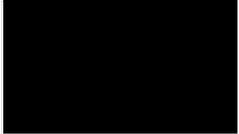
By working together with NHS Greater Glasgow & Clyde Health Board and Inverclyde Council, our HSCP will be able to deliver and achieve better outcomes for the people of Inverclyde.

We also need to see inequalities sensitive practice as more than providing equality of care. We need to stay curious and continually ask the people of Inverclyde what they need.

Our performance measures (as detailed in our Annual Performance Report) tell us that our work across the HSCP is of high quality and does indeed make a difference to people's lives. Nevertheless, we need dedicated time for reflection on our progress and sharing of experiences allows us to consider all perspectives.

I believe that this review shows what we have achieved together so far and highlights why we should celebrate what we have done well.

By recognising progress alongside challenges, we are much more likely to identify the correct next steps.

  
Louise Long - Chief Officer, Inverclyde HSCP

**Report To:** Inverclyde Integration Joint Board    **Date:** 18 June 2018

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:** IJB/31/2018/HW

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

**Subject:** ANNUAL PERFORMANCE REPORT 2017-2018

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board members on the overall performance of Inverclyde Health & Social Care Partnership.
- 1.2 The reporting period is for 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018.

## **2.0 SUMMARY**

- 2.1 The report summarises Inverclyde's performance in relation to the nine National Wellbeing Outcomes.
- 2.2 The report also measures Inverclyde's performance against the 23 National Core Integration Indicators and shows comparison with the Scottish average.
- 2.3 Separate measures specifically relevant for Children's Services and Criminal Justice have been included.
- 2.4 The report is structured to show how Inverclyde Health and Social Care Partnership is actively *Improving Lives* for the people of Inverclyde.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Inverclyde Integration Joint Board members review and approve the HSCP's second Annual Performance Report. Members are also requested to acknowledge the improvements achieved during the second year of the partnership and the further foundations that have been established and continue to drive forward transformational change.

**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 an Annual Performance Report is produced and presented to Integration Joint Boards (IJBs), highlighting performance on delivering the nine National Wellbeing Outcomes, as measured against delivery of the 23 National Indicators. This is the second Performance Report from Inverclyde HSCP.
- 4.2 The data for the 23 indicators is provided by Information Services Scotland (ISD) and must be reported upon. HSCPs can also include supplementary information, although this must also relate to the National Wellbeing Outcomes.
- 4.3 Following the format of our first report, our second Annual Performance Report been compiled to be easy to understand, and uses graphics to illustrate performance. It also includes several case studies to help illustrate why the indicators matter to the lives of our citizens.

## 5.0 IMPLICATIONS

### FINANCE

There are no financial implications from this report.

#### 5.1 Financial Implications:

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 implications from this report

### HUMAN RESOURCES

- 5.3 There are no implications from this report

### EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

There are no specific equality issues contained within this report.

	YES (see attached appendix)
--	-----------------------------

X	NO –
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#### 5.4.1 How does this report address our Equality Outcomes?

The intelligence contained in this report reflects on the performance of the HSCP against the equality outcomes.

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

The report provides both qualitative and quantitative data on contacts, presentations, referrals and activity on behalf of or directly with service users. This includes those with protected characteristics and people in our community who are harder to reach.

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

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

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

The report further demonstrates our performance 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 performance of the HSCP in relation to inclusion of people with protected characteristics is captured in the report. There are numerous campaigns and innovative ways to get people involved in the development of the HSCP services. These include direct service involvement, the advisory networks, surveys, communications and with policy and planning development. Service user, carers, partners and other stakeholders are represented on our Integration Joint Board, Strategic Planning Group and in our planning forums across all service areas. Feedback is used continuously to improve overall planning and performance and feedback specific to the format of our first Annual Performance Report was been taken into consideration for this second report

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

Quarterly Service Reviews are used to inform discussions around the delivery of services to people with protected characteristics.

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

The Annual Performance Report contains intelligence relating to all service user groups including people with Learning Disability.

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

The Annual Performance Report contains intelligence relating to all service user groups including people from the resettled refugee community.

#### 5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications

## 5.6 NATIONAL WELLBEING OUTCOMES

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

The report summarises Inverclyde's performance in relation to the nine National Wellbeing Outcomes providing specific examples across all nine Outcomes

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

Specific examples are provided in section two of the report.

- 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.**

Specific examples are provided in section two of the report.

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

Specific examples are provided in section two of the report.

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

Specific examples are provided in section two of the report.

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

Specific examples are provided in section two of the report.

- 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.**

Specific examples are provided in section two of the report.

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

Specific examples are provided in section two of the report.

- 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.**

Specific examples are provided in section two of the report.

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

Specific examples are provided in section two of the report.

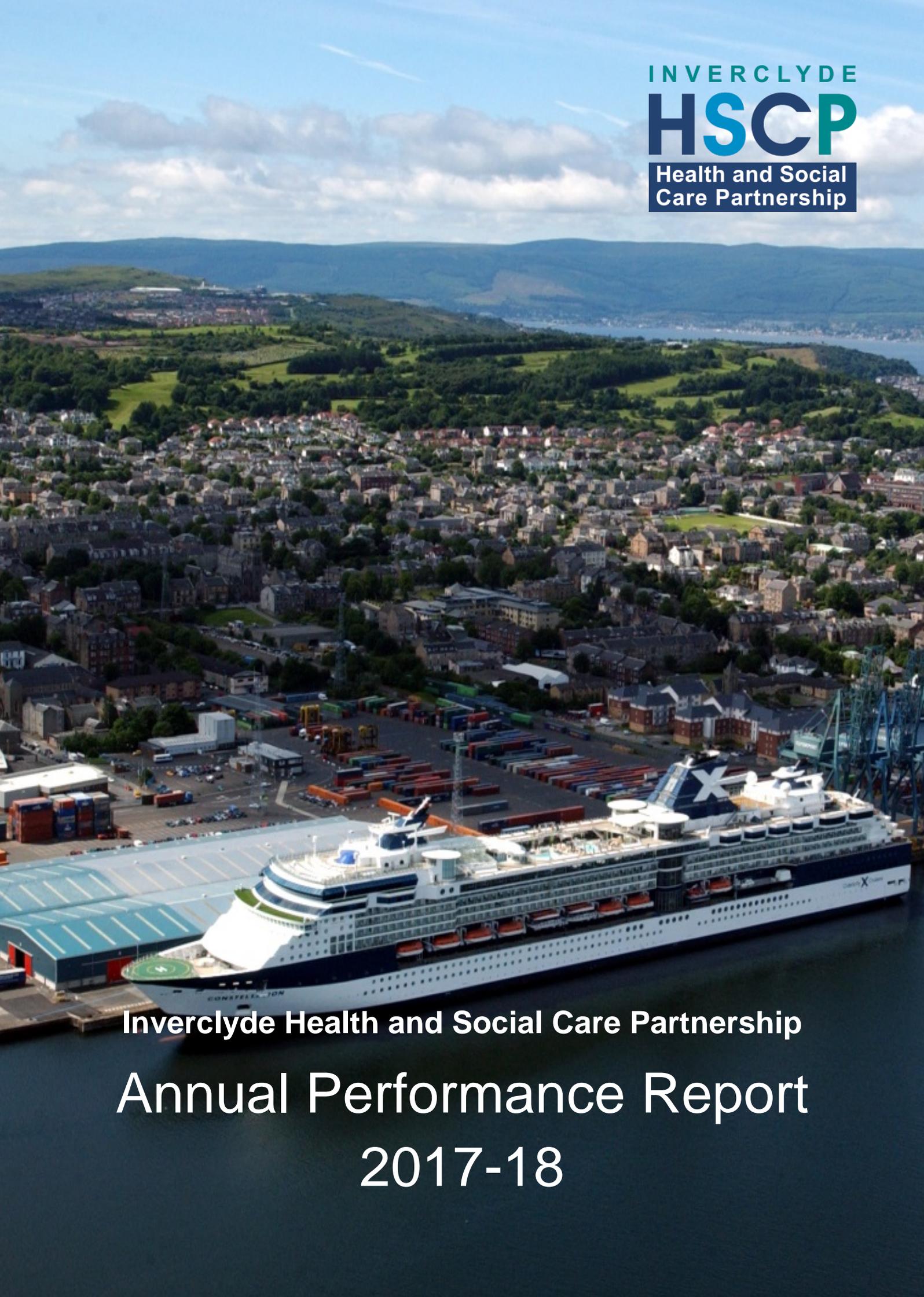
## 6.0 CONSULTATION

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## **7.0 LIST OF BACKGROUND PAPERS**

7.1 None



An aerial photograph of Inverclyde, Scotland, showing a dense residential area with many houses, a large industrial yard with numerous shipping containers, and a large cruise ship docked at a pier. The ship is white with a dark blue hull and has a large white 'X' logo on its funnel. The name 'CONSTELLATION' is visible on the side of the ship. In the background, there are rolling green hills and a body of water under a blue sky with scattered clouds.

**Inverclyde Health and Social Care Partnership**  
**Annual Performance Report**  
**2017-18**

## Welcome by Louise Long - Chief Officer Inverclyde HSCP

I would like to welcome you to Inverclyde Health and Social Care Partnership's second Annual Performance Report.

This report will focus predominantly on Inverclyde HSCP's performance for the period to March 2018, specifically measuring our performance and progress against the twenty three National Integration Indicators and the nine National Wellbeing Outcomes.

By publishing an Annual Performance Report each year we can show what we have achieved and the impact we are having on achieving our Vision of **Improving Lives** through our four key Values of ensuring:

- ***We put people first***
- ***We work better together***
- ***We strive to do better***
- ***We are accountable***

Ultimately, these principles will guide us to deliver better outcomes, as measured against the national framework.

We strive to ensure our Health and Social Care Service will continue providing new and exciting opportunities to work together to make a difference to our communities.

With the dedication and commitment of our staff, partners and carers we will continue building on the partnership's strong foundations whilst meeting challenges face on to provide a safe and stable future for everyone.



**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP, Municipal Buildings, Clyde Square, Greenock, PA15 1LY**

# Contents

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# Context

The integration legislation and its associated guidance requires that every HSCP produces a Strategic Plan, outlining what services are included, noting key objectives and how partnerships will deliver improvements. Progress on those commitments is gauged by the Annual Performance Report.

In Inverclyde we have an 'all-inclusive' health and social care partnership. This means that we have gone beyond the statutory requirement of adult services to include services for Children and Families and Criminal Justice.

Inverclyde HSCP's first Strategic Plan produced in March 2016 outlined the overarching vision of:



'Improving Lives' is underpinned by the 4 key values of:



These values are all still relevant however 'Strategic Commissioning' is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, planning the nature, range and quality of future services and working in partnership to put these in place.

With this approach we therefore identified 5 key 'Strategic Themes' that run through all our planning.

These 5 Strategic Commissioning Themes are:

- Employability and meaningful activity
- Recovery and support to live independently
- Early intervention, prevention and re-ablement
- Support for families
- Inclusion and empowerment

# Section 1: Structure of the Report

The report summarises Inverclyde HSCP's performance in relation to the nine National Wellbeing Outcomes. These are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
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.
7. People using health and social care services are safe from harm.
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.
9. Resources are used effectively in the provision of health and social care services.

To support the nine national Wellbeing Outcomes, there are 23 National Integration Indicators against which the performance of all HSCPs in Scotland must be measured.

Within this report, these indicators have been aligned to the relevant national wellbeing outcomes and our performance in these is shown as a comparison with the Scottish average.

Separate measures specifically relevant for Children's Services and Criminal Justice have been included in section five of this report.

Finally, we have attempted to highlight throughout the report how our achievements are aligned with our overall 5 Strategic Commissioning themes noted on page 4.

## Section 2: National Wellbeing Outcomes and the National Integration Indicators

There are 23 National Integration Indicators upon which each HSCP is measured and the data for these is provided by the Information Services Division (ISD) of the NHS on behalf of the Scottish Government.

The indicators have been, or will be developed from national data sources so that the measurement approach is consistent across all Scottish HSCPs. These indicators can be grouped into two types of complementary measures: outcome indicators based on survey feedback and indicators derived from organisational or system data.

Within this report this data is presented and aligned to the nine National Wellbeing Outcomes. The images for comparing performance in relation to the Scottish average are as follows:

	Performance is equal or better than the Scottish average
	Performance is close to the Scottish average
	Performance is below the Scottish average

The data presented against the National Indicators is the most up-to-date as released by ISD in April 2018.

Where possible we have included data for previous years to allow comparison and progress to be seen.

## Section 3: Performance at a Glance:

### The 23 National Indicators for 2016/17

National Indicator	Inverclyde HSCP	Scottish Average	Comparison
1* Percentage of adults able to look after their health very well or quite well	91%	93%	
2* Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80%	81%	
3* Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	76%	
4* Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	79%	74%	
5* Total % of adults receiving any care or support who rated it as excellent or good	83%	80%	
6* Percentage of people with positive experience of the care provided by their GP practice	83%	83%	
7* Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	80%	
8* Total combined percentage of carers who feel supported to continue in their caring role	40%	37%	
9* Percentage of adults supported at home who agreed they felt safe	84%	83%	
10 Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)		
11 Premature mortality rate per 100,000 persons	505	440	
12 Emergency admission rate (per 100,000 population)	14381	12294	
National Indicator	Inverclyde HSCP	Scottish Average	Comparison

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
13	Emergency bed day rate (per 100,000 population)	159547	125634	
14	Readmission to hospital within 28 days (per 1,000 population)	88	100	
15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	
16	Falls rate per 1,000 population aged 65+	24	22	
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	90%	84%	
18	Percentage of adults with intensive care needs receiving care at home	63%	61%	
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	263	842	
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	30%	25%	
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready	Indicator under development (ISD)		
23	Expenditure on end of life care, cost in last 6 months per death	Indicator under development (ISD)		

The data presented against these National Indicators is the most up-to-date as released by ISD in April 2018. Those marked with an \* are taken from the 2017/18 Health and Care Experience Survey (<http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/>). Details of this can be found in Section 5 on Page 46.



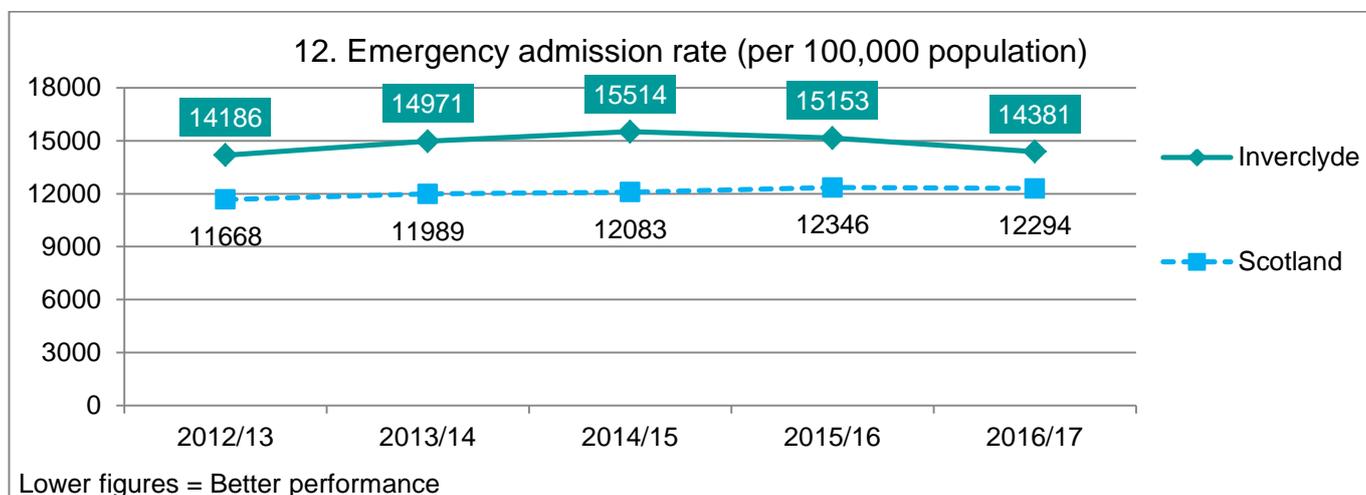
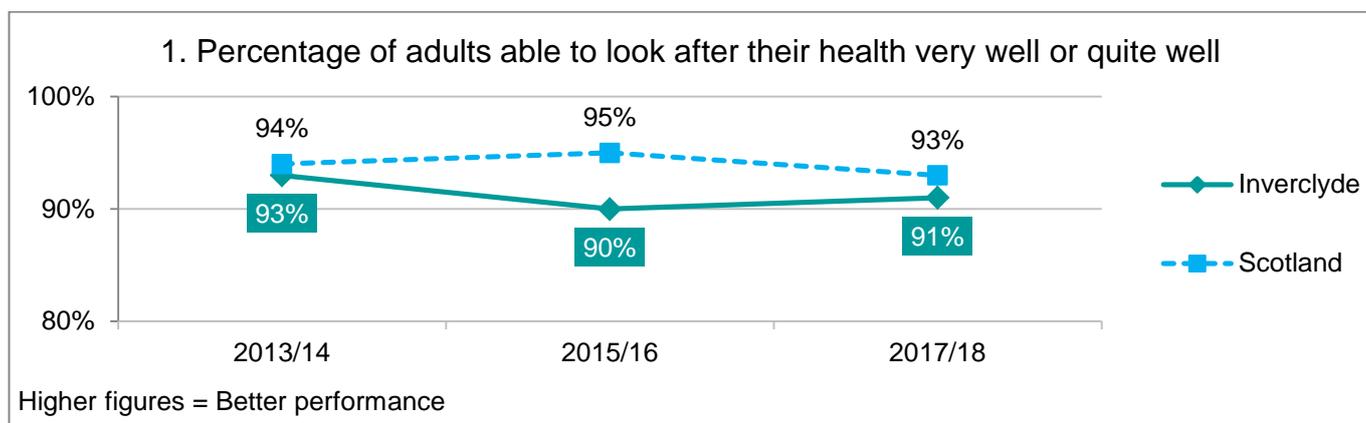
## Section 4: The National Health and Wellbeing Indicators:

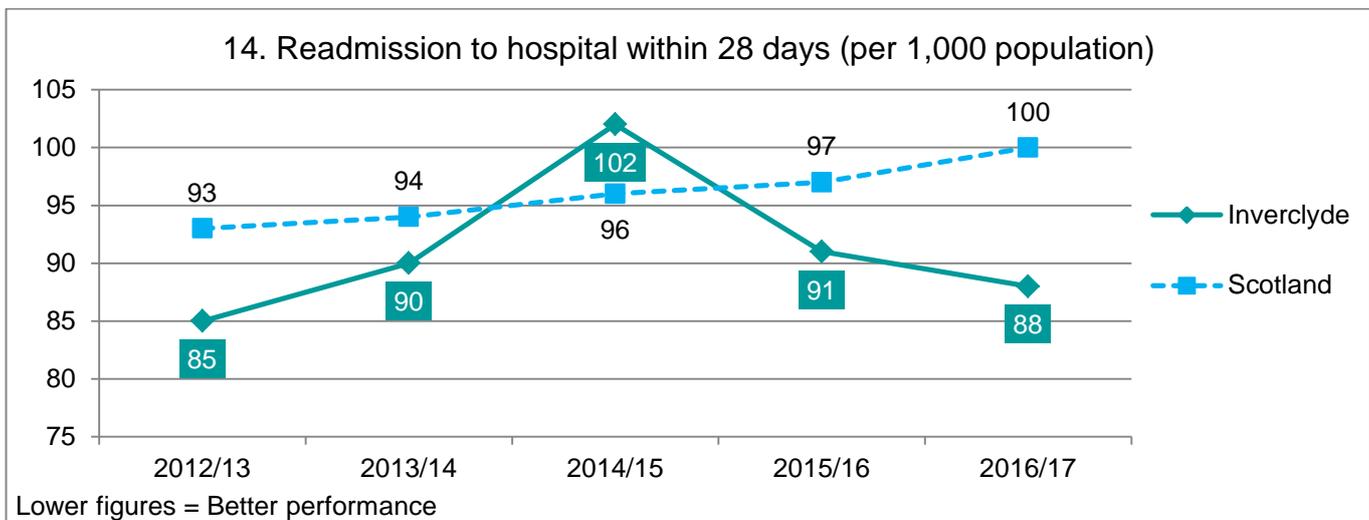
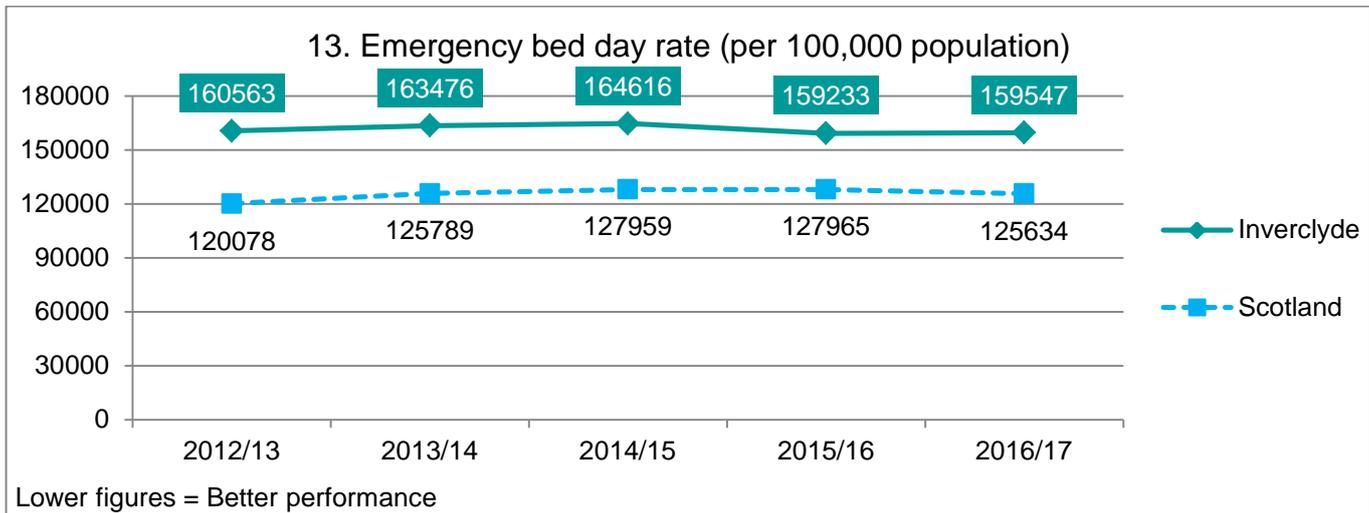
### National Wellbeing Outcome 1

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

#### Current performance

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
1	Percentage of adults able to look after their health very well or quite well	91%	93%	😐
12	Emergency admission rate (per 100,000 population)	14381	12294	😞
13	Emergency bed day rate (per 100,000 population)	159547	125634	😞
14	Readmission to hospital within 28 days (per 1,000 population)	88	100	😊





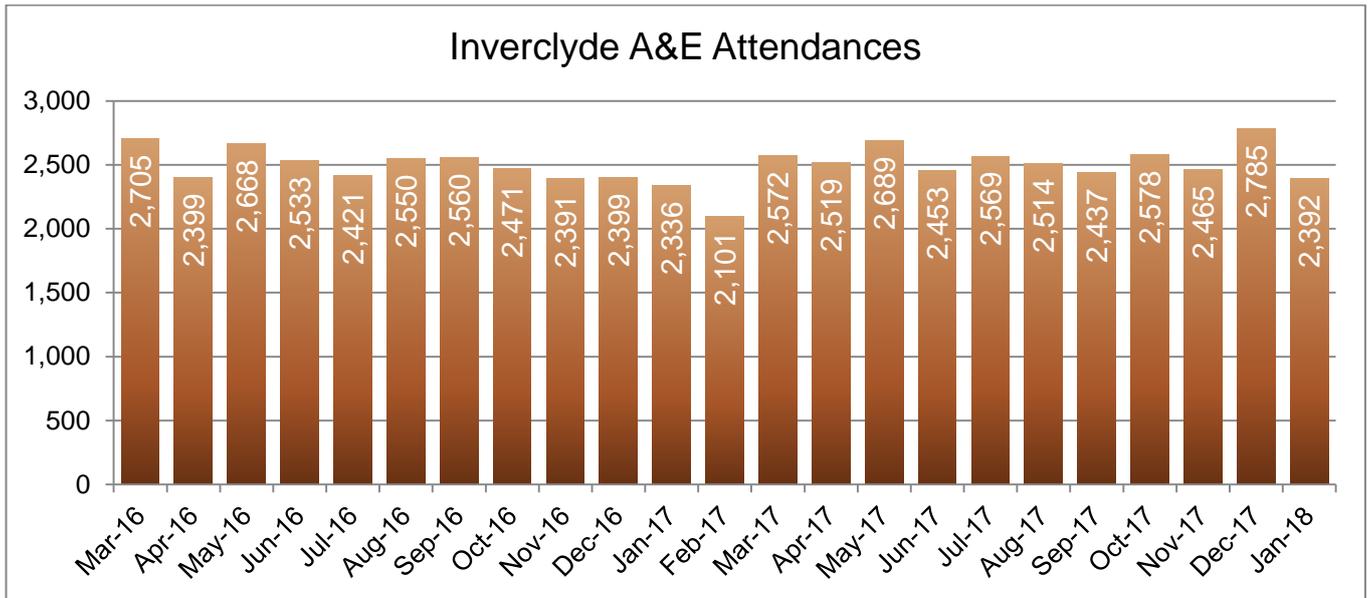
When people need support, it is important that they are seen as early as possible in order that they can begin to take control, look after and improve their own health.



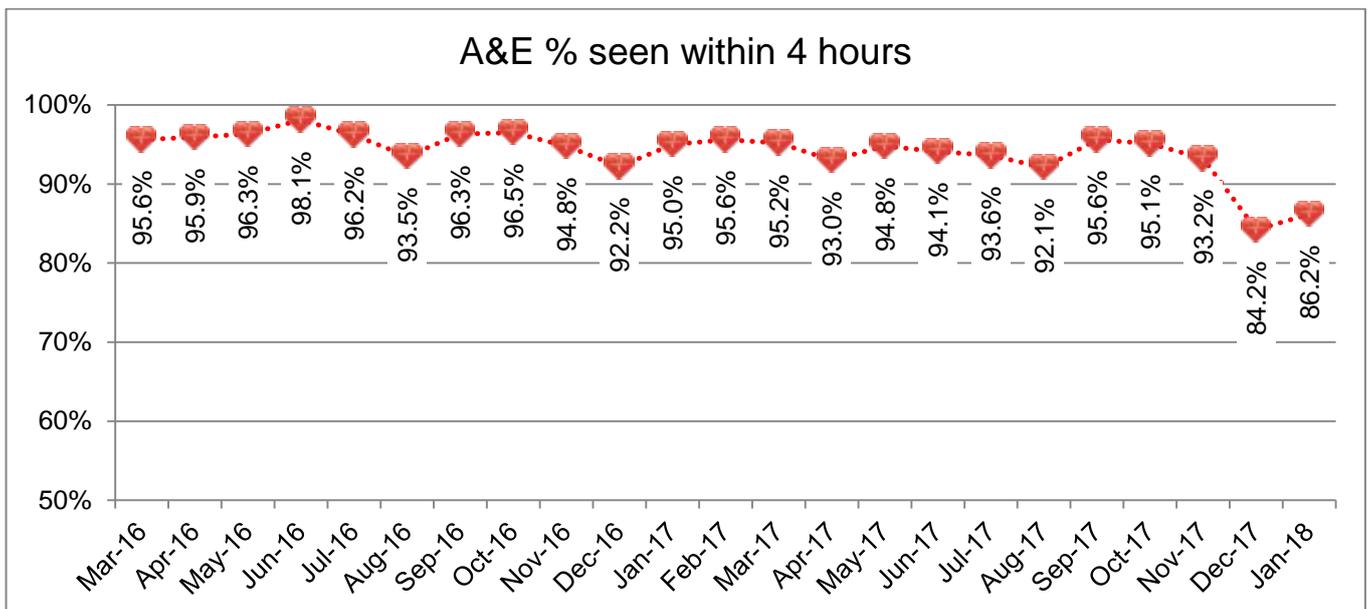
The overall aim of the Choose the right Service initiative is to raise public awareness and direct patients more appropriately to services that are best placed to support their health and social care needs. This means that people are more likely to see the right person, in the right place, and at the right time. Earlier treatment usually supports a better end result.

## Accident and Emergency (A&E)

Accident and Emergency Services are among the most expensive provided by public money. To get the best value from this we want to ensure that A&E is used only by those who really need that level of service. We know that A&E can be used as a convenient “drop-in” service which is not the best use of A&E. We therefore aim to reduce the numbers of people attending. This will be achieved by helping people know *how* to contact the right service for assistance rather than inappropriate presentations being made at Accident & Emergency. The graph below sets out our baseline performance and we are now in the process of developing an action plan to support reduction.



With regard to the nationally set 4 hour maximum waiting time target, Inverclyde Royal Hospital Accident & Emergency department consistently saw over 90% of patients within this timeline. Nationally there was a general reduction in meeting this target December 2017 and January 2018.



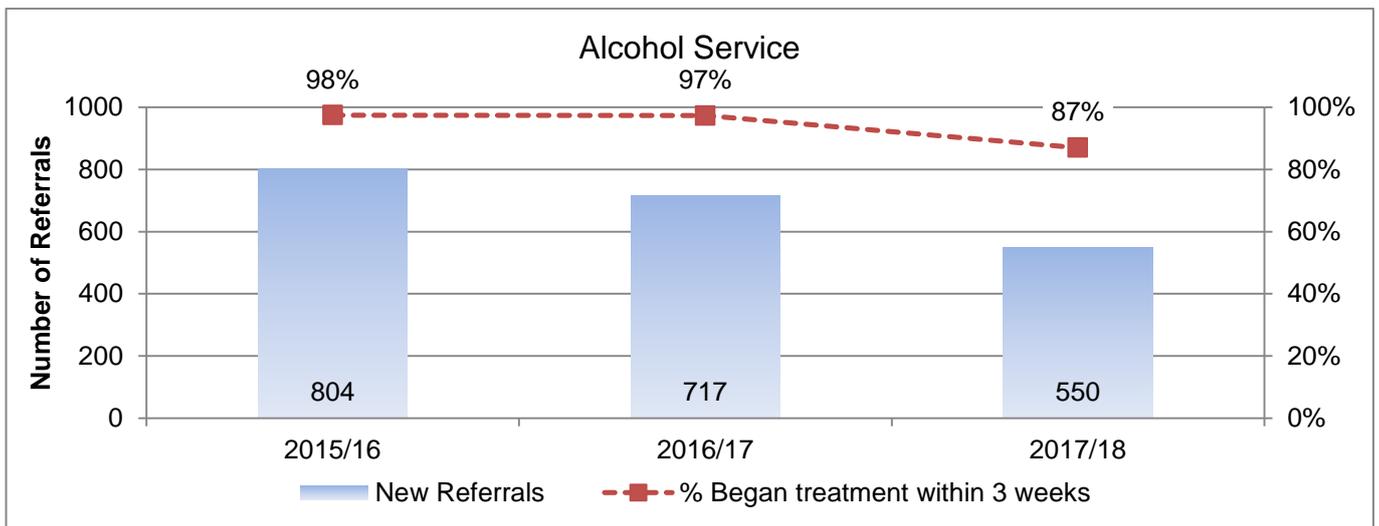
## Alcohol and Drug Treatment

A national target has been set that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner and we hope this will lead to better outcomes.

### Addictions - Alcohol

We have consistently outperformed this target in alcohol over the last few years and maintaining this level of performance is challenging. Whilst our performance has dropped to just under the 90% target this year as a whole, our performance in the second half of the year has improved to over 92%.

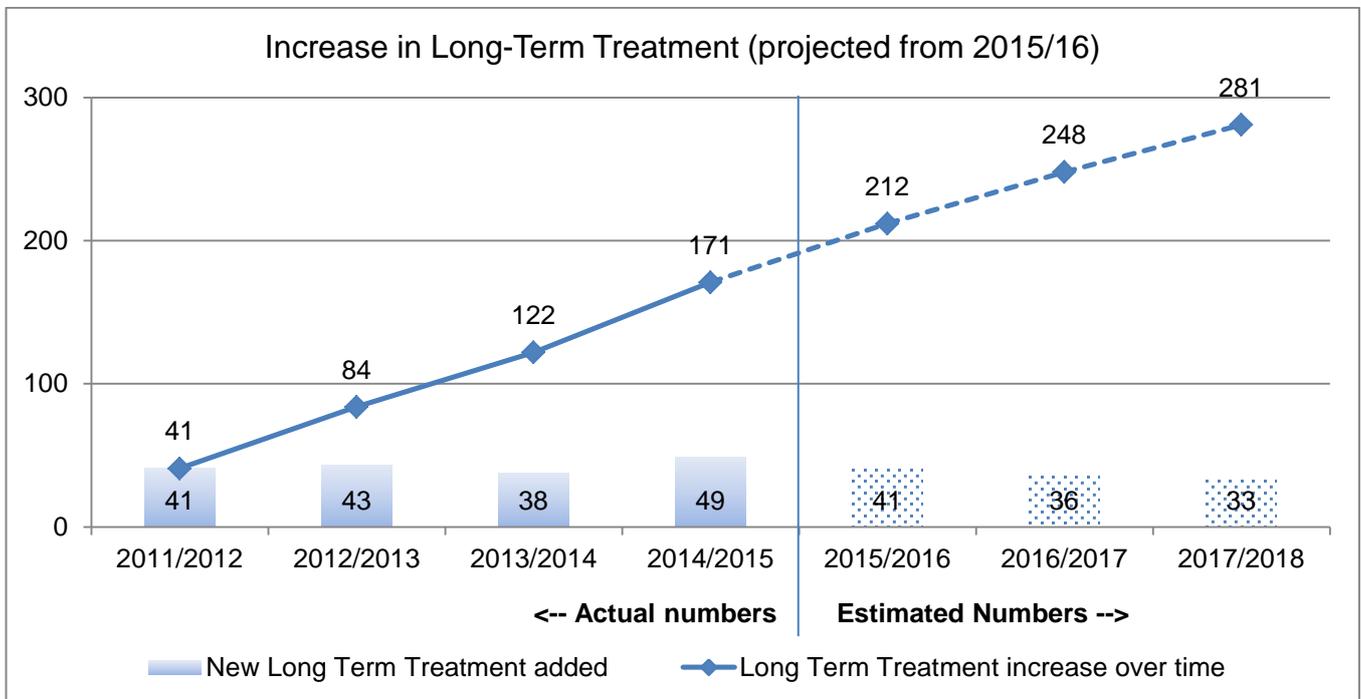
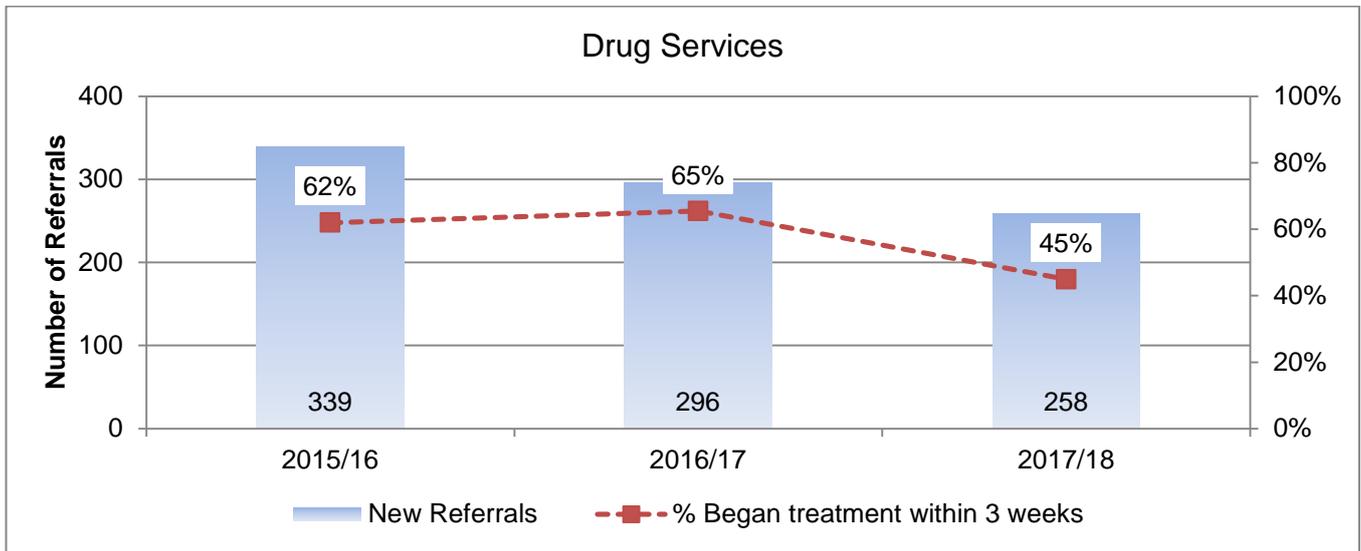
By reviewing the Alcohol Service, we have expanded the range of options available so that we can best serve the needs of the people who use this service. This has resulted in fewer people being referred back into the service once their treatment is concluded.



### Addictions - Drugs

As can be seen from the graph below, our performance against the 90% target has dropped, from an already low starting point. This is against a backdrop of an increase in the number of people in long term treatment and changes in the substances being misused. Each year approximately 14% of all referrals to the Drugs Service become long term support cases.

It is accepted that for the drugs element of addictions services, there needs to be a much stronger focus on recovery. However over and above that, we are in the process of a significant review that will lead to a full redesign of Addictions Services, so that we can start to deliver lasting improvements in the lives of those people who need our support.

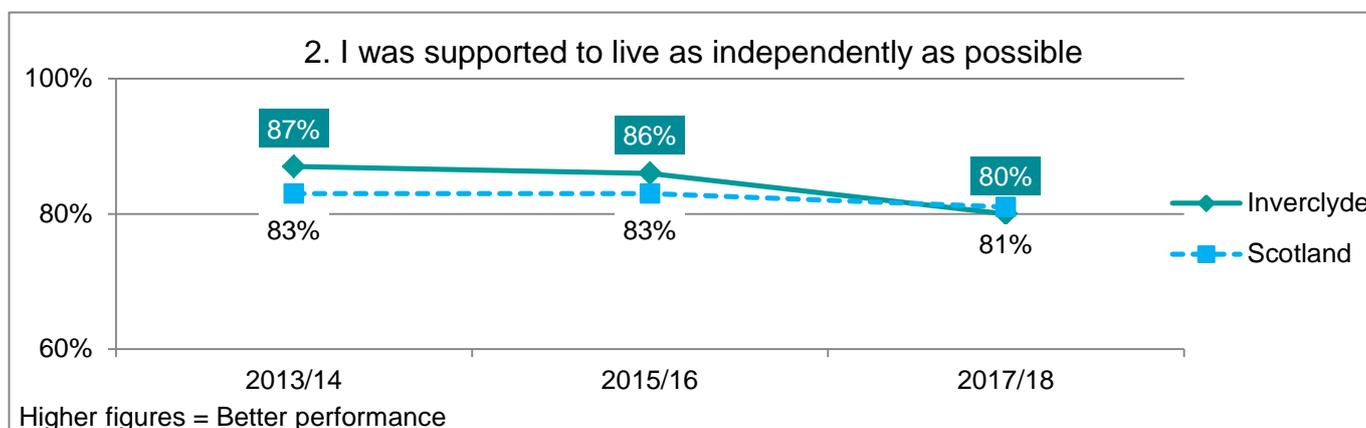


Each year 'new' people are added to our case load who will require long-term (greater than 3 years) treatment and support. The graph above shows the number of new people added each year (the blocks) up to 2014/15 and the estimated numbers that will be added from 2015/16. The graph shows the potential challenge and unless we can change this trajectory, this will require significant resource. Our challenge is to support more people to full recovery, and this will be reflected in the Addictions Review as well as our new Strategic Plan due for publication in 2019.

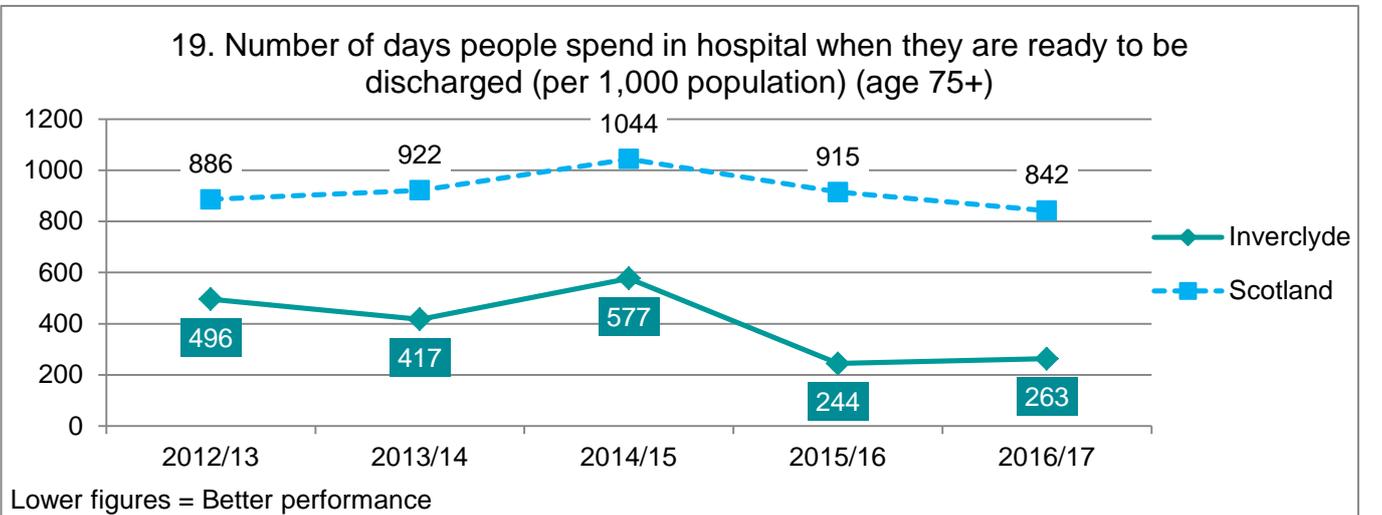
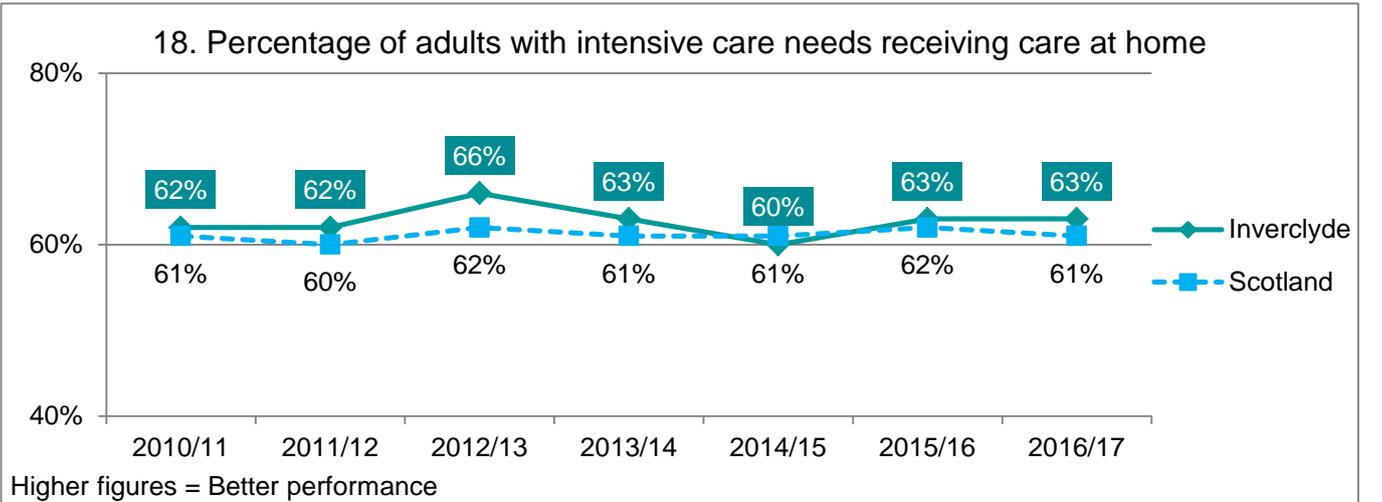
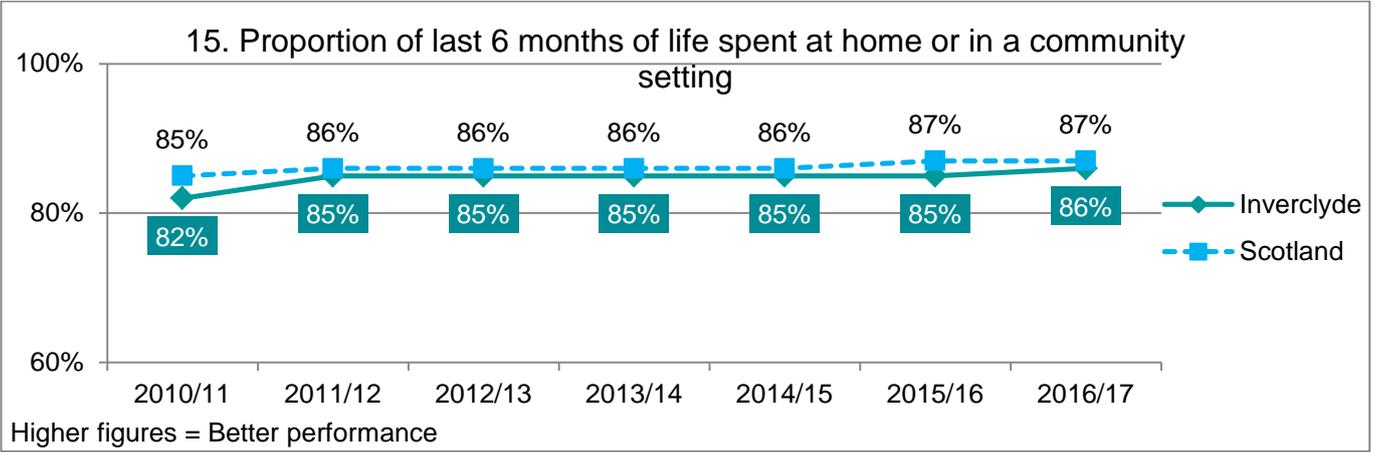
## National Wellbeing Outcome 2

- 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.

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80%	81%	😐
15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	😐
18	Percentage of adults with intensive care needs receiving care at home	63%	61%	😊
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	263	842	😊
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready	Indicator under development (ISD)		



Data for this graph is drawn from the Health and Care Experience Survey. For the first two surveys we were notably higher than the Scottish average, however in the most recent survey there was a reduction nationally and this had more impact locally. We continue to support people to live as independently as possible and hope to see an improvement in the next survey.





The basis of the Home 1<sup>st</sup> approach is that people are supported better and achieve improved outcomes when social and health care is provided.

The positive performance relating to discharge process has been a result of good partnership working between Acute (hospital based) and HSCP staff. This work has been underpinned by the Home First – Ten Actions to Transform Discharge Approach. In Inverclyde this has focused on;

- Reducing the number of people identified as having their hospital discharge delayed.
- Aiming to discharge within 72 hours of being fit for discharge
- Ensuring staff are empowered to make changes which improve discharge processes and reduce length of stay
- Ensuring returning home is the first and best option in the majority of discharge situations.

This plan has been re-launched for 2017/18 building on the good work in Inverclyde. The revised plan is also looking to develop;

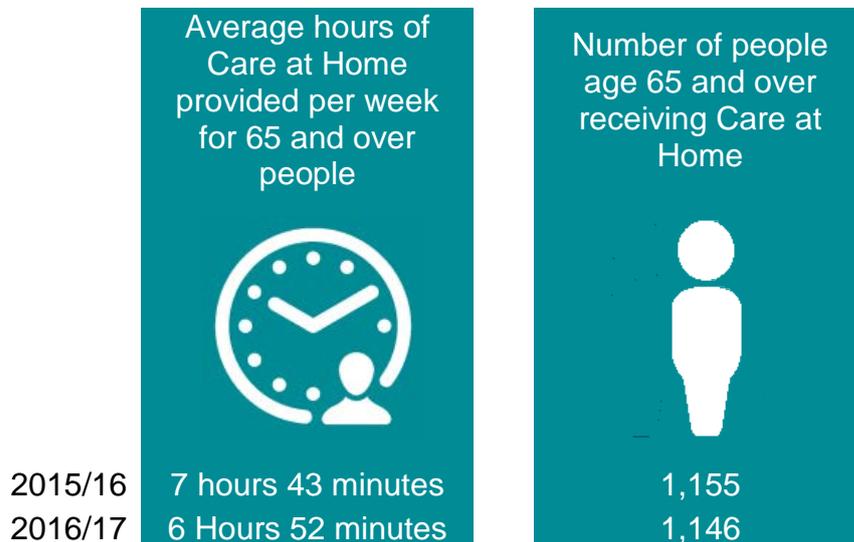
- Discharging to assess approach: when an individual is medically fit to be discharged they return home where assessment for future needs is completed by the Assessment and Reablement Team.
- Reviewing the partnership staff involved in discharge to ensure a smooth patient pathway, with early referral for follow-on social care assessment.
- Developing Home1st team, bringing together the reablement inreach team and discharge team to move the emphasis of discharge from hospital to community provision. Discharge planning begins in the community and assessments completed in the service users home.
- Care Home Liaison Nurses involvement in supporting care homes to maintain residents in the community and avoid hospital admission unless it is absolutely necessary.

The Home 1<sup>st</sup> approach has successfully contributed to a reduction in *long term care* placements, the average length of stay in care homes as well as delayed discharges.

### **Care at Home**

Our Care at Home service provides care and support to those who require assistance to remain independent at home for as long as possible. Investing in this preventative support helps reduce unnecessary admission to hospital and is a key intervention in achieving our aim of “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”.

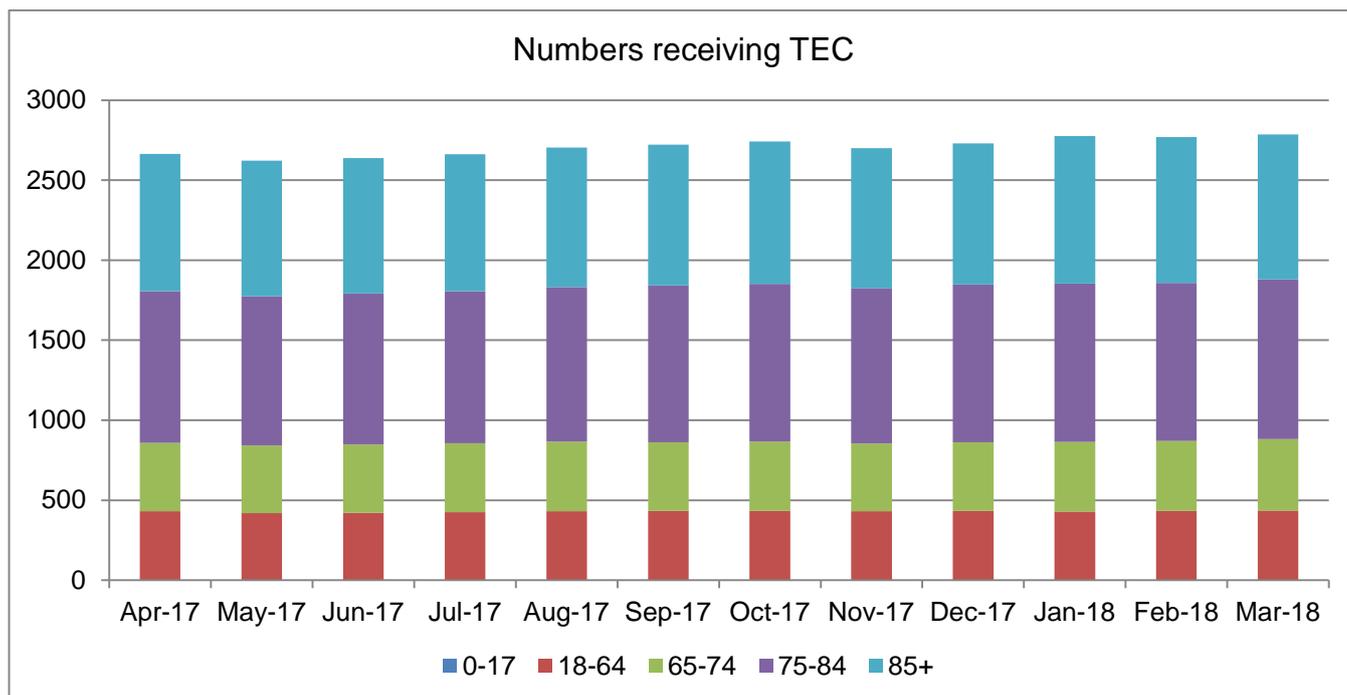


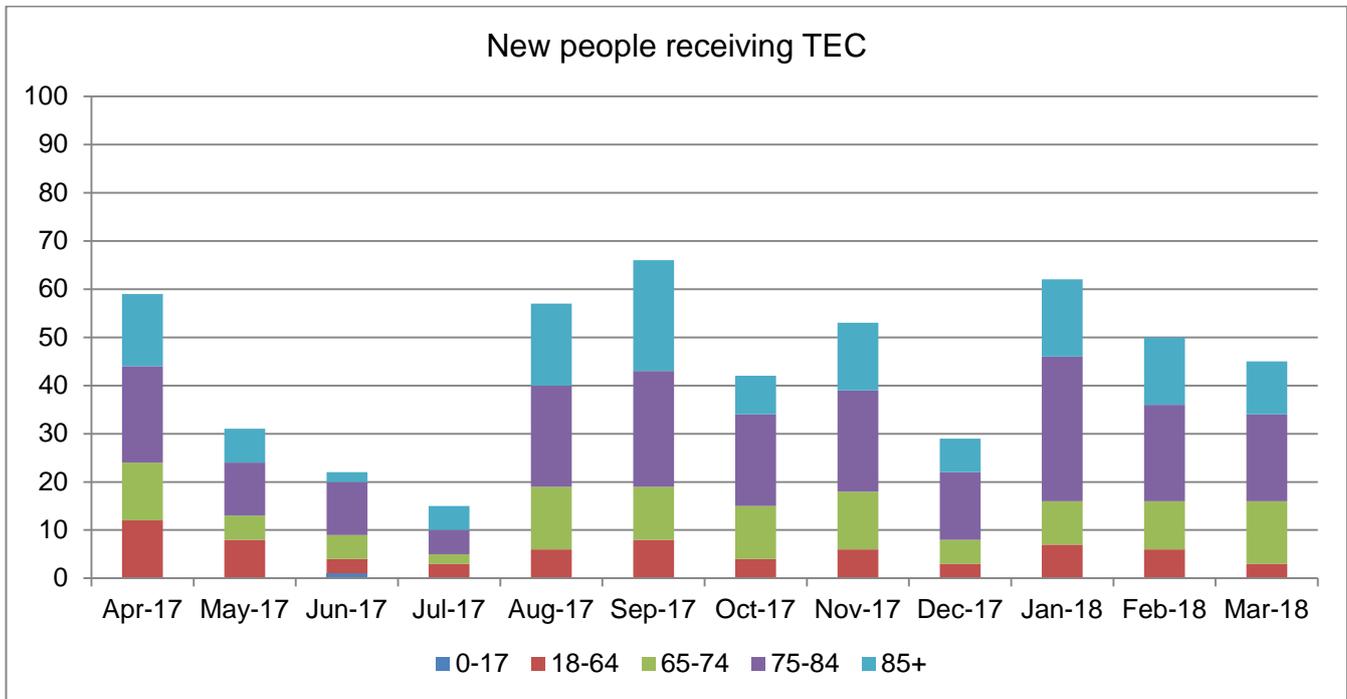


By delivering support in a variety of ways including equipment, utilising technology and re-ablement, we can better meet the needs of people to remain independent without relying so much on home visits. The reduction in average weekly hours provided gives a general picture of this.

### Using Technology

With our **Technology Enabled Care (TEC)** we support over 2,600 Inverclyde residents with a range of services including community alarms, falls monitors and bed monitors, enabling them to remain in their homes with support that is *'available when they need it'*. As depicted in the graphs although we continue to provide this service across all age groups, this service is a key enabler in supporting our older residents to remain in their own homes with around 84% being aged 65 and over.

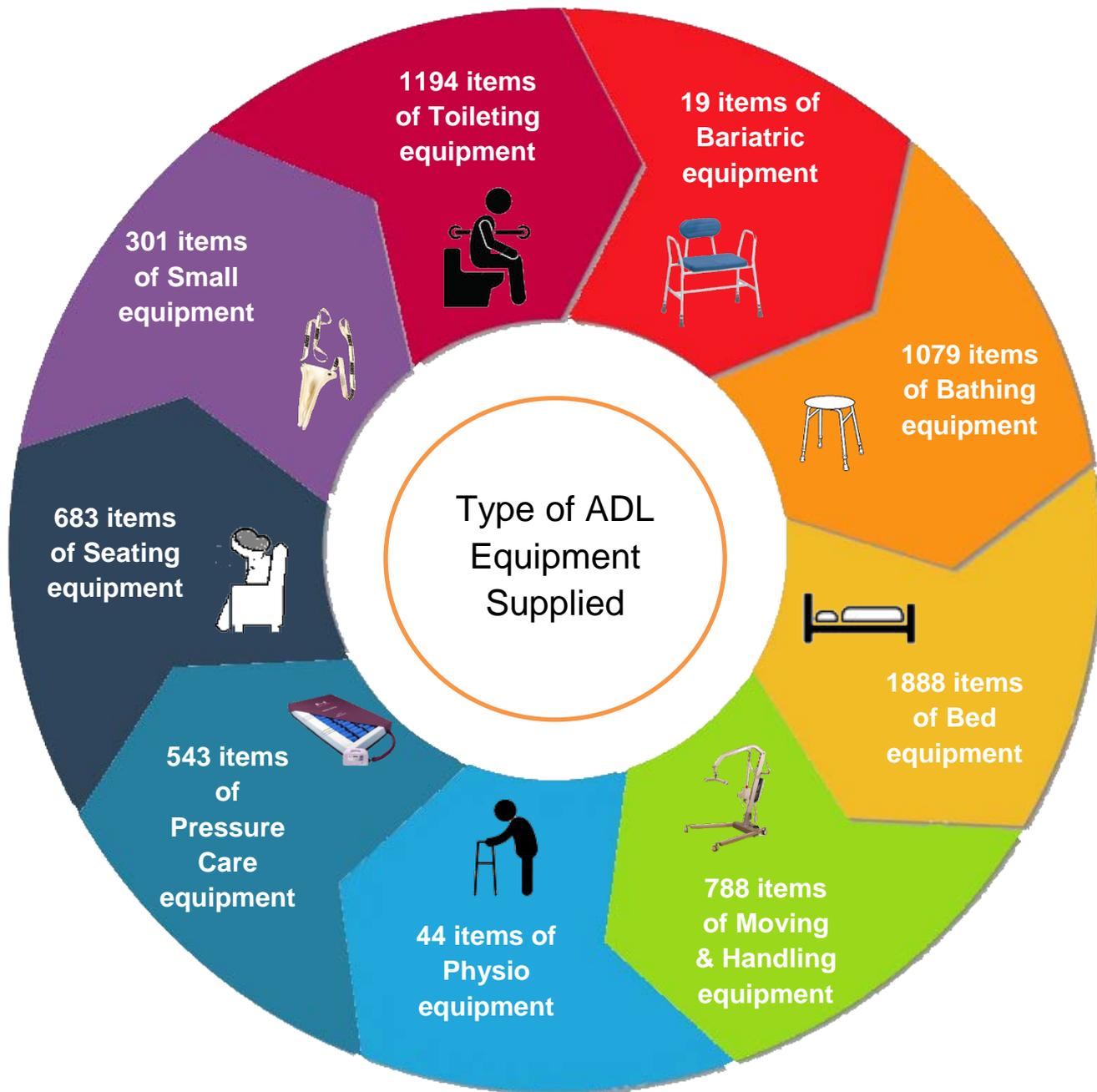




A further key area in supporting residents to remain as independent as possible is **Aids for Daily Living (ADL) equipment**.

In 2017-18, similar to 2016-17, we again provided over 6,000 items of ADL equipment to Inverclyde residents who had a physical need. This equipment ranges from hospital beds with pressure care mattresses and patient hoists, to simple seats for use in a shower. An Occupational Therapist (OT) or District Nurse (DN) carries out an assessment for equipment.

Breakdown of type of equipment supplied to Inverclyde residents in 2017/18.



## Case Study

**A** is a 12 year old child with a life limiting progressive condition. She lives with her parents, grandparent and younger sibling in unsuitable housing. Due to her condition which requires various aids and adaptations she is restricted to only the living room of her home, in which she has to sleep, eat, manage all her personal care and toileting and partake in recreational activities.

With the assistance of the Occupational Therapy Services, working alongside the local housing providers, together we were able to identify a bungalow style house for the family to move into. Extensive external work was carried out to provide a level access driveway with carport, an electronic door opener to facilitate independent access and an extended patio area to provide wheelchair access to the garden area.

Further internal work was carried out on the property and additional specialist equipment was provided including a full room coverage tracking hoist, a wash dry toilet with tilt in space shower chair and wet-floor covering to name a few.

The family are awaiting the provision of an environmental control system to operate lighting, bed controls and answering machine.

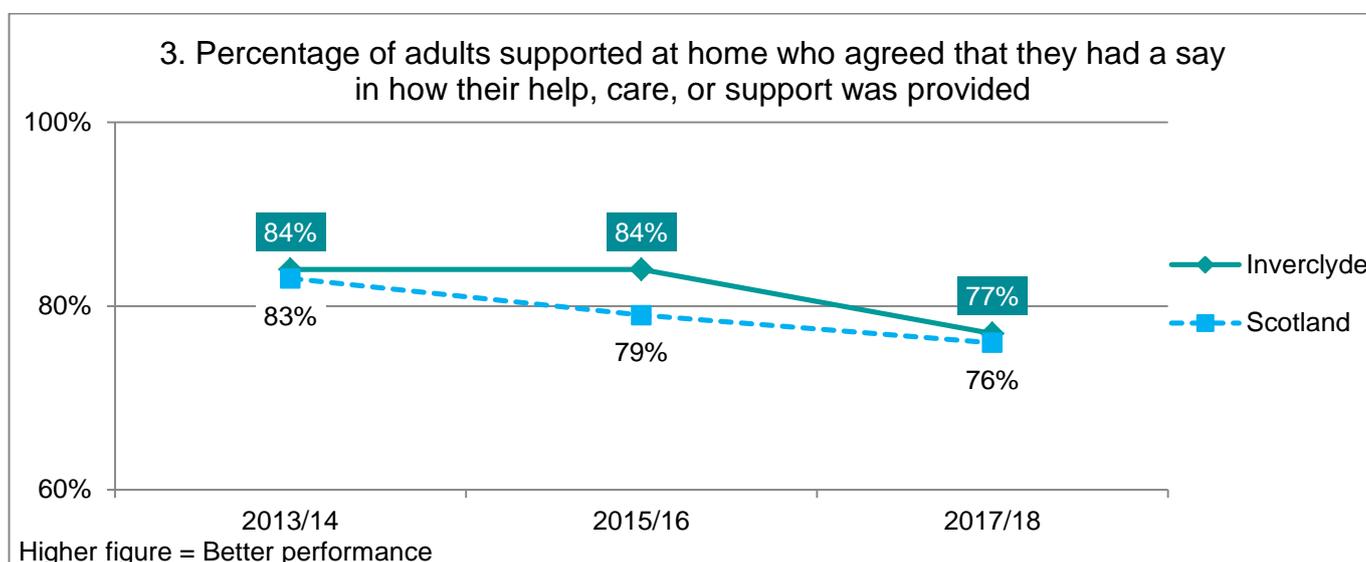
**A** is now able to transfer easily from room to room within her new home. Her bedroom now allows her the privacy she needs and the direct access into her wet-room allows her to maintain her dignity and a level of independence.

The family report a positive outcome for the entire family and are settling well in their new home.

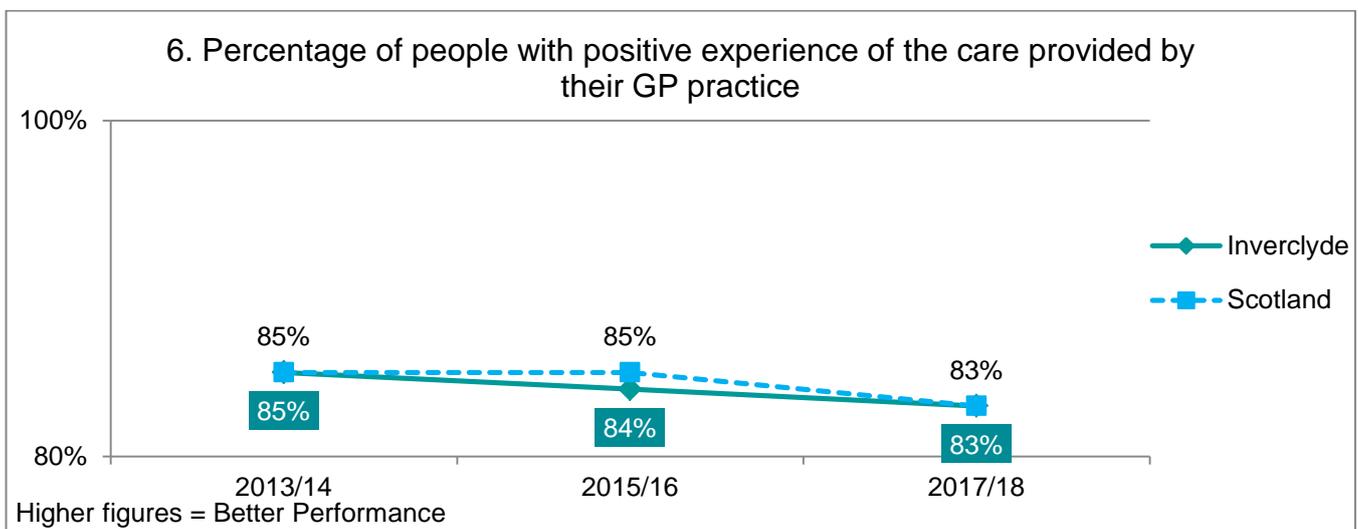
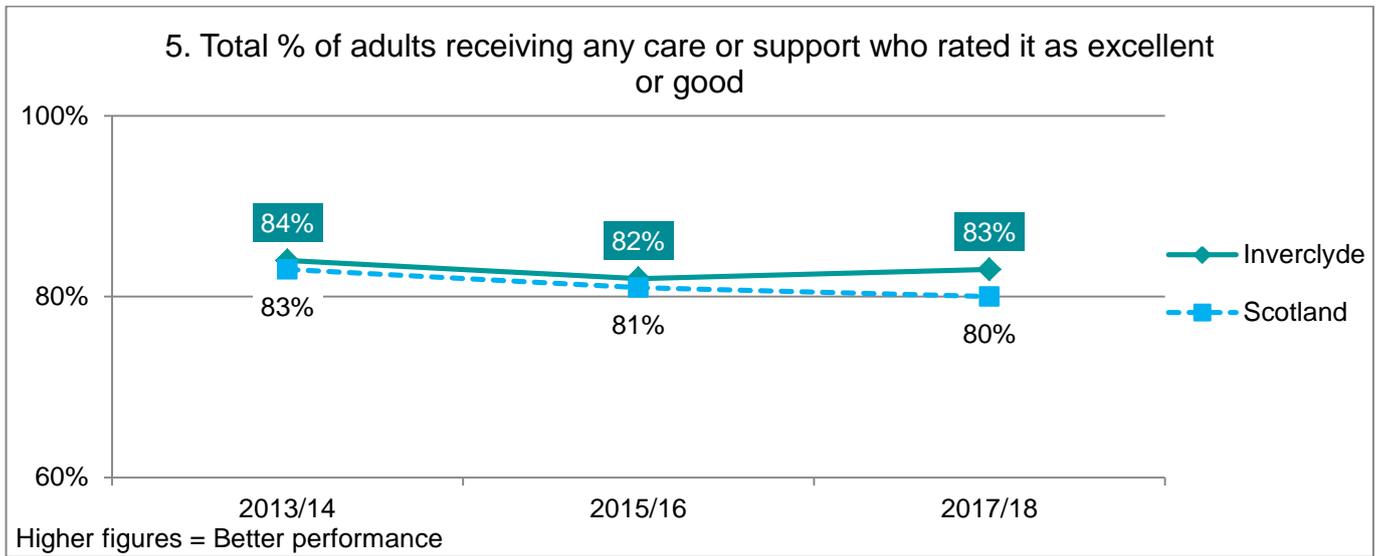
## National Wellbeing Outcome 3

- People who use Health and Social Care services have positive experiences of those services, and have their dignity respected

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	76%	
5	Total % of adults receiving any care or support who rated it as excellent or good	83%	80%	
6	Percentage of people with positive experience of the care provided by their GP practice	83%	83%	



Whilst the HSCP recognise a reduction, services continue to increase consultation and engagement with Service Users and their families on their personal assessed needs and outcomes.



### Criminal Justice unpaid work service

In 2016/17 there were 13 unpaid work recipient questionnaires returned to the Service: 10 from individuals and 3 from organisations. Whilst this is down on last year's total (30), we believe this in part reflects the Service's move away from smaller individual projects to larger scale initiatives.

- 100% of respondents were 'very satisfied' with the standard of work carried out.
- 92.3% (12 of 13) of respondents were 'very satisfied' with the attitude and politeness of the workers, with the remaining 7.7% (1) being 'satisfied'.
- 100% of respondents indicated they were 'very likely' to use the service again.

Some comments from organisations who received this Service:

We would like to extend our warmest thanks for all work you did for us in the grounds

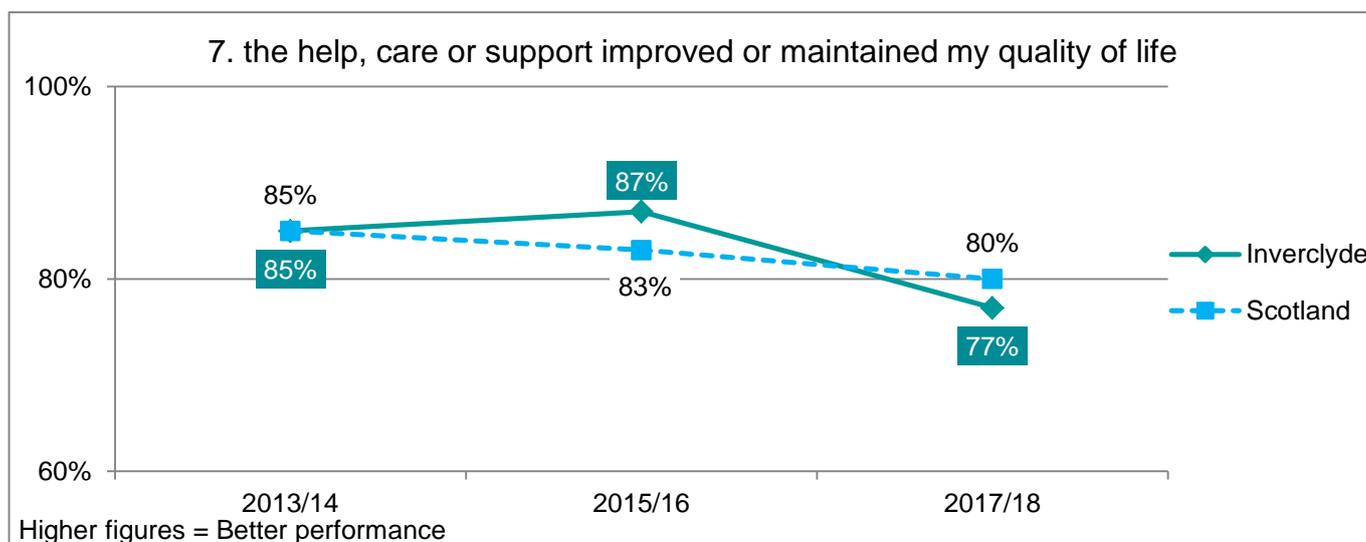
Our wonderful premises are now open and your hard work has greatly assisted in allowing us to carry out some great work within our community. As a result of your help, we are now able to provide social activities for 51 children on a weekly basis, support for youth and drop in for parents



## National Wellbeing Outcome 4

- Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services

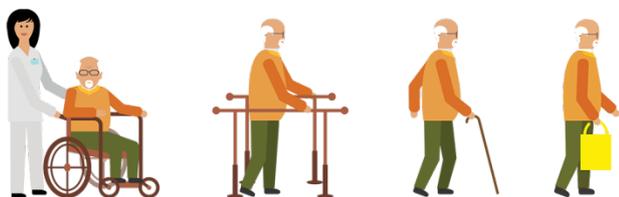
National Indicator		Inverclyde HSCP	Scottish Average	Comparison
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	80%	😐



Whilst the HSCP recognise a reduction, services continue to increase consultation and engagement with Service Users and their families on their personal assessed needs and outcomes.

An example of how we are performing against this Wellbeing Outcome and the national indicators is evidenced in Reablement Services.

### *'Reablement & Support to Live Independently'*

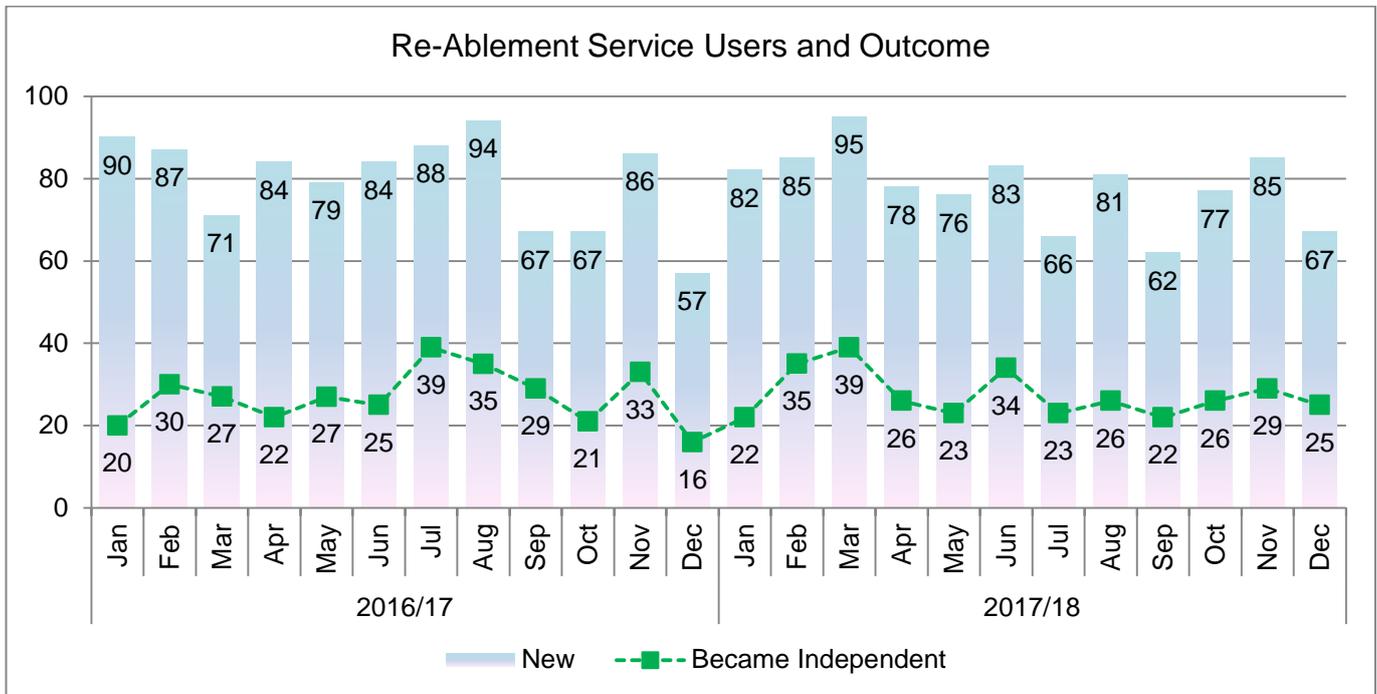


This service provides an initial quick intervention (for up to 6 weeks) to assist people to remain or become independent after being discharged from hospital, overcoming an illness or other notable life incident by using a combination of Occupational Therapy,

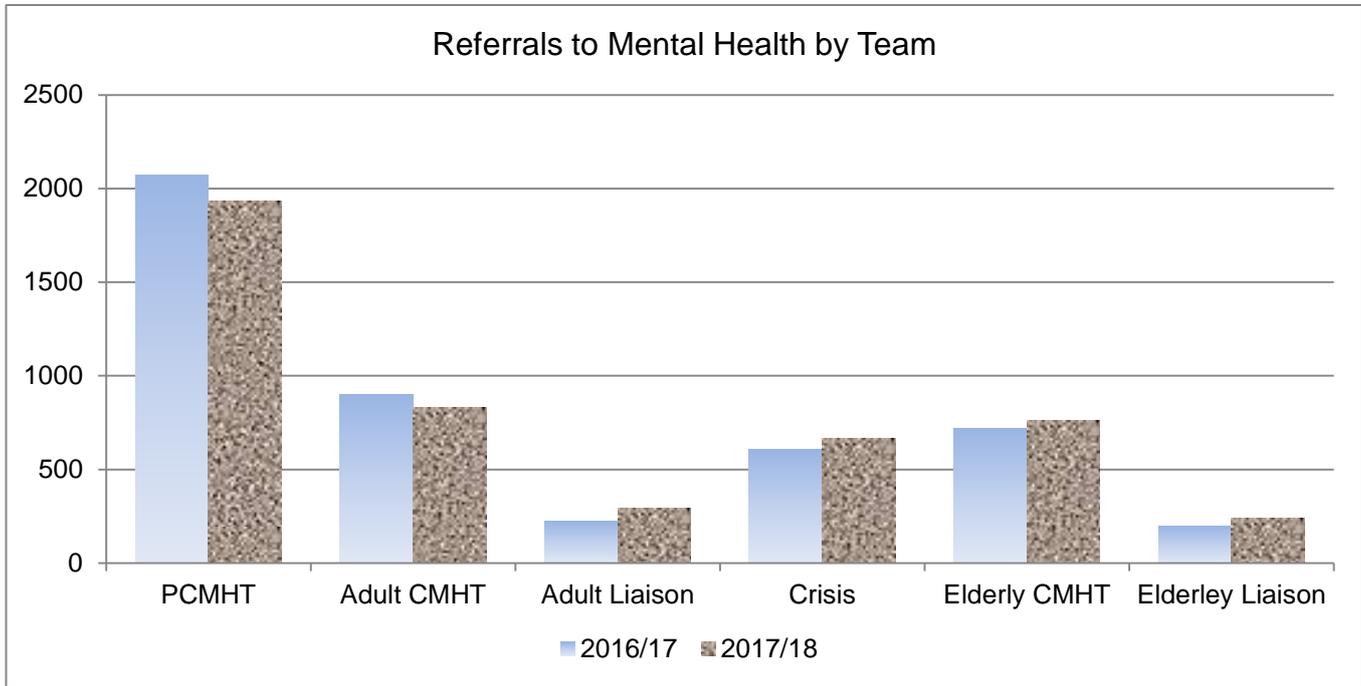
Physiotherapy, physical disability aids and housing adaptations. Bringing this service in at the earliest opportunity helps to maintain and improve Inverclyde residents' ability to remain as independent as possible.

In the year from January to December 2017, 937 new people were referred to the re-ablement service. Of these, 330 (35.2%) became fully independent after receiving the service.





Within our **Mental Health Services** there were a total of 4,727 referrals throughout 2017/18, a slight increase from 4,708 in 2016/17. Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life. How the referrals were distributed across the various teams is shown in the graph below:



Our **Primary Care Mental Health Team (PCMHT)** offers a service for those individuals who have mild to moderate mental health problems or issues and offers up to twelve sessions of treatment. People are able to self-refer, which has proven to be an effective option and accounts for over 65% of all referrals into the service. The largest users of this service are younger adults aged between 18 and 35 years.

**CRISIS** – is an out-of-hours quick response service to prevent those people experiencing a crisis having to attend the emergency department in order to have a mental health assessment undertaken.

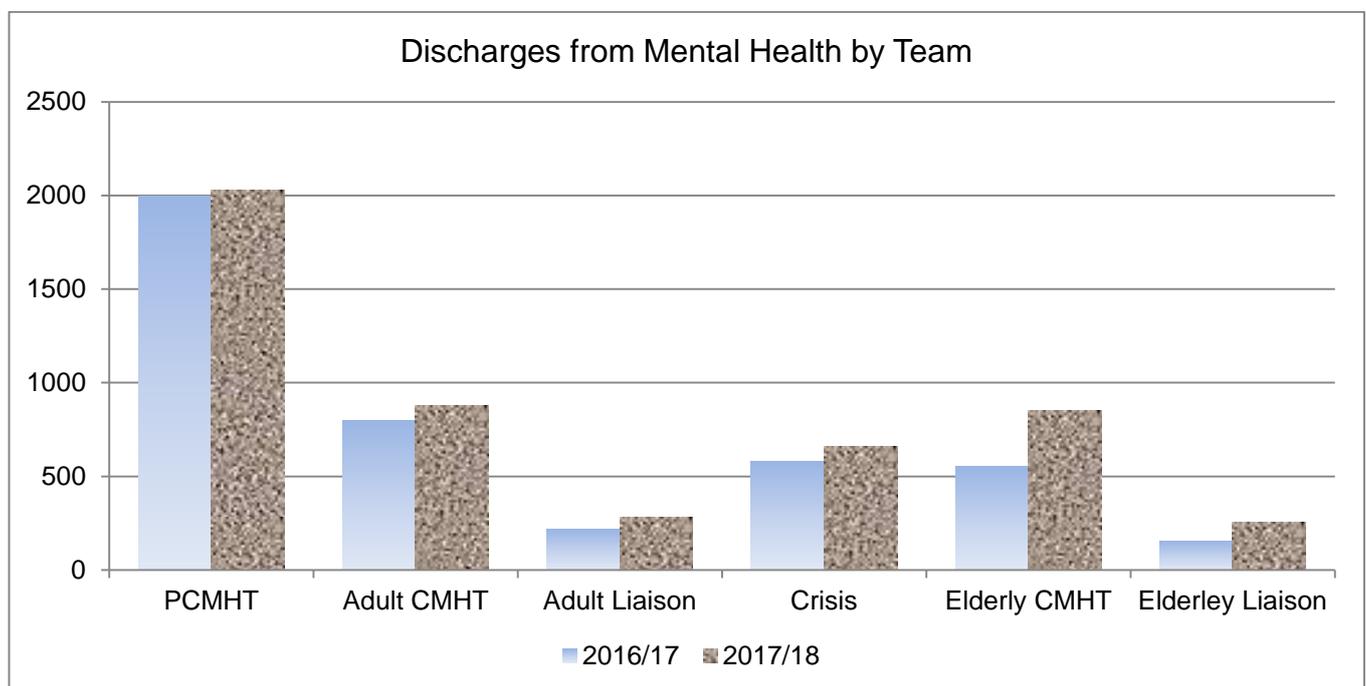
Our **Community Mental Health Team (CMHT)** works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. We deliver this support in environments that are suitable to the individuals and their carers.

The aims of the Community Mental Health Team are to:

- Reduce the stigma associated with mental illness.
- Work in partnership with service users and carers.
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes.
- Focus upon improving the mental and physical well-being of service users.

Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user, and where appropriate carers, other professionals or agencies that are involved in their care.

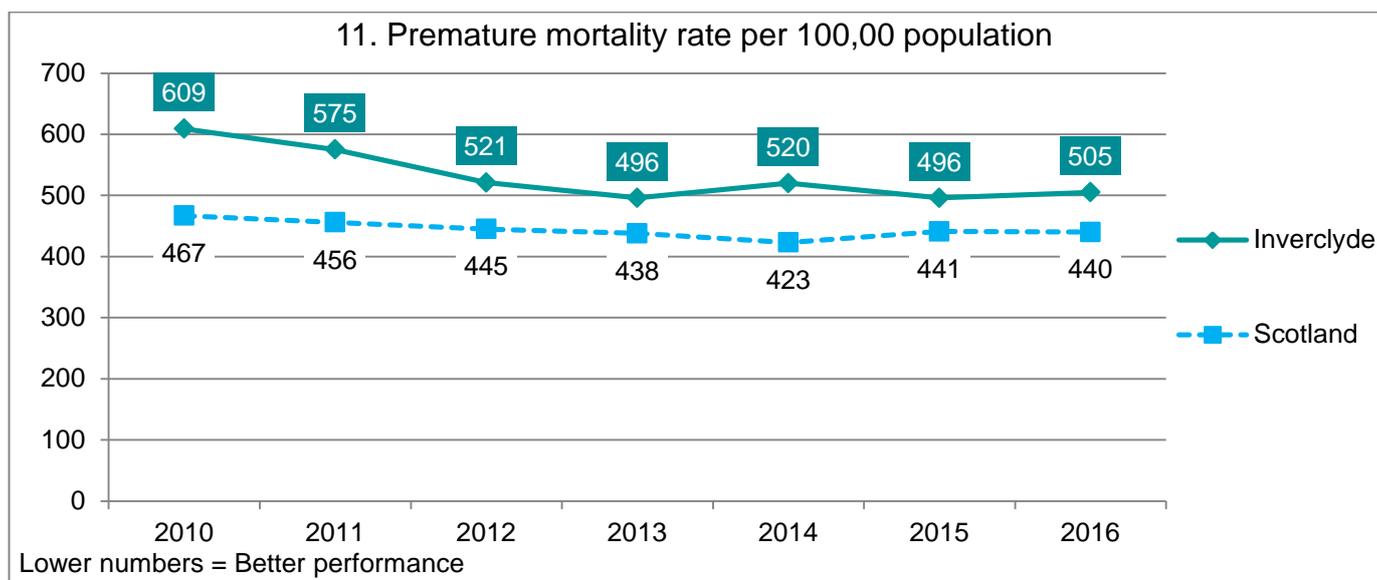
Discharges from our Mental Health Services totalled 4,955 throughout 2017/18 up from 4,303 in 2016/17.



## National Wellbeing Outcome 5

- Health and Social Care services contribute to reducing Health Inequalities

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
11	Premature mortality rate per 100,000 persons	505	440	



*European age-standardised mortality rate per 100,000 for people aged under 75 years.*

*Source: National Records for Scotland (NRS)*

We have been steadily reducing our premature mortality rate over the last few years and are now closer to the Scottish Average as is shown in the graph above.

This is a complex indicator because the causes of premature mortality are many, and are underpinned by social, health and economic inequalities.

In Inverclyde, our approach to **Addressing Inequalities** is multi-faceted, and is led by our Community Planning Partnership – the Inverclyde Alliance – and delivered through its Local Outcome Improvement Plan (LOIP). Central to the LOIP is the need to focus on prevention of health and other inequalities (as described in the Director of Public Health’s 2018 Report). The Inverclyde Alliance LOIP has therefore identified 3 areas of multiple deprivation (defined through the Scottish Index of Multiple Deprivation (SIMD) data), to enable a multi-agency focus over the next three years.

Whilst inequalities can manifest in many different ways, the following case study highlights how targeted support can improve lives.

## Case Study

The client was referred to HSCP Money Advice by social work. The client had alcohol addiction problems and had been admitted to hospital.

The client was a single woman, living on her own and did not have much family support.

The adviser met the client in her home and although she was challenging to engage with because of her problems, the client agreed eventually to allow the adviser to provide her with assistance.

The adviser made a successful application for Severe Mental Impairment exemption from Council Tax. This not only exempted her from her ongoing liability but cleared previous debts owed to Council Tax.

A further application was also made to her fuel provider's hardship fund, who agreed she was a vulnerable person and due to the current circumstances a grant was awarded which cleared her arrears. A direct debit was also set up to help the client manage her ongoing liabilities.

The client's landlord was a private landlord and whilst in receipt of Housing Costs these did not cover the full rent. The adviser liaised with the landlord to explain the situation. He agreed to reduce the rent costs to the amount paid by DWP. The adviser also arranged for the Housing costs to be paid directly to the landlord so he was guaranteed the rent and the arrears would not increase. We achieved a financial gain of £2,174.

Since engaging with the service the client has begun to accept and take support and is now engaging with various workers including Alcohol Service, Homemaker, Homeless Team and Benefit Advisors. The client now feels better about her financial situation and it is no longer a barrier to her moving on with her life.

## Homelessness

Working towards reducing Health Inequalities, we have also undertaken a range of activities that are designed to resolve **Homelessness** as quickly as possible and, ideally, prevent this altogether.

Figures for the last 4 years show the number of approaches to the service for advice and support (also referred to as 'Housing Options') to prevent homelessness.

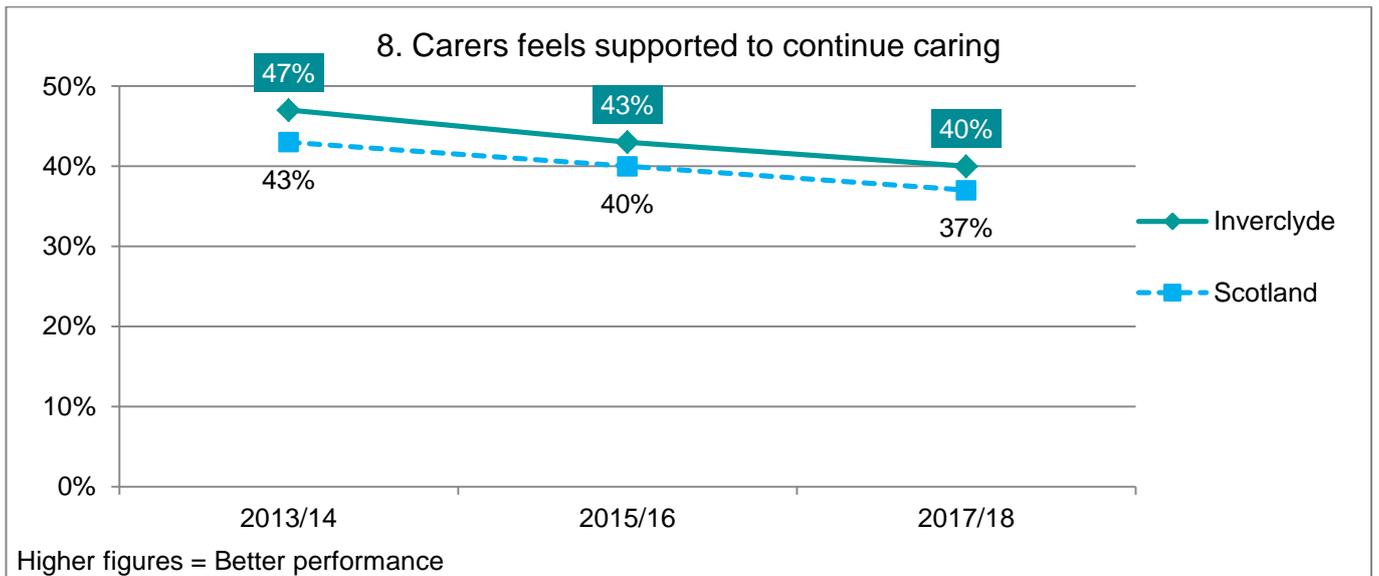


Our focus going forward will be to develop interventions to prevent people from becoming homeless in the first instance. We have undertaken a review of our services and the findings from that review will be examined at a stakeholder event in early June 2018. That will help us shape future provision in the wider context of Community Planning, given that homelessness is very often rooted in inequalities across a whole range of factors, including but not limited to health and social care.

# National Wellbeing Outcome 6

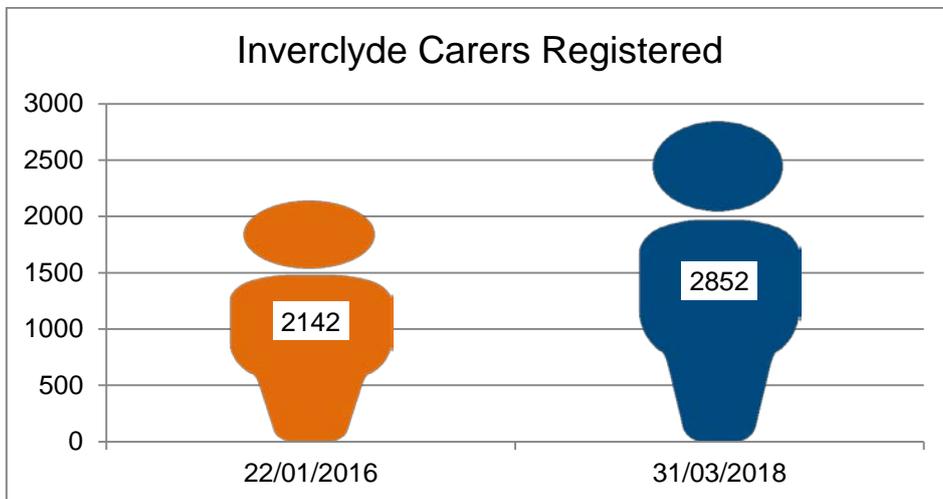
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.

National Indicator	Inverclyde HSCP	Scottish Average	Comparison
8 Total combined percentage of carers who feel supported to continue in their caring role	40%	37%	



Inverclyde HSCP is continuing our local interagency approach to support all carers to have a healthy, active and fulfilling life of their own. Inverclyde HSCP is fully committed, working with carers as equal partners, to ensure this is achieved.

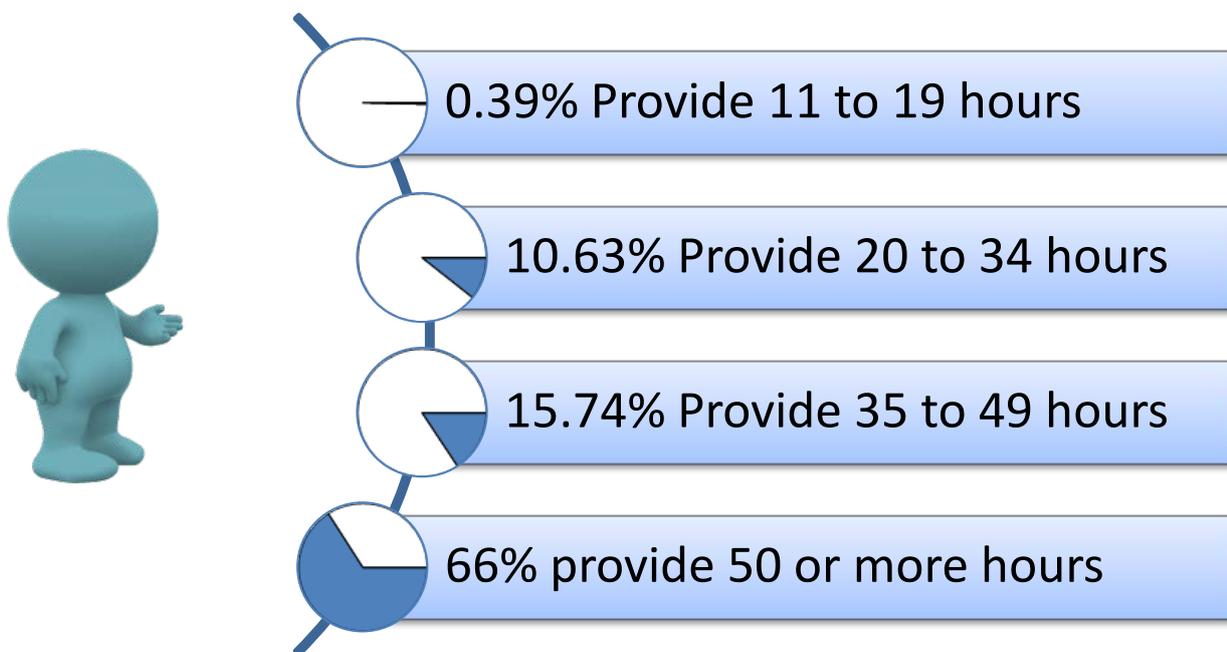
Information held by the Inverclyde Carers’ Centre on the number of carers registered (snapshot at the dates indicated):



In the financial year of 2017/2018, 474 new Carers registered with the Carers Centre.

In order to help provide the best support, carers are asked to complete a Self-Assessment questionnaire. As at 31/03/2018, 254 Self-Assessments have been completed.

Of the 254 carers who have completed a Self-Assessment, they indicated how many **hours per week** of care that they provide.



[The Carers \(Scotland\) Act 2016](#) is enacted from 01 April 2018. The aim is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring.

We are fortunate in Inverclyde to have longstanding collaborative approaches between services, carers and carer organisations. Inverclyde Carers Centre is already funded by the HSCP to deliver an information and advice service for adult carers both in the community, primary care and the acute hospital setting.



Additional initiatives have been developed to support readiness of the Act. These include:

- Publishing the Inverclyde Carers and Young Carer Strategy 2017 - 2022;
- Collaborative working to raise awareness of young carers in schools;
- Barnardo's Thrive Project provide group support for young carers to enable them to have a break from their caring role;
- Financial Fitness provide surgeries within Inverclyde Carers Centre to undertake benefits checks and provide information about financial matters or benefits for carers;
- A number of engagement opportunities for carers, supported by Your Voice and Inverclyde Carers Centre have taken place regarding various aspects of the Act including

the Carers Charter, development of a local Eligibility Criteria which will inform the content of Adult Carer Support Plans and Young Carer Statements and developing the local Short Break Statement.

This is a strong foundation already in place across Inverclyde HSCP on which to build upon in order to meet the requirements of the Act and to improve the sense of our carers feeling supported.

A copy of the Inverclyde Carer & Young Carer Strategy 2017-2022 is available on the Inverclyde Council website:

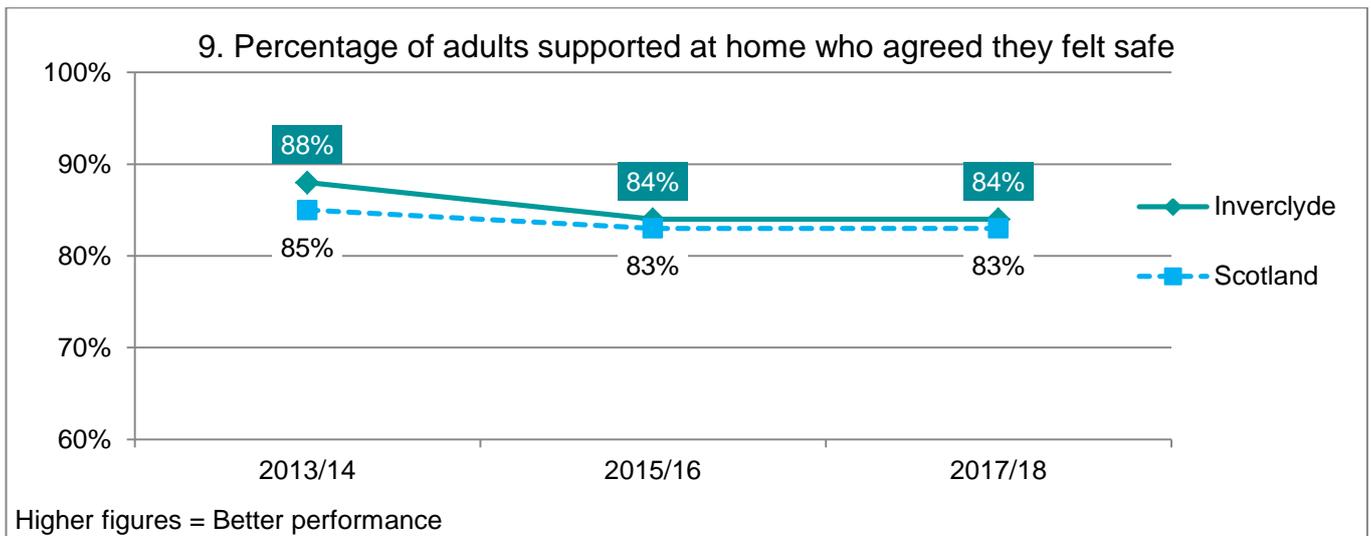
<http://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>



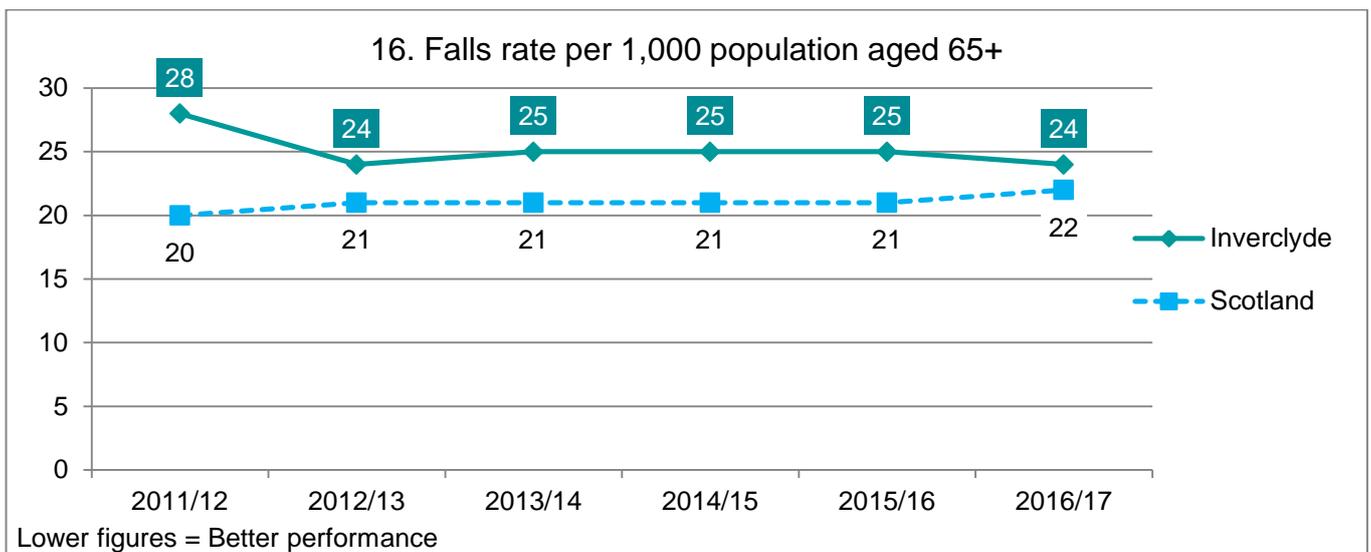
# National Wellbeing Outcome 7

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

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
9	Percentage of adults supported at home who agreed they felt safe	84%	83%	😊
16	Falls rate per 1,000 population aged 65+	24	22	😐



Whilst the HSCP recognise a reduction, services continue to increase consultation and engagement with Service Users and their families on their personal assessed needs and outcomes.



Evidence of how we ensuring people who use health and social care services are safe from harm is reflected in our Falls Project.

Falls within Inverclyde remain higher than the Scottish levels. 24 falls per 1,000 population in Inverclyde versus 22 falls per 1000 population in Scotland. However, Inverclyde HSCP falls are reducing while the Scottish trend is rising.

Falls are often a symptom of other illnesses, not a specific diagnosis, and as such are often picked up as a secondary problem when service users are referred into HSCP services for other reasons. With this fact in mind the falls work has focussed around devising and implementing the falls pathway, Level 1 and 2 screening and promoting the message “Falls prevention is everyone’s responsibility”.

The Level 1 and Level 2 screening has now become embedded practise with Social Work Occupational Therapists (OTs) and Occupational Therapy Assistant’s (OTAs), Community Alarm Team, Rehabilitation and Enablement Service Team (RES), Sensory Impairment Team and Physical Disability Resource Unit (PDRU).



This screening tool has been presented to other Teams within the HSCP and support is continuing to ensure this becomes common practise. Training for staff continues to be delivered across Inverclyde.

Inverclyde RES team have piloted an early strength and balance class which is offered to people in the hope of reducing the number of falls.

Work has continued to promote an Ambulance falls pathway as Scottish Ambulance crews convey an average of 600 patients to A&E at Inverclyde each year, which resulted in 393 admissions to hospital last year.

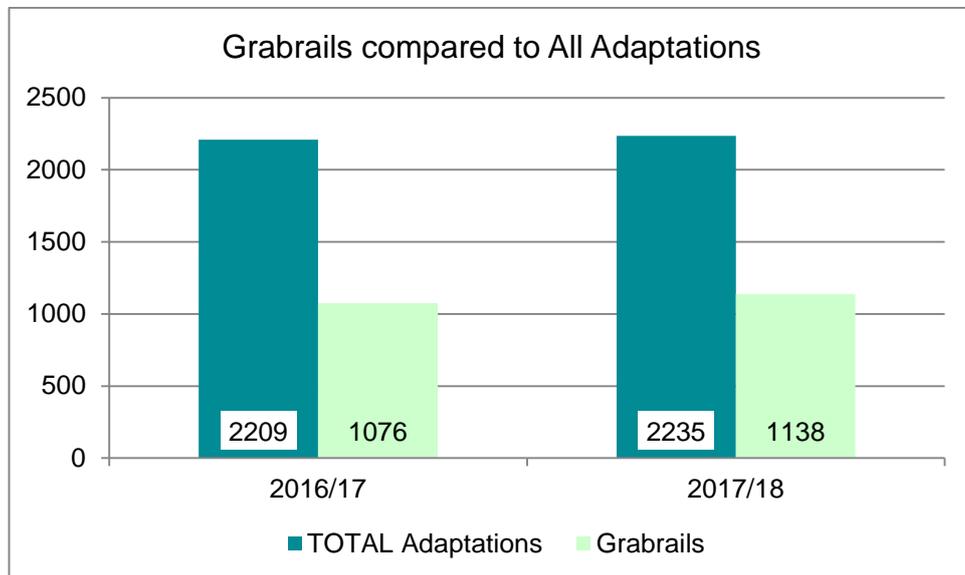
Joint working between the falls physiotherapist and Community Alarm Team has allowed early intervention and potentially reducing the risk of further falls. Since January 2018 all the falls data has been consistently reviewed by the falls physiotherapist to identify those who have not had a recent screening.

We have an action plan which will assist us in continually improving the service and outcomes for those who require this assistance.

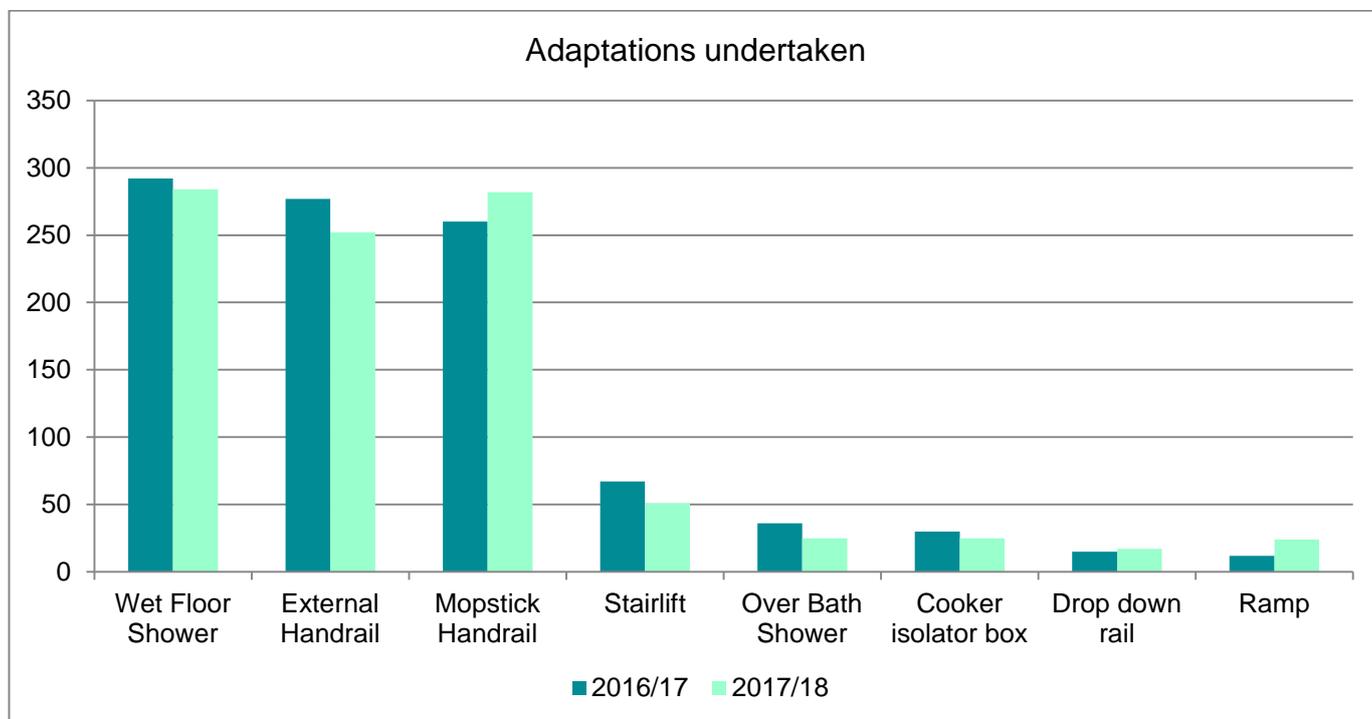
This pathway for falls follows the current evidence of requiring 48 weeks of rehabilitation to optimise changes in strength and balance and reduce future falls. This would be the recommended pathway for all people who have experienced a damaging fall.

A further example of activity aligned to the safety outcome is reflected in the number of housing adaptations we have undertaken.

In 2017/18 we arranged for 2,235 adaptations to assist people to remain independent and safe in their own homes. Of these adaptations just over half (51%) were for grab rails which are a quick and effective solution to help prevent falls and keep people safe whilst living independently as possible.



Excluding grab-rails, the other main types of adaptations carried out are as follows:



## Case Study

**B** is an 89 year old lady referred to Rehabilitation and Enablement Team (RES) by her General Practitioner (GP) with reduced mobility and general frailty. She had a fall in January 2015 sustaining a fractured wrist, was known to have osteoporosis and had commenced treatment just after this.

Her GP felt she had lost her confidence following her fall and that her health was declining. **B** lives alone, has a son she sees occasionally and a niece who assists with shopping. She has carers 2 times daily. In 2012 she had 3 falls.

A falls screening was carried out and changes were made within her home to make it a safer place for **B** to live.

In addition physiotherapy was put in place to help **B** regain confidence with her mobility out-with her home.

**B** also attended a strength and balance class run by RES team for 12 sessions and showed improvement although she was still a high falls risk. Unfortunately at her review 8 weeks later she had had another fall and again lost some confidence.

She was offered a further 12 weeks of Strength and Balance class which she attended and due to her further improvement and reduced risk allowed her to attend the GG&C Community Falls programme.

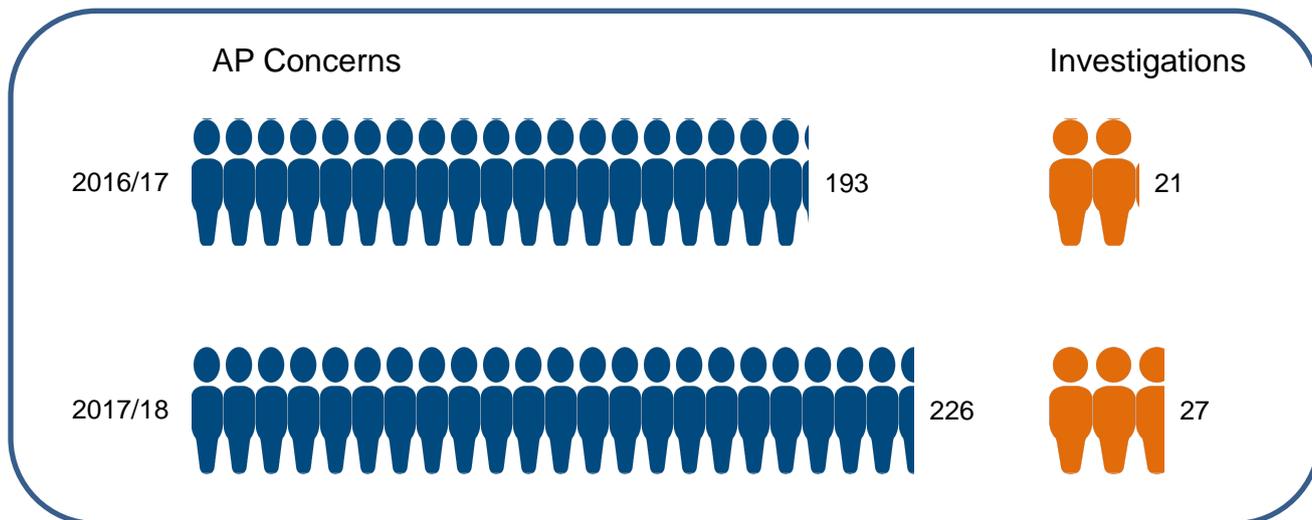
She has had no further falls since the completion of these classes, no admissions to hospital, no further referrals to RES team and her care package has remained the same. She has regained some of her lost confidence and her general health has improved.

## Protecting vulnerable adults

Some people with particular vulnerabilities need formalised protection to ensure that they are kept safe from harm.

During 2017/18, 226 Adult Protection concerns were referred to the HSCP (up by 33 from 2016/17).

After an initial review 27 of these concerns - or about 12% - progressed to a full investigation.



In line with the statutory functions of the Adult Protection Committee the on-going priorities are:

- Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy is being produced to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. The content of all training currently being delivered is being audited against the West of Scotland Council Officer Learning and Development Framework. The aim being to identify any gaps and ensure they are addressed by reviewing the content of existing courses and as required developing new courses to meet these.
- Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols will be subject to planned review.
- Continued focus on self-evaluation, quality assurance and the impact of activity.

By focussing on these priorities our Adult Protection Committee ensures that people within Inverclyde HSCP are indeed safe from harm.

## Case Study

Mrs A's situation came to light during a Community Care Assessment. She was an older woman with physical disabilities. She was subject to financial/material harm as her money and possessions were being taken by a relative.

There was a police investigation but a criminal case could not be progressed as it was Mrs A's word against her relative. Her memory was at times problematic and the stress of her circumstances was exacerbating this. She was frightened, felt intimidated and even with support did not feel able to take any legal action herself to prevent this relative approaching her.

Concerted efforts by social work to resolve the situation with the relative on a voluntary basis failed. Whilst a lack of evidence for a criminal case, there was sufficient for an application to be made for a 'Banning Order with a power of arrest' which was granted.

Although Mrs A agreed to the order, by the Council making the application this took away some of the stress she was experiencing as she wasn't solely taking action against her relative.

Mrs A felt supported by social work and police.

## National Wellbeing Outcome 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

National Indicator		Inverclyde HSCP	Scottish Average	Comparison
10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)		

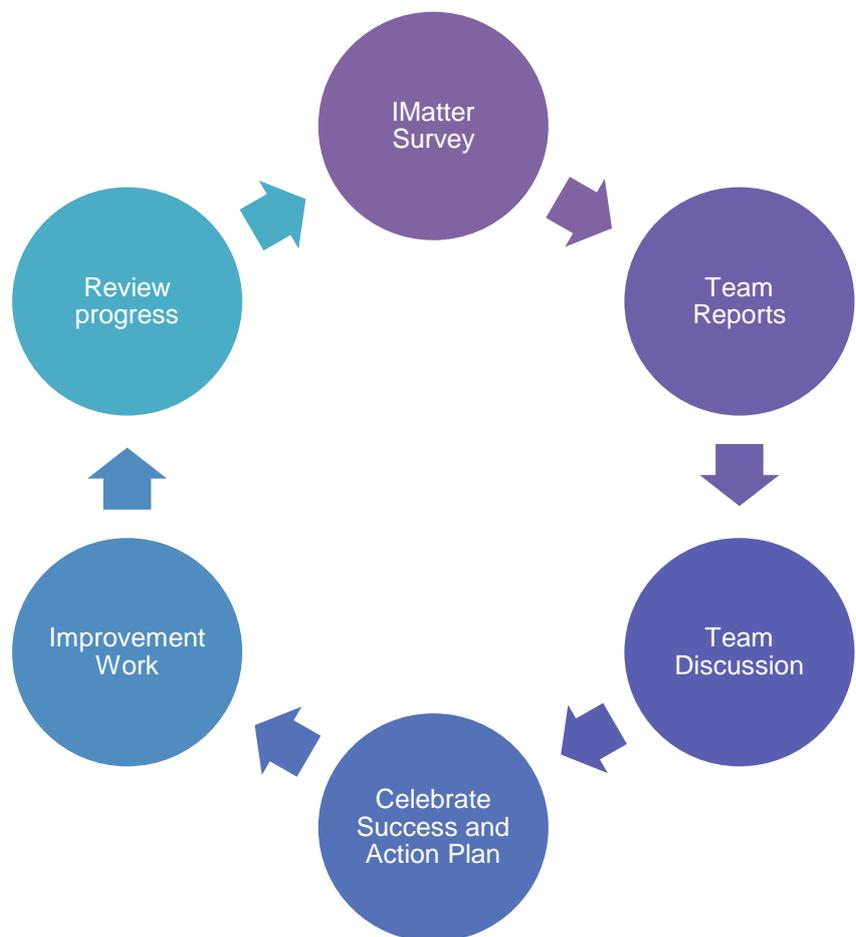
Although the national data is still under development, there are other ways of considering the extent to which our staff experience a sense of job satisfaction.



This is the third year that Inverclyde HSCP has taken part in iMatter, an annual national staff engagement survey. The survey is sent out to all employees within the HSCP.

Once the survey is completed this produces a report that each team discusses and jointly agrees what should be celebrated and what areas can be improved upon.

The conversation and action planning is important for supporting improvement.



## Why does Staff Engagement Matter?

Research shows that when staff are engaged and involved in their workplace there are many benefits including

- Higher staff morale and motivation
- Increased wellbeing
- Less absenteeism
- Reduced stress
- Better patient or client experience
- Greater efficiency, productivity and effectiveness.





## Workforce Planning

### Inverclyde HSCP People Plan - A collaborative approach



Inverclyde HSCP's ambitious People Plan has adopted a themed and tiered approach to set out the shape of the overall workforce for the future. This ensures that 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 People Plan identifies a four tiered workforce which includes people groups and organisations, carers, families, localities and communities who directly provide or in other ways contribute to the delivery of health and social care. It sets out our key challenges, drivers for change, including service redesign, new ways of working and emerging models of organising future service delivery in line with our five strategic commissioning themes and the ongoing transformation of public services. The People Plan involved a fully collaborative process. It was approved by the Integration Joint Board in June 2017. Implementing the People Plan will take account of all providers, including our unpaid carers.

#### People Plan action plan

The people plan action plan is designed to fulfil the ambitious aspirations of the Inverclyde People Plan. It is a workforce centred workforce plan, approved by the Integration Joint Board in March 2018. 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 is intended to work as a dynamic, evolving and adaptable plan which takes account of the collective intentions and aspirations of the people plan and addresses the key challenges such as the aging workforce, depopulation of working age people and the ongoing financial constraints. The Strategic Planning Group will monitor the progress of the People Plan Action Plan and will receive regular reports from a representative core group. Regular reports will be made to the Staff Partnership Forum.

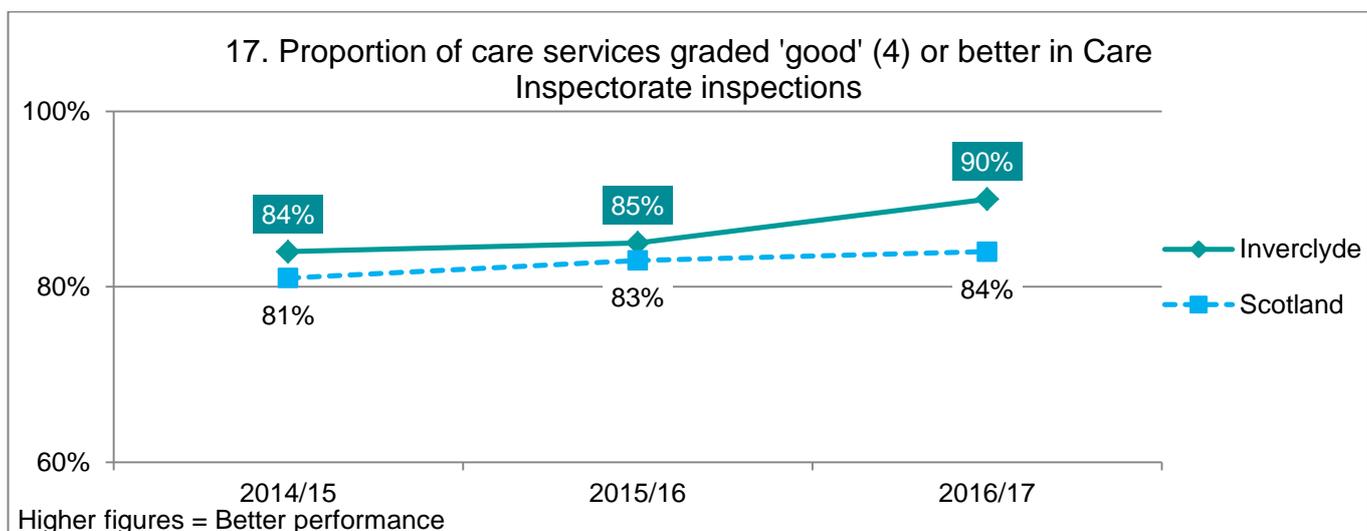
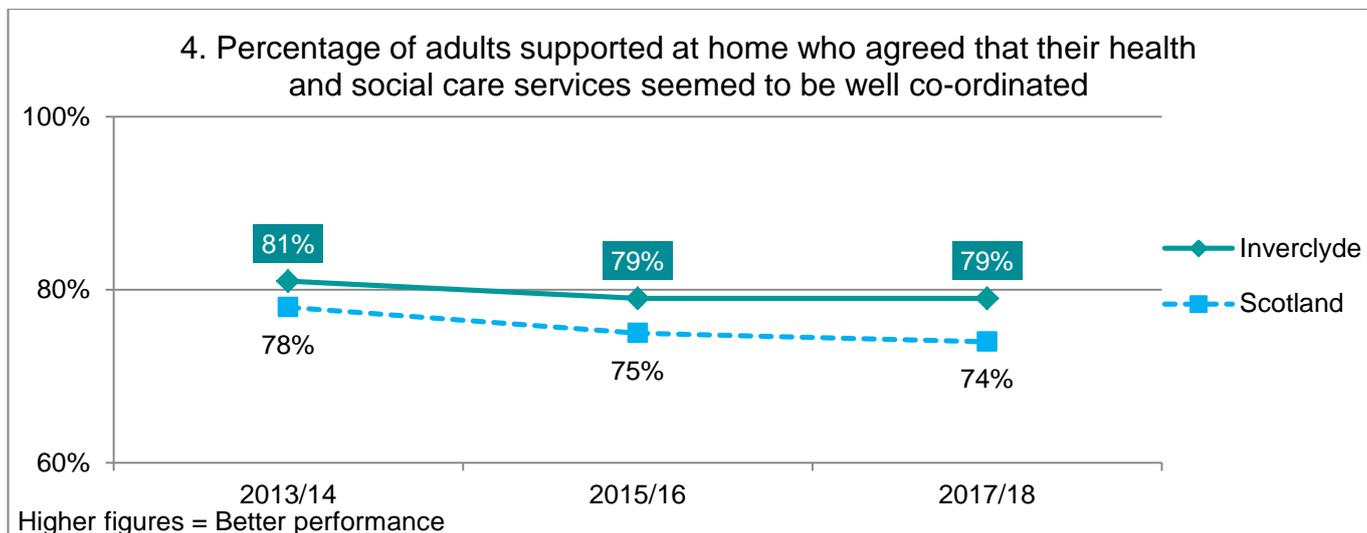


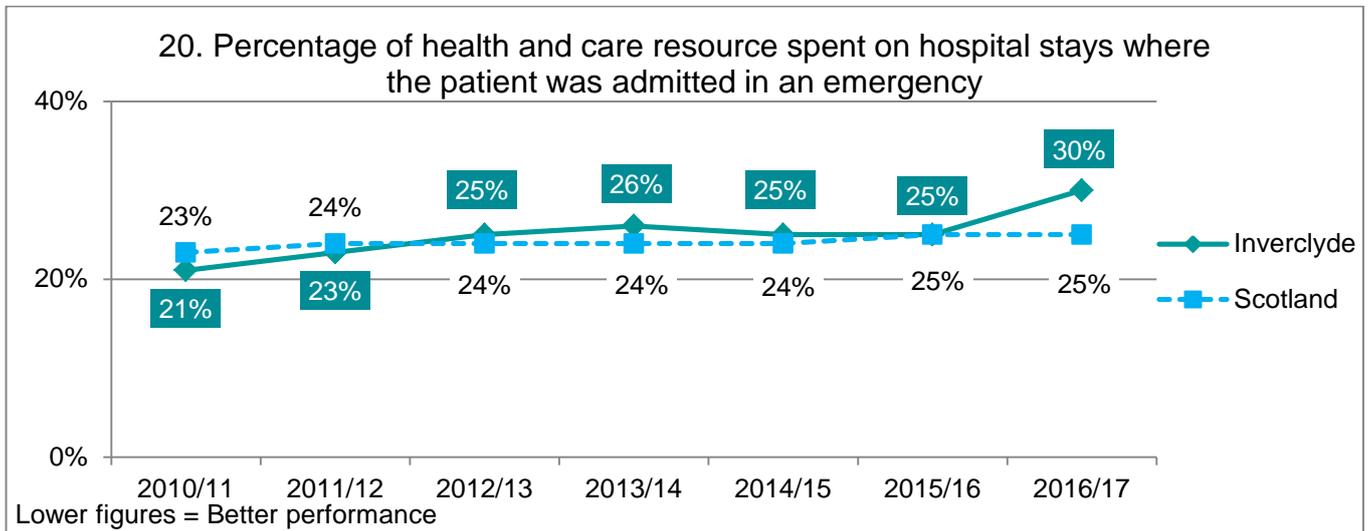
The People Plan Action Plan is aligned to the National Health and Social Care workforce plans Parts 1 and 2 (June 2017 and March 2018 respectively), and it is structured around the 8 workforce planning themes in the Scottish Social Services Council (SSSC) Workforce planning resource which accompanies Part 2.

# National Wellbeing Outcome 9

- Resources are used effectively and efficiently in the provision of health and social care services

National Indicator	Inverclyde HSCP	Scottish Average	Comparison
4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	79%	74%	
17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	90%	84%	
20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	30%	25%	
23 Expenditure on end of life care, cost in last 6 months per death	Indicator under development (ISD)		

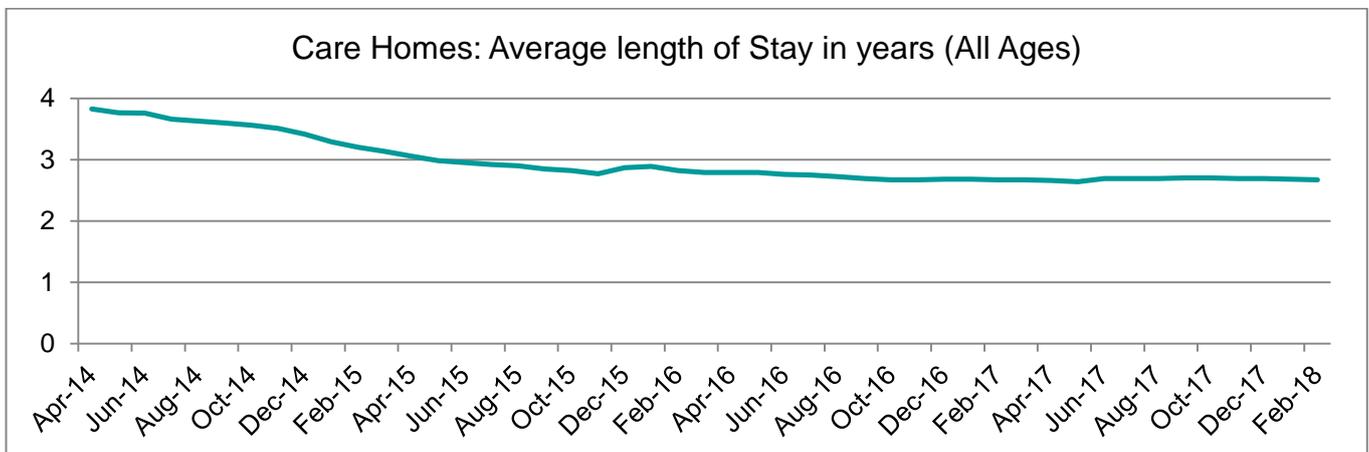




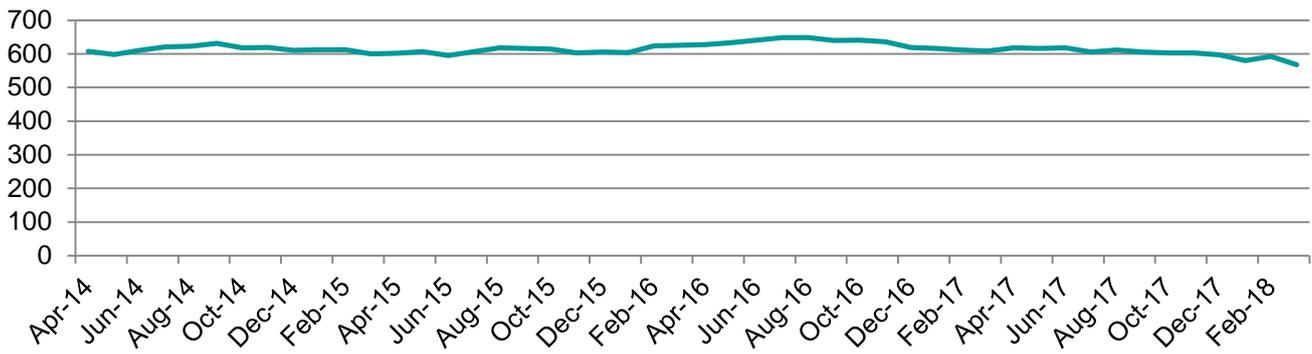
We are concerned about the percentage of spend on unplanned hospital care being higher than the Scottish average, and also that this indicator appears to be showing an increasing trend. Local investigation has identified that hospital care in Inverclyde is not more expensive than in other areas, but rather, the proportion of unplanned hospital admission is much higher here than elsewhere. In response to our high rates of unplanned admission, we launched the “Choose the Right Service” campaign. That programme encourages people to see the appropriate professional at the right time in their illness, rather than waiting until they become seriously ill and need to be admitted to hospital. We are also undertaking a study of the reasons why people attend hospital in an unplanned way. The study aims to identify more appropriate routes into more appropriate services, and builds on clear evidence that if care is provided early in the course of need, less care will be required and the person will generally have a better outcome (cited in, for example, the Christie Commission on the Future Delivery of Public Services, 2011). On that basis, unplanned hospital admissions should be avoided whenever possible.

**Effective and Efficient use of Resources**

In Inverclyde, people tell us that they would wish to retain their independence, in their own homes for as long as possible. However, some people will require an admission to a care home.

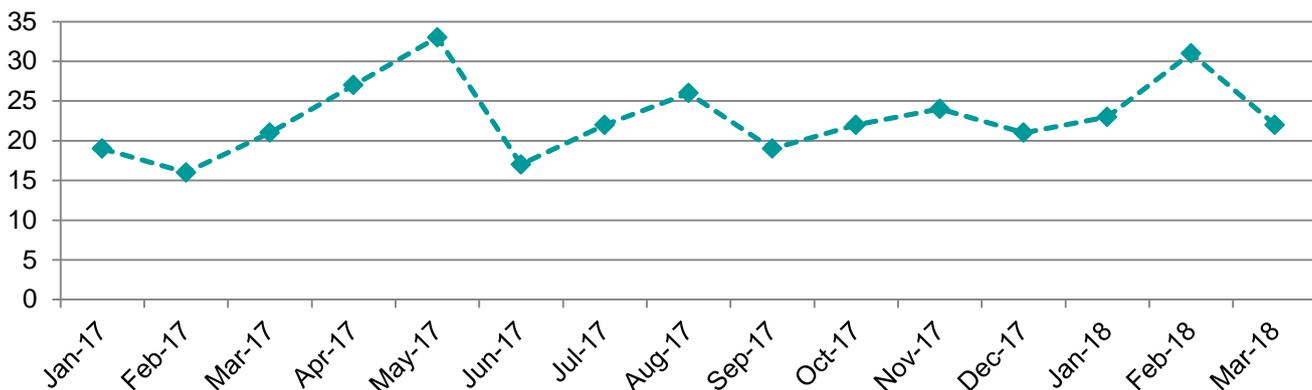


Care Home Residents Monthly Snapshot (All Ages)



We continue to see on-going and sustained improvements in the average length of stay in care homes reflecting the positive impact of community based services, improved assessment processes and admission to care homes largely being for end of life care. In 2013/14, on average, people who entered a care home could expect to spend the last four years of their lives within this setting. By 2016/17, that had reduced to just over two and a half years, but importantly, 40% of older adults admitted to long term care placement passed away within that calendar year. This means that we are supporting people to stay in their own homes for longer than ever before, with care home admission only where appropriate.

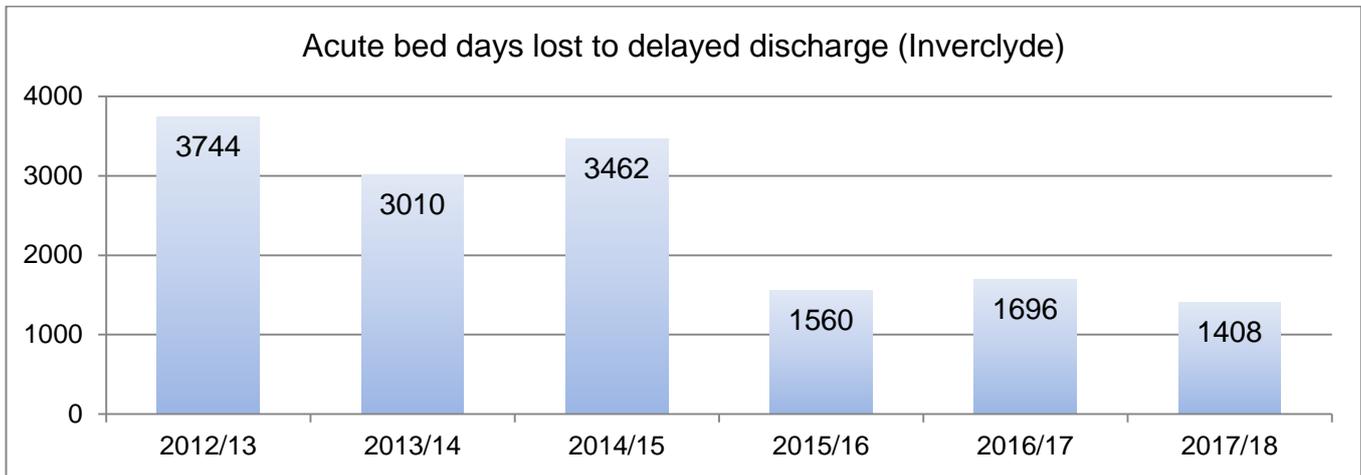
New Admissions to Long-Term-Care



Inverclyde HSCP started the financial year (2017/18) recording a level of bed days lost to delayed discharges that was comparable with other Partnerships in Scotland. The number of bed days lost for all ages for April 2017 beginning of the reporting period was 314 days.

HSCP staff and services have continued to apply the Inverclyde Home1st Plan resulting in a marked reduction in bed days lost month on month, with lows for all ages recorded in November 2017 with 55 days lost, and 33 days lost for those aged 65 and over in October 2017; a significant reduction from 314 days lost in April 2017.

As can be seen from the chart below, the number of bed days lost has reduced for the period from 01/04/2017 to 31/03/2018. The winter months and the high level of winter respiratory illness during February and March 2018 had a minimal impact on the ability to discharge patients in a timely manner. The HSCP still managed to maintain bed days lost relatively low despite the problems faced by staff and service users during this challenging period.



## Quality of Care

Ensuring that resources are used effectively and efficiently is not just about getting the best price when commissioning from providers. The quality of what we commission is vitally important, to ensure the best possible outcomes for those receiving the services.

We are committed to ensuring Inverclyde service users are appropriately supported 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.



**Working Better Together**

To deliver our commitment we need to ensure that 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. By “commissioning” we mean the entire process from assessment; discussing options through to making arrangements for the right supports to be put in place.

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 shaping and delivery.

Our Market Facilitation & Commissioning Plan represents the beginning of communication to service users and providers to find the best ways to use available resources in the context of complex change and challenges.

It 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, to deliver better outcomes.

It will also assist voluntary and community organisations to learn about our responsibilities and contracting activities and thereby help them to build on their knowledge of local needs in order to develop new activities and 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 will therefore help to lead to greater choice and control. Additionally, it will help individuals become proactive in shaping not only their own support and enabling solutions, but those of others in Inverclyde.

The full Market Facilitation & Commissioning Plan can be accessed from the link below.

<https://www.inverclyde.gov.uk/meetings/documents/10893/04%20Market%20Facilitation.pdf>

## Section 5: Health and Care Experience Survey

The Health and Care Experience Survey is undertaken every two years by the Scottish Government and asks about people's experiences of accessing and using Primary Care services. It was widened in 2013/14 to include aspects of care, support and caring that support the principles underpinning the integration of health and care in Scotland, outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.

There have been some changes to the way the data from the survey has been 'weighted' so that the results have a better comparison across Scotland. These changes have been applied to the 3 periods presented in this report.

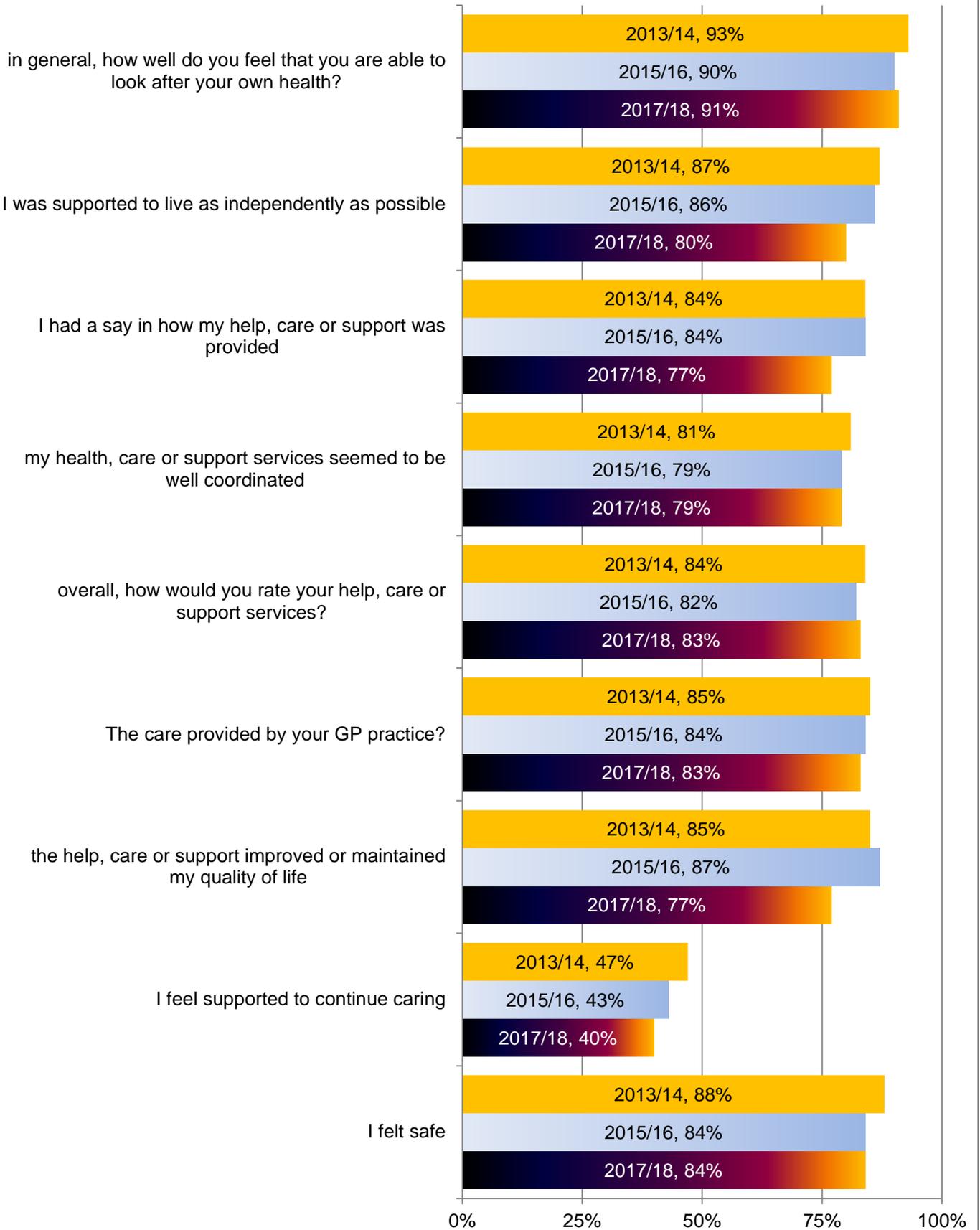
The following table and chart reflect our performance for the last 3 surveys conducted during 2013/14, 2015/16 and 2017/18.

		% Positive 2013/14	% Positive 2015/16	% Positive 2017/18	Comparison to the Scotland average (2017/18)	
1	in general, how well do you feel that you are able to look after your own health?	93%	90%	91%	-2%	
2	I was supported to live as independently as possible	87%	86%	80%	-1%	
3	I had a say in how my help, care or support was provided	84%	84%	77%	1%	
4	my health, care or support services seemed to be well coordinated	81%	79%	79%	5%	
5	overall, how would you rate your help, care or support services?	84%	82%	83%	3%	
6	The care provided by your GP practice?	85%	84%	83%	0%	
7	the help, care or support improved or maintained my quality of life	85%	87%	77%	-3%	
8	I feel supported to continue caring	47%	43%	40%	3%	
9	I felt safe	88%	84%	84%	1%	

In 2017/18 we performed at or better than the Scottish average in 6 of the 9 indicators and in the remaining 3 we were only slightly below the average.

Nationally there has been a downward trend in the results of the survey and we have also experienced this locally.

## Inverclyde results over 3 Surveys





Now that the Health and Care Experience Survey is fully established, we will be using the information from it as the basis for some of the discussions with communities as we shape the locality dimensions of our next Strategic Plan (2019-22). The surveys, when viewed over time, help to provide a useful picture of how people perceive the health and care that is available to them. We want to use this information to support meaningful conversations about what people want to see in the future, and where they think there are gaps. We recognise that not all gaps will be able to be addressed by the HSCP, however our work with the Inverclyde Alliance will help us to achieve more comprehensive linkage with our key partners, and influence their strategic direction on behalf of local people.

# Section 6: Children’s Services and Criminal Justice

National Outcomes for Children	
10	Our children have the best possible start in life.
11	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
12	We have improved the life chances for children, young people and families at risk.



*‘Inverclyde’s services for children and young people are leading when it comes to involving young people in their care.’*

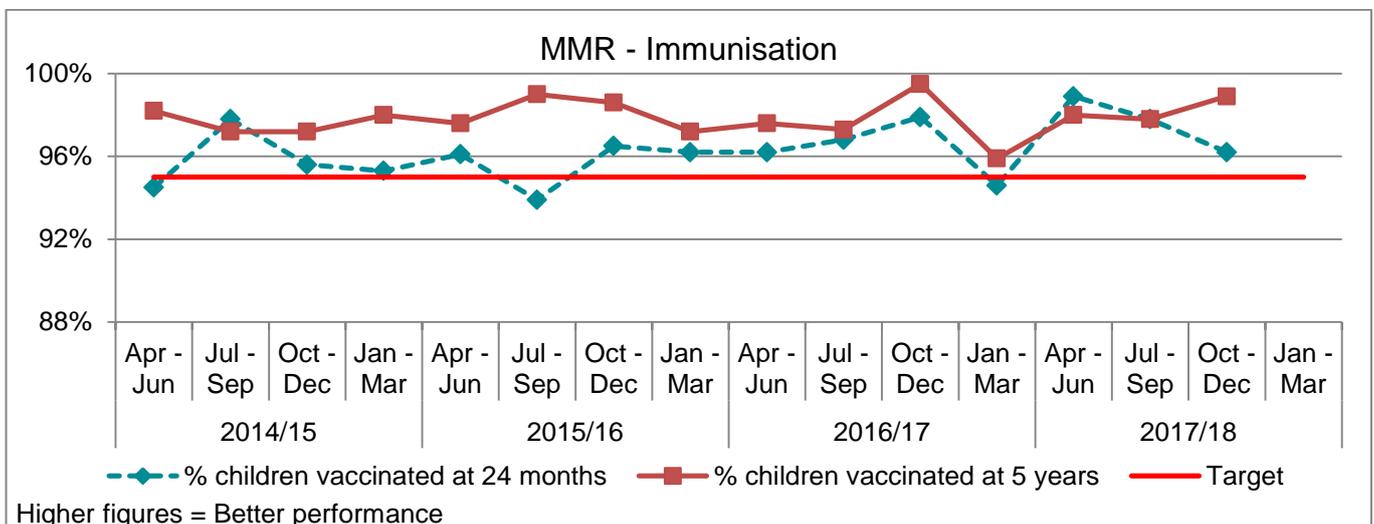
That is the view in a new inspection report from the Care Inspectorate where involvement of young people received a rare ‘excellent’ rating.

“**Nurturing Inverclyde**” places our children at the centre of the Community Planning Partnership (the Inverclyde Alliance), in recognition that every child grows up to become a citizen and part of a local community. Moreover, ‘**Getting it right for Every Child, Citizen and Community**’, will be achieved through working in partnership to create a confident and inclusive Inverclyde with safe, sustainable, healthy, nurtured communities; a thriving, prosperous economy; active citizens who are achieving, resilient, respected, responsible, included and able to make a positive contribution to the area.

## Children in Inverclyde receive the best start in life.

One way to gauge a healthy child population is to consider immunisation levels for common diseases. Uptake also indicates a shared responsibility amongst communities to protect children and prevent the spread of illness.

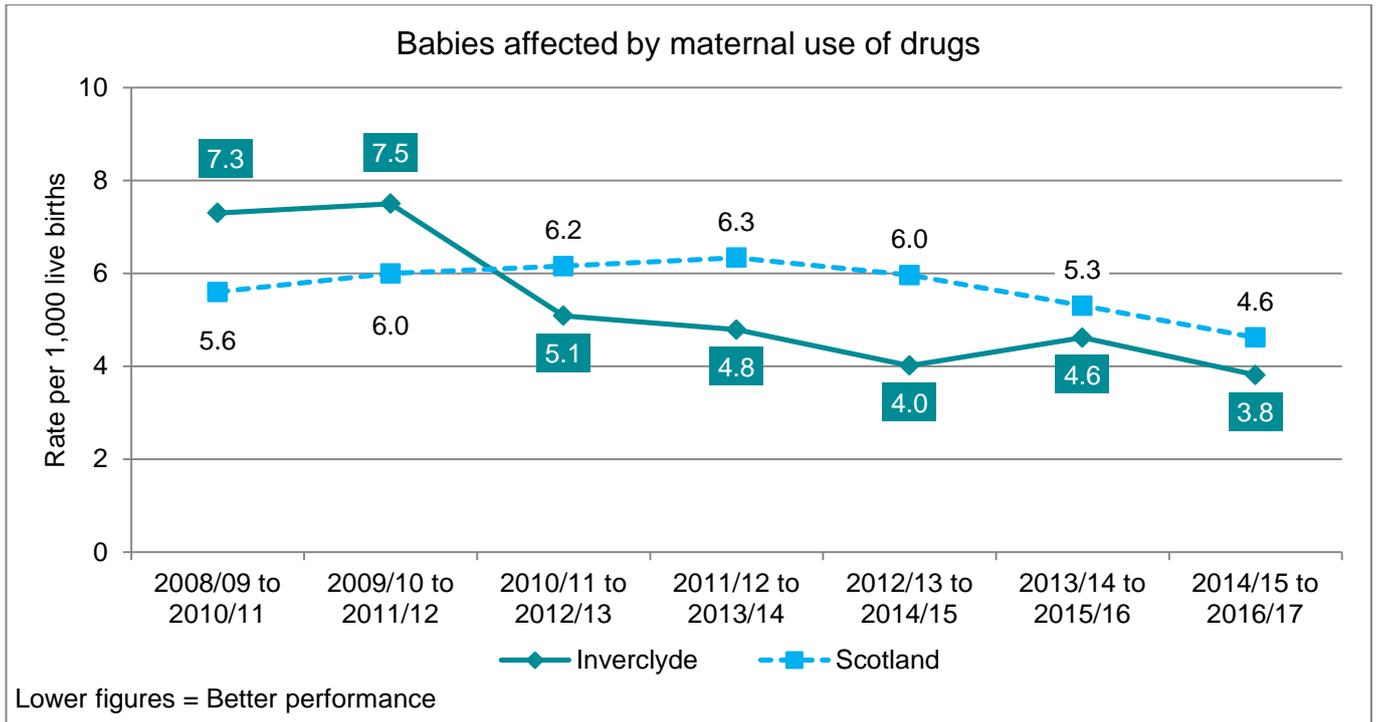
In respect of Measles, Mumps and Rubella immunisations (MMR), at age 5 we are consistently above target. For MMR at 24 months, we have largely exceeded the target of 95%.



## Babies affected by maternal use of drugs

The health of a woman is an important factor in pregnancy, as we know from evidence that in general, healthy women have healthy babies. Inevitably, babies will be affected if their mothers are using drugs, and this could lead to poorer outcomes for the child. We work closely with mothers in this category and both rate and absolute numbers have been on a downward trend in Inverclyde since 2008/09.

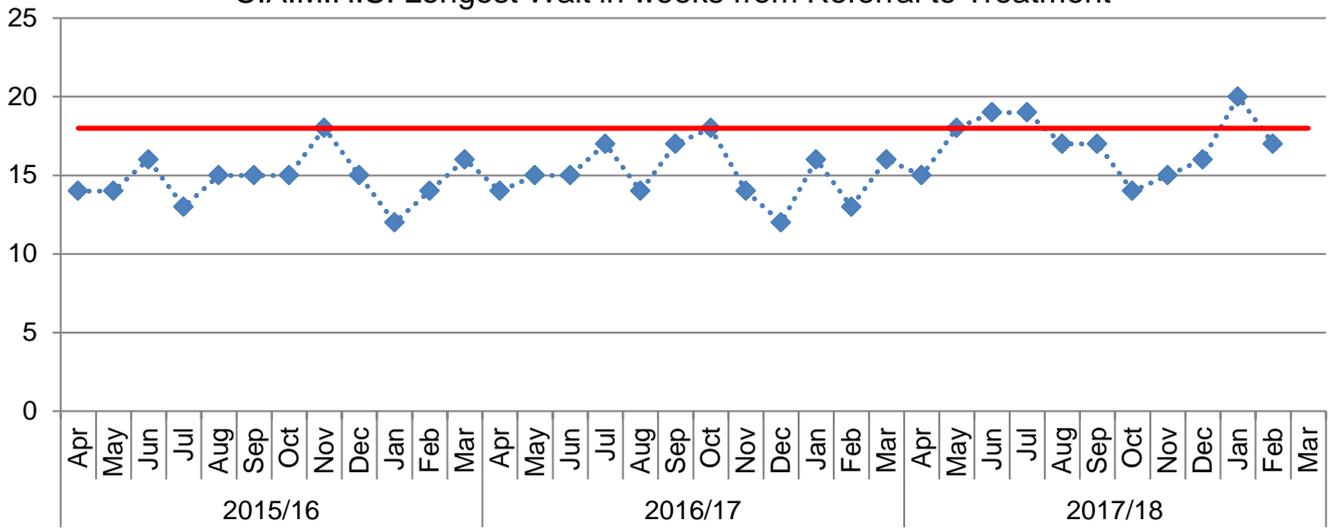
Comparing Inverclyde with Scotland as a whole, Inverclyde now has a considerably lower rate of babies affected by maternal drug misuse than Scotland.



## Child and Adolescent Mental Health Services (CAMHS)

The target of 90% of young people referred to child and adolescent mental health to have begun their treatment within 18 weeks of referral has regularly been exceeded since the beginning of 2015. However we are currently reviewing this service, recognising that it is a small service with a small staffing complement. This means that if there are gaps in staffing, the service might not be able to deliver to the current levels of performance. To avoid a drop in performance we will aim to anticipate the most effective changes to the operating model.

C.A.M.H.S. Longest Wait in weeks from Referral to Treatment



Lower figures = Better performance



# Criminal Justice

National Outcomes for Justice	
13	Community safety and public protection.
14	The reduction of reoffending.
15	Social inclusion to support desistance from offending.

The Criminal Justice Service continues to have a positive impact in the local community through the delivery of various programmes including Community Payback Orders (CPO), Multi Agency Public Protection Arrangements (MAPPA) and women’s programmes.

Unpaid Work Requirements provide an opportunity for individuals to pay back to their community through participation in work placements organised by Criminal Justice Social Work Services. This can be particularly challenging for those individuals with little or no work experience and/or poor physical or mental health, but does provide a way for such offenders to start to develop appropriate skills and experience.

In addition, the ‘other activity’ component of Unpaid Work enables Criminal Justice Social Work Services to support individuals with their interpersonal, educational and vocational skills with the aim of assisting them in their efforts to desist from further offending. This “whole person” approach aims to improve outcomes, not only for those under the supervision of the service, but also for wider communities.

Some individuals will get more than 1 CPO, but not every CPO includes a requirement for unpaid work.

The graphics below show some Community Payback Order statistics over the last 4 years.



The Unpaid Work Service plans activity for the benefit of individuals, organisations and public areas within Inverclyde. A variety of tasks are undertaken including gardening, painting, joinery and grounds work.



The feedback from those who receive this service has been positive.

Some examples of how much work is 'paid back' into the community are shown in the graphics below.

	Number of hours of gardening	Number of hours of painting	Number of hours of ground work	Number of hours of joinery
2015/16	5,544	7,311		1,907
2016/17	3,804	4,161	624	1,066
2017/18	5,478	7,125	4,803	1,235

**Some comments from those who received this Service:**

"We were very satisfied with the work carried out and all the team were all good and well mannered."

"Found everyone very friendly and well mannered, work ethic excellent as is the standard of work"

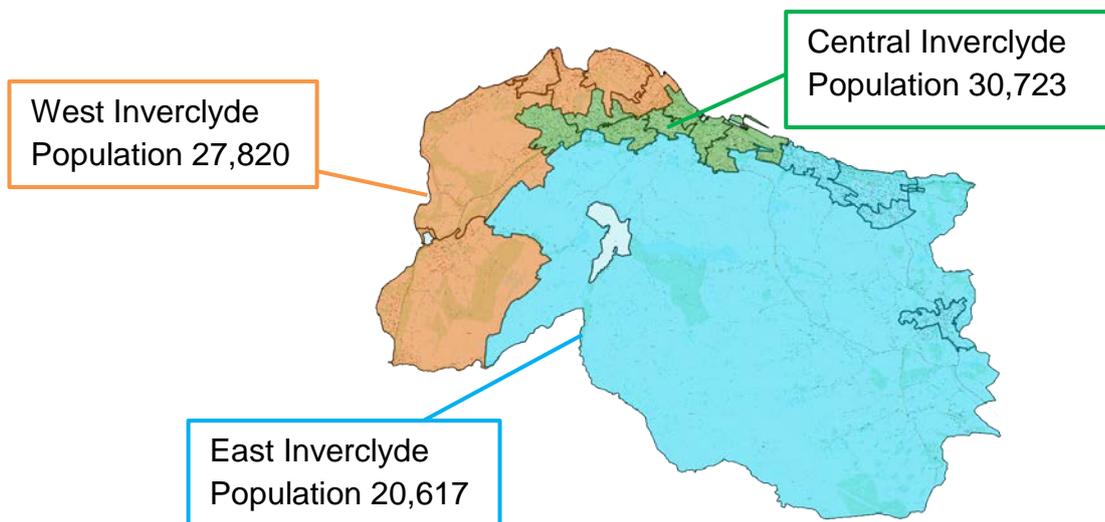
"The team were very professional and the work carried out was to a high standard."

"My wife and I were very happy with the service we received the supervisor was very professional, the work carried out by unpaid work was to a very high standard."

"I was very pleased with the work done and how well they tidied up, very pleased."

## Section 7: Locality Planning

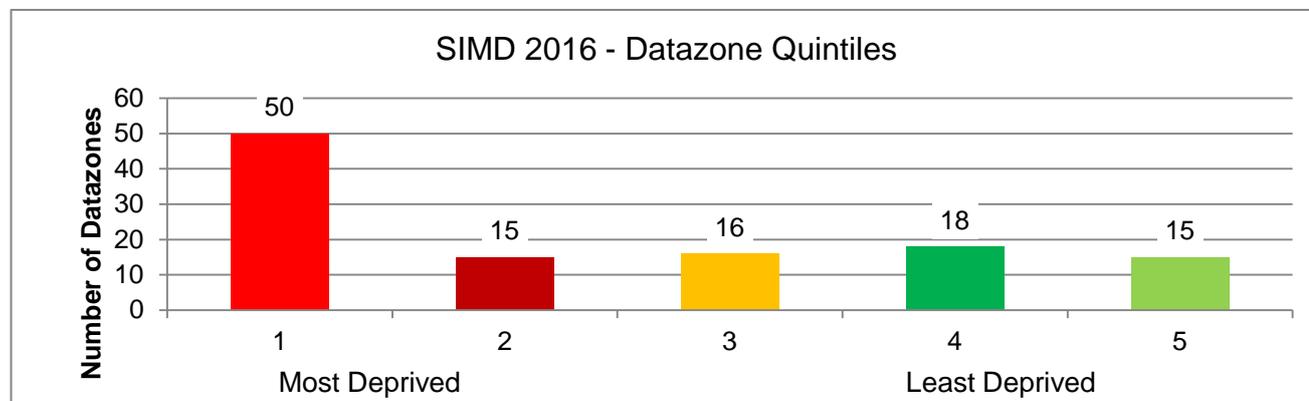
Our locality planning arrangements have been shaped to reflect the strong tradition of partnership working in Inverclyde. The three localities described below cover the entire population of Inverclyde, however we have worked closely with the full range of partners (communities; staff; Council; Voluntary Sector; Commercial Sector; Carers, GP Practices etc.), to ensure that we defined localities that covered the whole population in a way that made sense for those within the localities, while achieving maximum alignment with the Inverclyde Alliance localities.



Population figures have been taken from the National Records for Scotland (NRS) Small Area Population Estimates (SAPE) for Mid-2016. This gives a total population of 79,160.

The HSCP, as a key Community Planning Partner, has aligned its locality planning to the Inverclyde Alliance Local Outcomes Improvement Plan (LOIP). The HSCP is recognised as a key vehicle through which community planning partners can maintain a clear line of sight to the most vulnerable and the most excluded citizens in our community.

The Scottish Index of Multiple Deprivation (SIMD) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.



The SIMD identifies concentrations of multiple deprivations across all of Scotland in a consistent way. The SIMD ranks small areas (data zones) from most deprived to least deprived. Inverclyde HSCP has 114 data zones, 50 of which are in the 20% most deprived areas in Scotland. 'Deprived' does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The 2016 SIMD rankings combine 38 indicators across 7 domains, namely: income, employment, education, health, access to services, crime and housing.

With the backdrop of this information we are progressing collaborative working with other agencies and services. For example, Inverclyde HSCP has a long standing, well established relationship with the primary care contractors (GPs) throughout the locality.

General Practice in Inverclyde is made up of fourteen Practices covering Kilmacolm, Port Glasgow, Greenock, Gourock and their surrounding areas. The fourteen practices cover a population of 81,354 patients, including people from outside Inverclyde, for example Argyll and Bute. Whilst the overall practice population has been falling since 2010 (down 4.5%) the number of patients on the lists who are over the age of 65 has steadily increased. In 2010, 17% of the practice lists were aged 65 and above but by 2017 this had increased to 20%.

In recognition of the further integration of health and social care, we are creating a three year Primary Care Improvement Plan that will enable the development of the role of the GP moving forward into the expert medical generalist. The new GP role will be achieved by embedding multi-disciplinary primary care staff (e.g. Advanced Nurse Practitioners, Specialist Paramedics) to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.

Some initial results from the pilot for this new approach are noted in the next section.



## **Section 8: Innovation**

Inverclyde has a strong reputation for innovation, based on good relationships between the relevant partners. The HSCP has always regarded its staff as its greatest asset, and the innovations below reflect a positive, 'can-do' attitude that characterises our workforce.

### **New Ways**

In recent years we have been at the forefront of initiatives such as 'New Ways of Working' – an approach to testing the effectiveness of different working practises before fully committing to them. Our New Ways Journey event took place on 1st November 2017 to celebrate the success and learning from New Ways. The point of New Ways is to help our citizens to be able to access the right professional at the right time, rather than always defaulting to the GP. Our work in Inverclyde has informed the new Scottish GP Contract, so sits at the heart of re-shaping health and social care to deliver better outcomes.

### **Care About Physical Activity (CAPA)**

We have also been a test site for the CAPA programme, commissioned by the Scottish Government to build on the skills, knowledge and confidence of social care staff to enable those they care for to increase their levels of physical activity and move more often. The programme runs until October 2018, and we anticipate that it will be able to demonstrate improved outcomes.

The programme includes:

- Working with care homes for older people to embed the use of CAPA
- Working with care at home, housing support and other support services for older people to equip staff to promote physical activity and scope out what specific resources they may require to be developed
- Developing and testing a module on physical activity to embed into health and social care curriculum
- A national event in September 2018 to share good practice widely and to celebrate success.

### **Technology Enabled Care (TEC)**

Inverclyde HSCP is a test site for TEC, which is aiming to develop new ways of working to combine the human expertise of Allied Health Professionals (such as Occupational Therapists and Physiotherapists) with advances in technical and digital equipment. This work is at a very early stage, but will be explored further, and an update will be provided in our next Annual Performance Report.

## **Service Redesign**

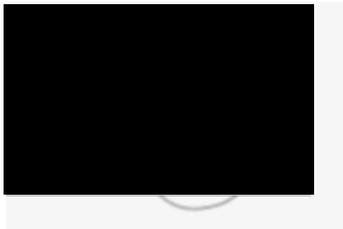
We are currently undertaking some significant redesign work, recognising that in order to secure continuous improvement, we need to regularly check that what we are doing still reflects the best way of working, and best value for public money. Over the next few years we will be implementing the outputs from our redesign work, specifically in Learning Disability Services; Addictions, and Homelessness. The redesign work will be overseen by the Transformation Board, and we will support Providers to adapt to change through the implementation of our Market Facilitation & Commissioning Plan.

## **Chief Officer's concluding remarks**

This is the second HSCP published Annual Performance Report showcasing our progress in delivering the National Wellbeing Outcomes. It has been an exciting year within Inverclyde with the conclusion of the positive joint Children Service inspections and ongoing positive Care Inspectorate inspections across all registered services.

The focus on outcomes has given us an opportunity to think differently about how we deliver services. We are at the beginning of this journey with our Market Facilitation Plan which is a good example of how we intend to work now and in the future. Throughout this report we reinforce the need to focus on outcomes and with this in mind, we have tried to use a format that is easy to read and visibly shows how and where we are indeed making a difference and ultimately improving the lives of the citizens of Inverclyde. The case studies are real life examples of how we are achieving our vision.

It has been a year of significant success however, Inverclyde is ambitious. As we strive for excellence, it is important we continue to learn and improve. We are lucky, our staff and communities in Inverclyde care deeply about health and social care services and we have a responsibility to deliver high quality service that make a difference to people lives.



**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP, Municipal Buildings**  
**Clyde Square, Greenock**  
**PA15 1LY**

## Appendix: Glossary of abbreviations

<b>A&amp;E</b>	Accident and Emergency department
<b>ADL</b>	Aids for Daily Living
<b>AP</b>	Adult Protection
<b>ANP</b>	Advanced Nurse Practitioner
<b>ASP</b>	Adult Support and Protection
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CMHT</b>	Community Mental Health Team
<b>CPO</b>	Community Payback Orders
<b>DWP</b>	Department of Work and Pensions
<b>EEA</b>	European Economic Area
<b>GG&amp;C</b>	Greater Glasgow and Clyde Health Board
<b>GP</b>	General Practitioner
<b>HSCP</b>	Health and Social Care Partnership
<b>ISD</b>	Information Services Division (NHS)
<b>LOIP</b>	Local Outcomes Improvement Plan
<b>MAPPA</b>	Multi Agency Public Protection Arrangements
<b>MMR</b>	Measles, Mumps and Rubella
<b>MSK</b>	Musculoskeletal
<b>NHS</b>	National Health Service
<b>NODA</b>	No One Dies Alone
<b>NRS</b>	National Records for Scotland
<b>OT</b>	Occupational Therapist
<b>OTA</b>	Occupational Therapist Assistant
<b>PCMHT</b>	Primary Care Mental Health Team
<b>PDRU</b>	Physical Disability Resource Unit
<b>RES</b>	Rehabilitation and Enablement Service
<b>SAPE</b>	Small Area Population Estimates
<b>SIMD</b>	Scottish Index of Multiple Deprivation
<b>SSSC</b>	Scottish Social Services Council
<b>TEC</b>	Technology Enabled Care

This document can be made available in other languages, large print, and audio format upon request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

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INVERCLYDE  
**HSCP**  
Health and Social  
Care Partnership

Inverclyde Health and  
Social Care Partnership  
Hector McNeil House  
Clyde Square  
Greenock  
PA15 1NB

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**Report To:** Inverclyde Integration Joint Board    **Date:** 18 June 2018

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership    **Report No:**  
IJB/32/2018/HW

**Contact Officer:** Helen Watson  
Head of Service  
Strategy & Support Services    **Contact No:**  
01475 715285

**Subject:** AUDIT SCOTLAND REPORT: WHAT IS INTEGRATION?  
APRIL 2018

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the IJB about the publication of an Audit Scotland Report, "What is Integration?" in April 2018.

## **2.0 SUMMARY**

- 2.1 The Audit Scotland paper provides an outline of the key legislative requirements in setting up integrated health and social care arrangements, based on the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

## **3.0 RECOMMENDATIONS**

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

**Louise Long**  
Chief Officer

**Lesley Aird**  
Chief Financial Officer

## 4.0 BACKGROUND

- 4.1 The Audit Scotland paper, "What is Integration?" provides an outline of the key legislative requirements in setting up integrated health and social care arrangements, based on the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.2 These requirements have already been laid before the Integration Joint Board in a report called "Overview of Development of Governance Arrangements, presented to the IJB on 26<sup>th</sup> January 2016.

## 5.0 SPECIFIC AREAS OF FOCUS

- 5.1 The report opens by highlighting that the HSCP is responsible for budgets over £8 billion worth of public money. It describes the legislative journey leading to the creation of HSCPs and IJBs, and re-states the nine National Wellbeing Outcomes.
- 5.2 It then goes on to highlight the different models in place within Scotland, and common principles across all models.
- 5.3 The report concludes by outlining the statutory membership of IJBs and Strategic Planning Groups (SPGs).
- 5.4 Although the report does not offer any new information or fresh insights, it is helpful to have these requirements laid out in a single, simple and easy-to-read format.

## 6.0 IMPLICATIONS

### 6.1 FINANCE

There are no financial implications.

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

- 6.2 There are no new 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.

<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

#### 6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care 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	None

reducing health inequalities.	
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.	None

## **7.0 CONSULTATION**

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## **8.0 BACKGROUND PAPERS**

8.1 None.

# What is integration?

A short guide to the integration of health  
and social care services in Scotland



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland  
April 2018

## The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: [www.audit-scotland.gov.uk/about-us/accounts-commission](http://www.audit-scotland.gov.uk/about-us/accounts-commission) 

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

## Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Environment Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website: [www.audit-scotland.gov.uk/about/ags](http://www.audit-scotland.gov.uk/about/ags) 

# Introduction

The integration of health and social care services is a major programme of reform, affecting most health and care services and involving over £8 billion of public money.

The aim of this reform is to meet the challenges of Scotland's ageing population by shifting resources to community-based and preventative care at home, or in a homely setting.

To achieve this, the Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to work together to form new partnerships, known as integration authorities (IAs). The aim is to ensure services are well integrated and that people receive the care they need at the right time, and in the right place.

IAs across Scotland are very different in terms of their size, resources and local context. But all IAs are responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. Some areas have also integrated additional services including

children's services, social work, criminal justice services and all acute hospital services. Integration authorities manage the budget for providing all integrated services.

This guide summarises some key information on the background of health and social care integration in Scotland, and outlines how IAs are structured and function.



Transforming health and social care in Scotland e-hub



## Links



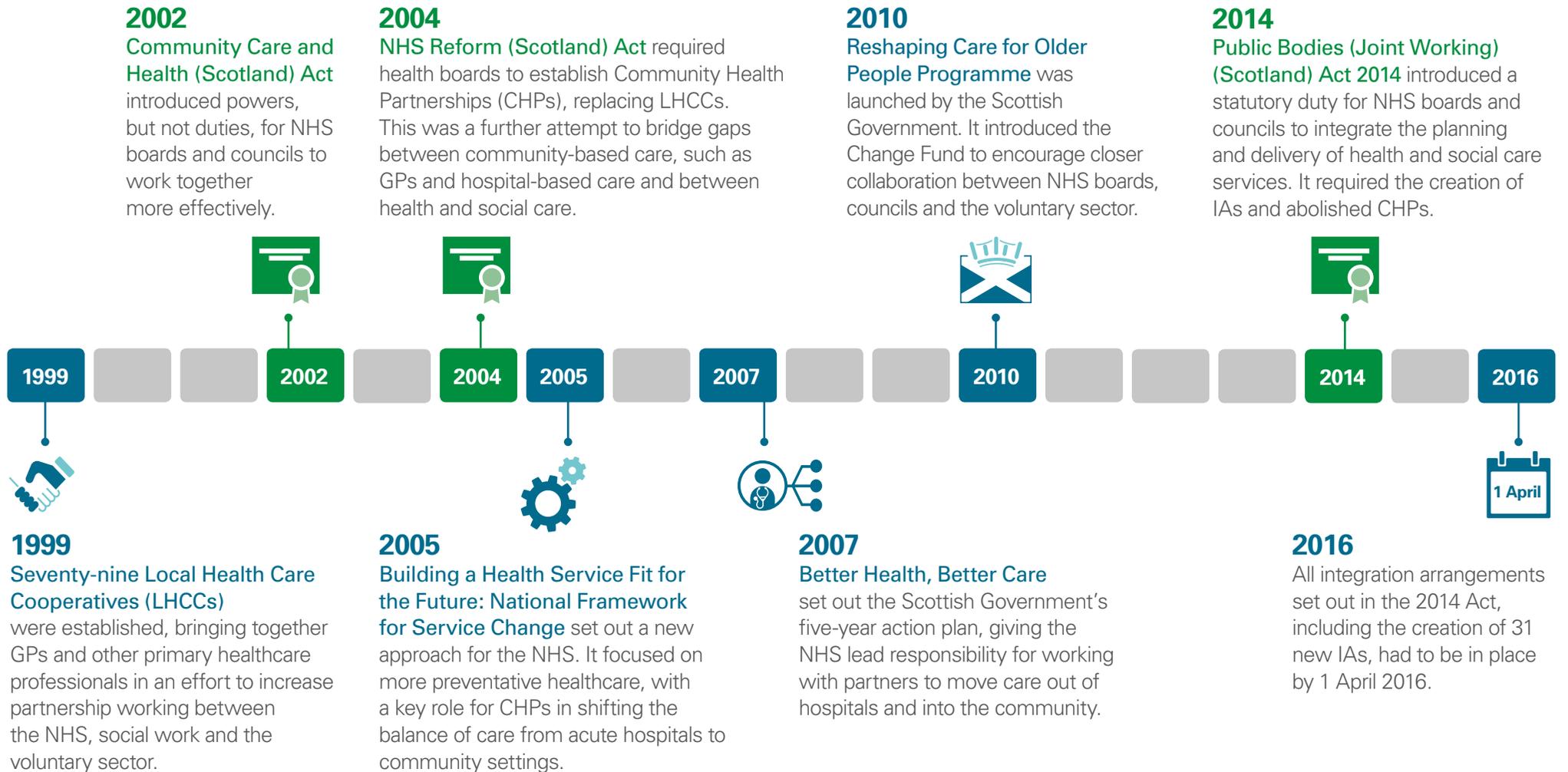
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Web link

# A brief history of integration in Scotland

Integrating health and social care services has been a key government policy for many years.



# The aim of health and social care integration

There are nine National Health and Wellbeing Outcomes that seek to measure the impact that integration is having on people's lives.

They are high-level statements of what health and social care partners are attempting to achieve through integration, and ultimately through the pursuit of improvement across health and social care.

By working with individuals and local communities IAs will support improvement in the nine outcomes. Each IA publishes an annual performance report outlining the progress they have made towards improving outcomes.



- 1  People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- 3  People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4  Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5  Health and social care services contribute to reducing health inequalities.
- 6  People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- 7  People who use health and social care services are safe from harm.
- 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.
- 9  Resources are used effectively and efficiently in the provision of health and social care services.

# Map of integration authorities

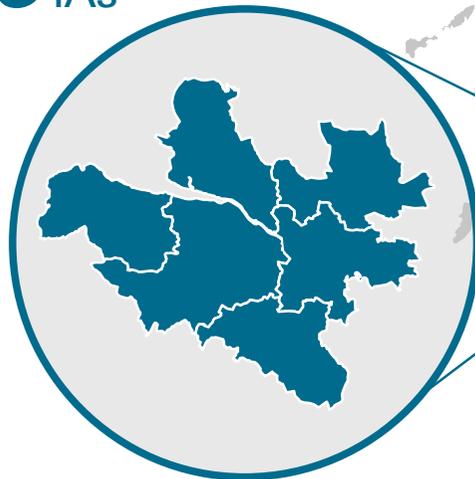
There are 31 IAs, established through partnerships between the 14 NHS boards and 32 councils in Scotland

The size of IAs varies depending on council boundaries. Most NHS boards have two or more IAs within their boundary, but there is a range from a single IA to six. Variations include:

 **1 NHS board, 6 IAs**

NHS Greater Glasgow and Clyde has six IAs within its boundary, one in each local council area:

East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire.



 **1 NHS board, 1 IA**

Six NHS boards have a single integration authority within their boundary:

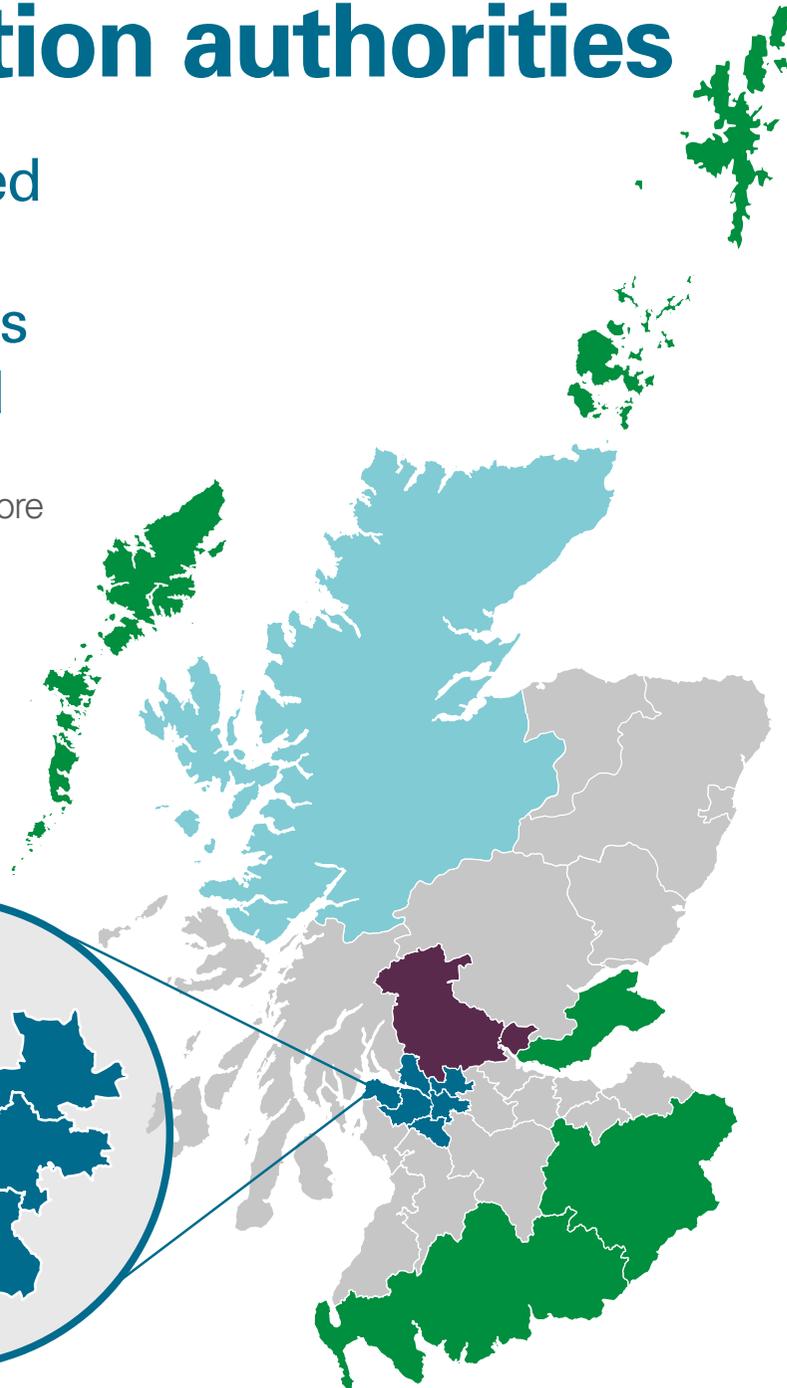
Borders, Dumfries and Galloway, Fife, Orkney, Shetland and Western Isles.

 **1 Lead agency**

In Highland the NHS board and council have taken a different approach - a lead agency model. NHS Highland leads on adult services and Highland Council leads on children's services.

 **2 Councils, 1 IA**

Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley.



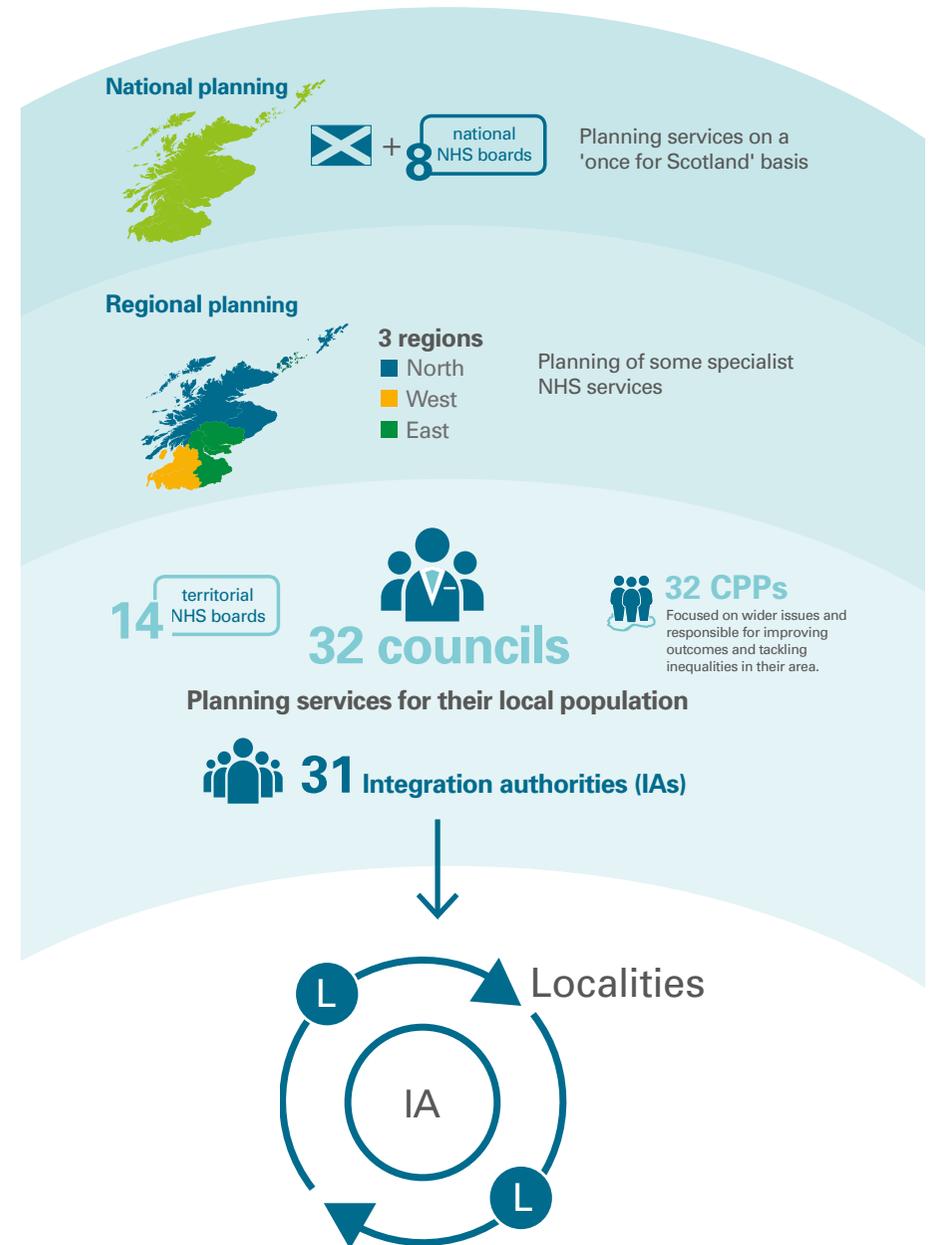


# Integration authorities and planning of services

Historically, health and social care services have been planned on a geographical basis by health boards and councils, with some services being provided regionally or nationally.

IAs must now work alongside NHS boards, councils and community planning partnerships when delivering health and social care services.

IAs must divide their area into at least two localities, but they can choose to create more. Localities have an important role in reforming how services are delivered. They bring together local GPs, social workers, other health and care professionals, and service users to help plan and decide how to make changes to local services. This approach allows the views and priorities of local communities to have real influence over how resources are used within their local population.



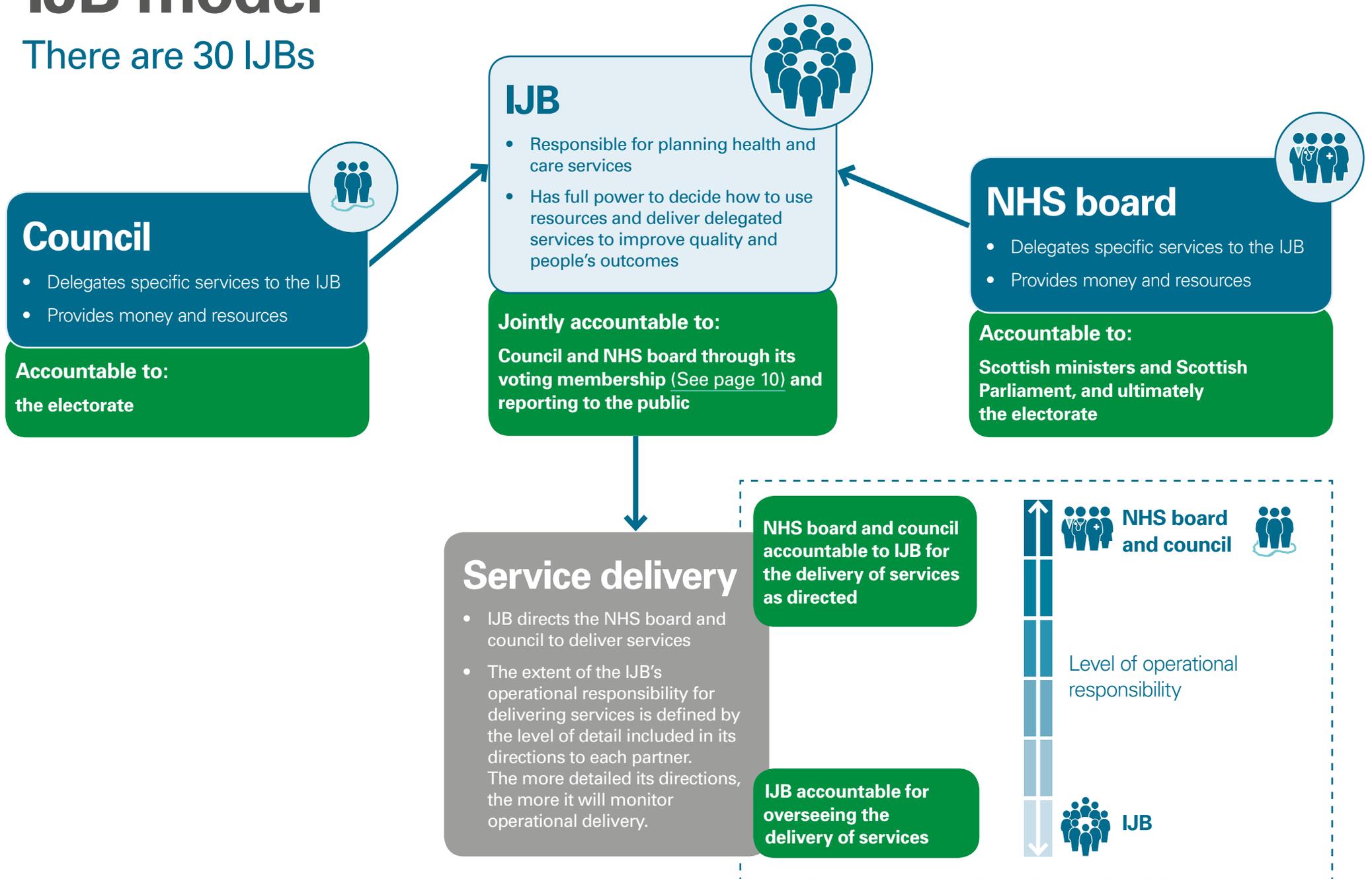
# IAs can be structured in two ways, either through establishing a 'lead agency' or an 'integration joint board'

Whichever model is chosen, the underlying objective remains the same. The IA is expected to plan and deliver services that provide care for individuals in their community or in a homely setting and avoid unnecessary admissions to hospital.



# IJB model

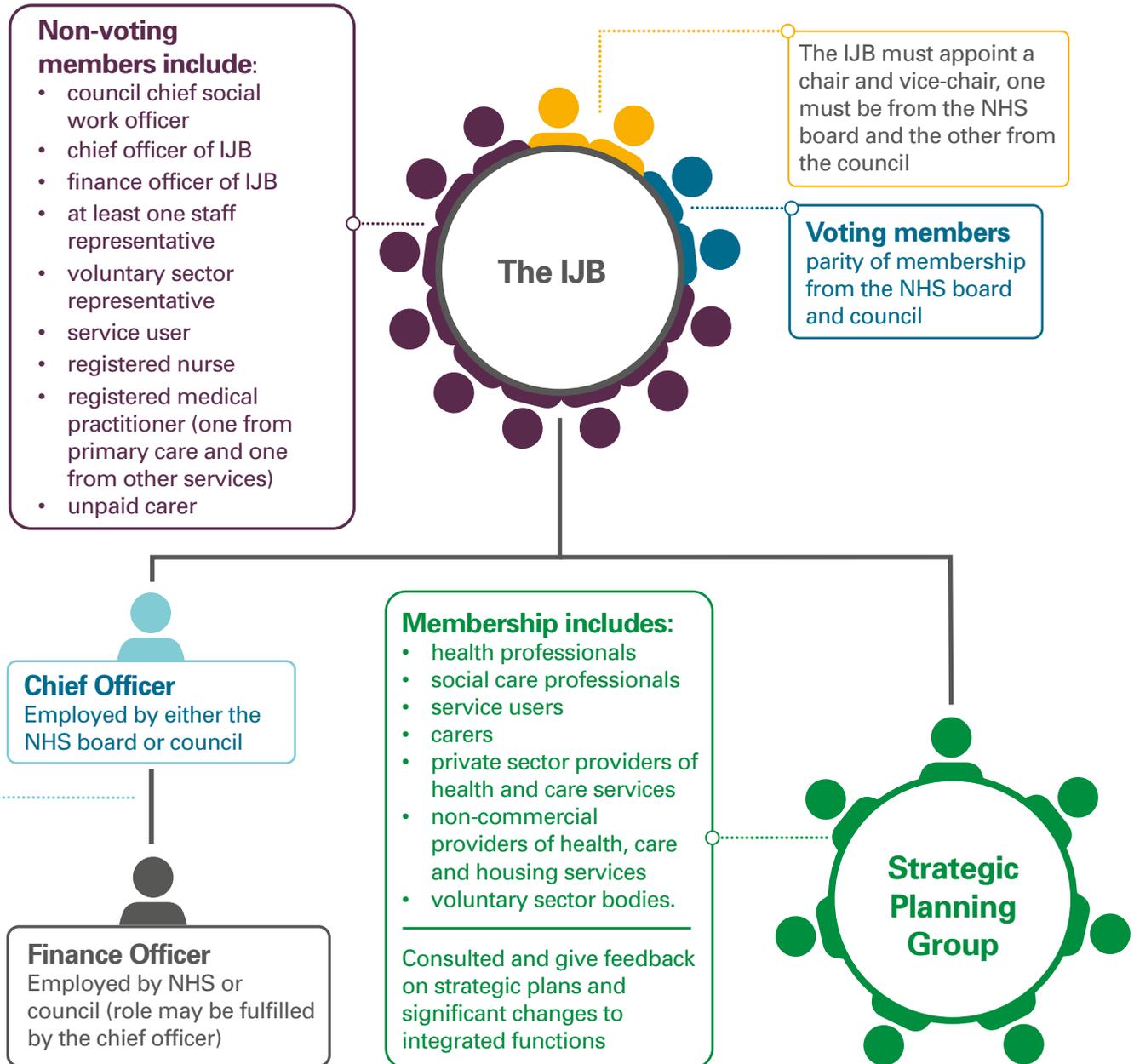
There are 30 IJBs



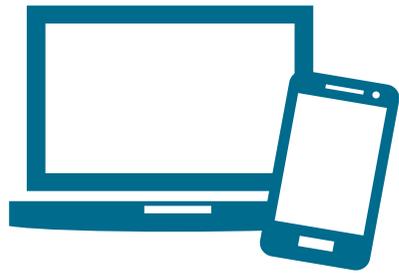
# IJB membership

Membership of the IJB is made up of a mix of voting and non-voting members.

It includes elected members from the council, non-executive directors from the NHS and representatives from service users, carers and the voluntary sector.



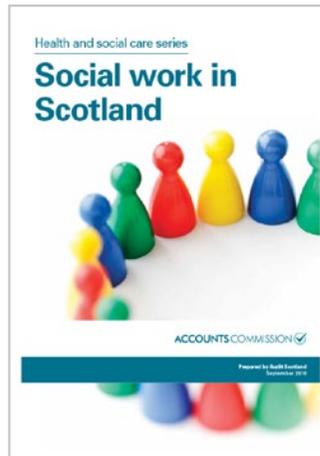
# Our recent health and social care reports



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March 2016



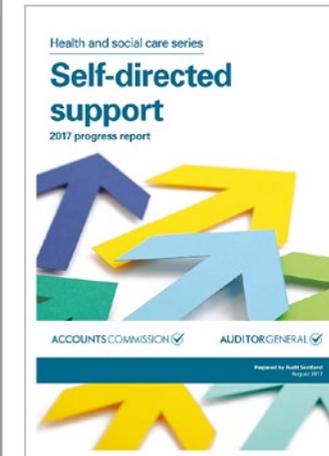
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Scotland  
September 2016



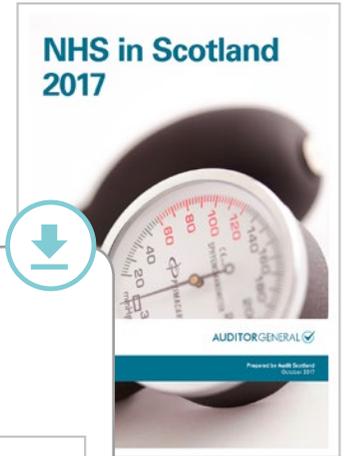
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2015  
Health and social  
care integration  
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Find out more at our [Transforming health and social care e-hub](#)



# What is integration?

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This report is available in PDF format  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) 

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk) 

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ISBN 978 1 911494 53 9