

A meeting of the Health & Social Care Committee will be held on Thursday 28 February 2019 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

1. Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT	
2. Revenue and Capital Budget Report – 2018/19 Revenue Projected Outturn as at 31 December 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
3. UNISON Ethical Care Charter Progress Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4. Audit Scotland Report – Health & Social Care Integration: Update on Progress Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
NEW BUSINESS	
5. Externally Commissioned Review of Advice Provision Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6. Draft Inverclyde HSCP Strategic Plan 2019 to 2024 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (Appendix to Follow)	p
7. Proposed Contribution in the IJB 2019/20 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer (Exempt Report)	p
8. Updating of the Contract Management Framework Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

<p>9. Rapid Rehousing Transition Plan Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>10. Social Isolation and Older Adults Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<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 the paragraphs of Part I of Schedule 7(A) of the Act whose numbers are set out opposite the heading to each item.</p>	
<p>PERFORMANCE MANAGEMENT</p>	
<p>11. Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services</p>	<p>Paras 6 & 9 p</p>
<p>NEW BUSINESS</p>	
<p>12. Criminal Justice Social Work Funding Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the impact of changes to the National Criminal Justice Social Work funding formula</p>	<p>Paras 1 & 11 p</p>

Enquiries to – **Diane Sweeney** - Tel 01475 712147

Report To:	Health & Social Care Committee	Date:	28 February 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN/25/19/AP/AE
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Angela Edmiston	Contact No:	01475 712143
Subject:	Revenue & Capital Budget Report – 2018/19 Revenue Projected Outturn as at 31 December 2018		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the projected outturn on revenue and capital for 2018/19 as at 31 December 2018.

2.0 SUMMARY

- 2.1 A budget of £53,779,000 was delegated by the Integration Joint Board (IJB), which includes £5,985,000 of Social Care funding. The IJB has directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. At period 5 there was additional funding of £330,000 added to the budget for living wage and a budget reduction of £62,000 for funding not required in 2018/19 returned to the Anti-Poverty Fund. The revised 2018/19 budget is £54,047,000.

As at period 9 there is a projected underspend of £593,000, an increase in underspend of £73,000 since last reported to Committee. This is net of a £75,000 underspend transferred to earmarked reserves assumed within the report will be approved by the IJB to fund the Community Justice post for an additional year. Of the total underspend £355,000 relates to employee costs (which are detailed below), an increase in underspend of £62,000 since last reported following a detailed review of when vacant posts are expected to be filled. The employee cost underspend is inclusive of service reviews and early achievement of 2019/20 budget savings. An analysis of the main elements of the £593,000 underspend are:

- A projected underspend of £60,000 within internal homecare due to vacancies, which are partially offsetting the increased costs of external homecare below, and a further £72,000 underspend resulting from delay in spending within Ethical Care costs,
- A projected underspend of £216,000 within Learning Disabilities and £132,000 within Addictions employee costs due to service reviews and early achievement of 2019/20 savings targets,
- A projected employee cost underspend of £43,000 within Business Support due to additional turnover savings being achieved,
- Projected underspends on client care packages in Day Services £41,000 and Learning Disabilities £134,000 due to changes in care packages. This is in preparation for 2019/20 saving of £174,000 from Learning Disability service,
- A one-off income from an external provider of £110,000.

Offset by:

- A projected overspend in external homecare of £68,000 due to increased hours as more people are cared for in their own homes. This is a decrease of £80,000 since the last Committee and is due to changes in the number and scale of packages.
- A projected £102,000 increase in costs for respite, direct payments and support costs which was previously reported to Committee,
- A projected under-recovery of Homelessness income of £85,000 based on current Tenancy Agreements offset by a projected underspend on rent paid to registered social landlords of £34,000.

- 2.2 • It should be noted that the 2018/19 budget includes agreed savings for the year of £1,555,000. At period 9 there is a projected over-recovery of £355,000 on the agreed savings; £293,000 of which relates to the Residential & Nursing beds which will be added to the smoothing earmarked reserve, £33,000 relates to over-recovery on posts within Learning Disabilities & Addictions and £29,000 relates to a projected over-recovery of community alarms income.
- 2.3 It should be noted that the 2018/19 out-turn is net of £75,000 earmarked for future spend for the Criminal Justice Preparatory work which is being funded from current underspend within Children and Families services.
- 2.4 The Social Work 2018/19 capital budget is £1,364,000, with spend to date of £450,000. There is projected slippage of £687,000 (50.37%) being reported due to the delays experienced and projected cost reductions in the procurement of the Crosshill replacement project. Expenditure equates to 66.47% of the revised budget.
- 2.5 The balance on the IJB reserves at 31 March 2018 was £5,795,000. The reserves reported in this report are those delegated to the Council for spend in 2018/19. The opening balance on these is £1,241,000 with an additional £518,000 received for 2018/19, totalling £1,759,000 at period 9. There is spend to date of £715,000 which is 93.70% of the phased budget
- 2.6 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption, Fostering & Kinship,
 - Residential & Nursing Accommodation,
 - Continuing Care.
- 2.7 It should be noted that any underspend will be retained by the IJB in line with the approved Funding Agreement and any overspends will be met by the IJB.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the projected underspend of £593,000 on current year revenue budget as at 31 December 2018.
- 3.2 That the Committee notes the current projected capital position.
- 3.3 That the Committee notes the current Earmarked Reserves position.
- 3.4 That the Committee note and supports the transfer of £75,000 from projected underspend to Earmarked Reserves.

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2018/19 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2018/19 projected £593,000 underspend.

5.0 2018/19 CURRENT REVENUE POSITION: Projected £593,000 underspend (1.24%)

Appendix 1 provides details of the movement in the budget and Appendix 2 contains details of the outturn position. The material variances are identified per service below and detailed in Appendix 3.

5.1 Children & Families: Projected £3,000 (0.03%) underspend

The projected underspend is £79,000 less than last reported to Committee. Employee costs are projecting an overspend of £13,000 an increase in spend of £82,000 since last reported to Committee. The increase in spend is due to £75,000 being earmarked for Community Justice preparatory work. There are projected overspends in internal residential accommodation where there is a requirement for certain staffing levels and this has been partially offset by use of an earmarked reserves. Staffing in residential accommodation is a continuing pressure area linked to continuing care requirement. A review of children's residential is underway and will be subject to a future report.

Any over/ underspends on adoption, fostering, kinship, children's external residential accommodation and continuing care are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above figures. At period 9 there is a projected net underspend of £31,000 on children's external residential accommodation, adoption, fostering and kinship and a projected net underspend of £54,000 on continuing care which would be transferred to the earmarked reserve at the end of the financial year.

5.2 Older People: Projected £25,000 (0.10%) overspend

The projected overspend is £2,000 less than previously reported and comprises:

- A projected underspend on homecare employee costs of £60,000, an increase in spend of £10,000 since last reported to Committee due to an increase in overtime costs,
- A projected overspend of £39,000 within homecare supplies and services mainly due to additional spends for uniforms and gloves,
- A projected overspend on external homecare of £68,000, a decrease in spend of £80,000 since the period 7 report to Committee. This relates to a decrease in the number of client packages. The overspend is partially offset by an underspend in employee costs as mentioned above,
- A £72,000 underspend within homecare resulting from a delay in spending within Ethical Care costs,
- A £102,000 increase in costs for respite, direct payments and support costs mainly due to 2 additional respite beds being provided to service users,
- A £30,000 overspend for CM2000 costs within homecare and £20,000 overspend within community alarms Bield contract based on current spend to date,
- A projected underspend of £29,000 within day services employee costs which is an increase in spend of £6,000 since last reported,
- A projected underspend of £41,000 on day services due to current client numbers, an increase in spend of £4,000 since last reported.
- A projected over-recovery of income by £45,000 mainly due to a projected increase in community alarms income of £29,000 which was previously reported and £15,000 over-recovery of charging order income within residential nursing.

Any over / underspends on residential & nursing accommodation are transferred from /to the Earmarked Reserve at the end of the year. These costs are not included in the above figures. The balance on the reserve is £496,000. At period 9 there is a projected underspend of £293,000 on residential & nursing accommodation which would be transferred to the Earmarked Reserve at the end of the year if it continues.

5.3 **Learning Disabilities: Projected £266,000 (3.51%) underspend**

The projected underspend is £8,000 more than previously reported and comprises:

- A projected underspend of £216,000 on employee costs which is a decrease in spend of £94,000 since last reported due to additional turnover savings and a reduction in additional basic, sessional and travel costs. The projected underspend is inclusive of early achievement of 2019/20 budget savings.
- A £134,000 projected underspend on client commitments which is an increase in cost of £30,000 since last reported due to changes to packages.
- A £91,000 under-recovery of income, a decrease in income of £54,000 since last reported which is due to a reduction in the number of service users using day centres within Inverclyde.

5.4 **Physical Disabilities: Projected £13,000 (0.56%) underspend**

The projected underspend is £5,000 more than previously reported and includes:

- A projected overspend of £23,000 on client package due to changes mostly within direct payments, an increase in spend of £3,000 since period 7,
- A projected over-recovery of income of £19,000 mainly due to additional service user income which was previously reported to Committee.

5.5 **Assessment & Care Management: Projected £1,000 (0.04%) overspend**

The projected overspend is £19,000 less than the period 7 report to Committee and includes:

- A £29,000 underspend within employee costs due to additional turnover being achieved. This is an increase in underspend of £2,000 since period 7 report to Committee,

5.6 **Mental Health: Projected £130,000 (10.74%) underspend**

The projected underspend is £6,000 less than the period 7 report to Committee and the movement relates to additional turnover savings being achieved offset by an increase in spend within client commitments due to increase in cost of packages. A one-off income of £110,000 from an external provider was previously reported to Committee.

5.7 **Additions: Projected £172,000 (18.14%) underspend**

The projected underspend is £64,000 more than previously reported to Committee and includes:

- Additional turnover on employee costs of £132,000 an increase in turnover being achieved of £25,000 since last reported. The projected underspend is inclusive of posts taken as part of 2019/20 budget savings.
- A £32,000 underspend within Client Commitments which is a decrease in spend of £24,000 since last reported and is due to a combination of reduction and changes to packages.

5.8 **Homelessness: Projected £51,000 (6.38%) overspend**

The projected overspend is £42,000 less than previously reported and is mainly due to a projected reduction in voids due to increased occupancy of properties.

A fundamental review of the Homelessness service is ongoing. There will be a cost pressure arising from this review, and this is currently being quantified and will be presented in a report to a future Health & Social Care Committee.

5.9 **Planning, Health Improvement & Commissioning: Projected £61,000 (3.42%) underspend**

The projected underspend is £9,000 more than previously reported mainly due to:

- A £171,000 overspend within employee costs, £191,000 of which is funded through grant income,
- £41,000 underspend within Welfare Reform based on current spend to date which is an increase in underspend of £23,000 since last reported. This is partially offset by a

£13,000 increase in spend for Inverclyde Advice provision review and £15,000 overspend for OLM Swift costs and other expenditure partially offset by additional income,

- £222,000 projected additional income, £191,000 of grant income to fund employee costs and £33,000 for recharges.

5.10 **Business Support: Projected £25,000 (0.99%) underspend**

The projected spend is £9,000 less than previously reported and is mainly due to:

- A £43,000 underspend within employee costs due to additional turnover savings being achieved which is an increase in underspend of £19,000 since last reported,
- An £18,000 overspend within administration costs mainly printing, postages and telephones which is £3,000 more than previously reported and
- An £18,000 reduction in income due to a reduction in income being received from Criminal Justice which is in line with previous year. It is intended that a service review will be undertaken to identify savings to offset the grant reduction in future years.

6.0 2018/19 CURRENT CAPITAL POSITION

6.1 The Social Work capital budget is £2,320,000 over the life of the projects with £1,364,000 budgeted to be spent in 2018/19, comprising:

- £1,043,000 for the replacement of Crosshill Children's Home,
- £33,000 for the installation of the Hillend Sprinkler System,
- £125,000 for the interim upgrade of the Fitzgerald Centre,
- £115,000 for the alterations to the Wellpark Centre,
- £58,000 for projects complete on site.

There is projected slippage of £687,000 (50.37%) being reported. This is an increase of £167,000 (12.24%) from the slippage reported to the last Committee. The slippage is in connection with delays and cost reductions experienced in the procurement of the Crosshill replacement project as previously and currently reported. Expenditure on all capital projects to 31st December 2018 is £450,000 (66.47% of the revised budget). Appendix 4 details capital budgets.

6.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents who were decanted earlier this year.
- The demolition of the existing Crosshill building is complete.
- Contractor commenced on site in October with foundation and drainage works in progress with completion expected 1st week in February.
- Site issues had delayed the progress of the foundations and this has now affected the delivery time of the timber kit.
- The Contract Period is 39 calendar weeks with contract completion in July 2019 however the delay noted above will impact on the completion date. This is currently being evaluated.

6.3 Neil Street Children's Home replacement (Cardross):

As previously reported to Committee, it should be noted that additional funding may be required in connection with the project and the extended contract period. This remains subject to resolution of the extension of time claim and agreement of the final account for the project, negotiations on which are on-going.

6.4 Hillend Centre Sprinkler System: Works were certified complete on 4th June.

6.5 Fitzgerald Centre Interim Upgrade:

- The works involve partial refurbishment and upgrading including personal care areas of the building to facilitate the transfer of the McPherson Centre users.
- The works have now been completed.

6.6 Wellpark Centre Internal Alterations:

- The works involve the remodelling of part ground, first and second floors to facilitate the co-location of Drugs Team staff and the Alcohol Services supporting the development of a fully integrated Addictions Service.
- The Service has agreed to have the works undertaken in one phase and to decant staff to provide vacant possession of the building for the works.
- Decanting of staff has taken place and the service temporarily relocated.
- Contractor currently on site and progressing the works.
- Procurement of the fire shutter at reception is problematic and Contractor (BSU) exploring other suppliers.
- Target programme is completion at end of February 2019.

7.0 EARMARKED RESERVES

7.1 The balance on the IJB reserves at 31 March 2018 was £5,795,000. The reserves reported in this report are those delegated to the Council for spend in 2018/19. The opening balance on these is £1,241,000 with an additional £518,000 received for 2018/19, totalling £1,759,000 at period 9. There is spend to date of £715,000 which is 93.70% of the phased budget.

7.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption, Fostering & Kinship and Continuing Care
- Residential & Nursing Accommodation.

8.0 VIREMENT

8.1 There are no virements to report for period 9.

9.0 IMPLICATIONS

9.1 Finance

All financial implications are discussed in detail within the report above

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 (If Applicable)	Other Comments
N/A					

9.2 Legal

There are no specific legal implications arising from this report.

9.3 Human Resources

There are no specific human resources implications arising from this report

9.4 Equalities

Has an Equality Impact Assessment been carried out?

	Yes	See attached appendix
X	No	This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

9.5 Repopulation

There are no repopulation issues within this report.

10.0 CONSULTATIONS

10.1 This report has been jointly prepared by the Corporate Director (Chief Officer), Inverclyde Community Health & Care Partnership and the Chief Financial Officer.

11.0 LIST OF BACKGROUND PAPERS

11.1 There are no background papers for this report.

Social Work Budget Movement - 2018/19

Period 9 1 April 2018 - 31st December 2018

Service	Approved Budget 2018/19 £000	Movements					Amended Budget 2018/19 £000	IJB Funding Income £000	Revised Budget 2018/19 £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000			
Children & Families	10,429	0	(244)	0	0	(75)	10,111	0	10,111
Criminal Justice	0	0	0	0	0	0	0	0	0
Older Persons	24,647	0	115	0	0	0	24,762	0	24,762
Learning Disabilities	7,143	0	420	0	0	0	7,563	0	7,563
Physical & Sensory	2,338	0	61	0	0	0	2,399	0	2,399
Assessment & Care Management	2,048	0	(125)	0	0	0	1,923	0	1,923
Mental Health	1,168	0	44	0	0	0	1,212	0	1,212
Addiction / Substance Misuse	973	0	(24)	0	0	0	949	0	949
Homelessness	801	0	0	0	0	0	801	0	801
Strategy & Support Services	1,815	0	(33)	0	0	0	1,782	0	1,782
Business Support	(3,567)	0	54	0	0	0	(3,514)	0	(3,514)
Totals	47,794	0	268	0	0	(75)	47,987	0	47,987

Supplementary Budget Detail

£000

External Resources

Living wage increases 330
Welfare Reform funding returned to Corporate (62)

Internal ResourcesSavings/Reductions

268

Social WorkRevenue Budget Projected Outturn

Period 9 1 April 2018 - 31st December 2018

2017/18 Actual £000	Subjective Analysis	Approved	Revised	Projected	Projected	Percentage Variance
		Budget 2018/19 £000	Budget 2018/19 £000	Outturn 2018/19 £000	Over/(Under) Spend £000	
	25,962 Employee costs	26,297	27,390	27,034	(355)	(1.30%)
	1,130 Property costs	1,105	1,115	1,064	(52)	(4.62%)
	967 Supplies & services	837	912	1,006	94	10.32%
	371 Transport & plant	380	380	373	(8)	(2.02%)
	786 Administration costs	809	783	804	21	2.72%
	38,556 Payments to other bodies	38,551	39,479	39,208	(271)	(0.69%)
	(14,904) Income	(14,200)	(16,012)	(16,035)	(23)	0.14%
52,867		53,779	54,047	53,454	(593)	
	(5,980) Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
	(1,190) Transfer to EMR	0	(75)	(75)	0	
45,698	Social Work Net Expenditure	47,794	47,987	47,394	(593)	(1.24%)

2017/18 Actual £000	Objective Analysis	Approved	Revised	Projected	Projected	Percentage Variance
		Budget 2018/19 £000	Budget 2018/19 £000	Outturn 2018/19 £000	Over/(Under) Spend £000	
	10,278 Children & Families	10,429	10,186	10,183	(3)	(0.03%)
	0 Criminal Justice	0	0	0	0	0.00%
	24,463 Older Persons	24,647	24,762	24,787	25	0.10%
	7,053 Learning Disabilities	7,143	7,563	7,297	(266)	(3.51%)
	2,196 Physical & Sensory	2,338	2,399	2,385	(13)	(0.56%)
	1,613 Assessment & Care Management	2,048	1,923	1,924	1	0.04%
	1,215 Mental Health	1,168	1,212	1,082	(130)	(10.74%)
	1,003 Addiction / Substance Misuse	973	949	777	(172)	(18.14%)
	966 Homelessness	801	801	852	51	6.38%
	1,740 PHIC	1,815	1,782	1,721	(61)	(3.42%)
	2,339 Business Support	2,418	2,471	2,447	(25)	(0.99%)
52,867		53,779	54,047	53,454	(593)	
	(5,980) Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
	(1,190) Transfer to EMR	0	(75)	(75)	0	
45,698	Social Work Net Expenditure	47,794	47,987	47,394	(593)	(1.24%)

Notes:

1 £11.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.

2 £9M Resource Transfer/ Delayed Discharge expenditure & income included above.

APPENDIX 3

Social Work

Material Variances

Period 9 1 April 2018 - 31st December 2018

2017/18 Actual	Budget Heading	Revised Budget 2018/19	Proportion of budget	Actual to 31/12/18	Projected Outturn 2018/19	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	
	Employee Costs						
7,523	Homecare	7,841	5,499	5,431	7,781	(60)	(0.77%)
352	Day services	353	247	225	324	(29)	(8.22%)
2,417	Learning Disabilities	2,534	1,777	1,624	2,318	(216)	(8.52%)
1,573	Assessment & Care management	1,703	1,194	1,171	1,674	(29)	(1.70%)
1,113	Addictions	1,217	853	765	1,085	(132)	(10.85%)
1,542	Planning, Health Improvement & Commissioning	1,560	1,094	1,194	1,731	171	10.96%
1,403	Business Support	1,416	993	962	1,373	(43)	(3.04%)
15,923		16,624	11,658	11,372	16,286	(338)	(2.03%)
	Other Variances						
3,765	Homecare - external providers	3,708	2,781	2,472	3,776	68	1.83%
0	Homecare - ethical care	72	54	0	0	(72)	(100.00%)
52	Homecare - supplies & services	25	19	64	64	39	156.00%
122	Homecare - CM2000 costs	99	74	75	129	30	30.30%
369	Residential Nursing - direct payments, support costs & respite	424	318	306	479	55	12.97%
255	Older People - day services	388	291	215	347	(41)	(10.57%)
48	Community Alarms - Beild Contract	24	18	24	44	20	83.33%
0	Community Alarms - Income	(168)	(126)	(132)	(197)	(29)	17.26%
7,713	Learning Disabilities - client commitments on support packages	8,249	5,710	4,913	8,115	(134)	(1.62%)
(4,047)	Learning Disabilities - Income	(3,992)	(2,994)	(2,826)	(3,901)	91	(2.28%)
1,647	Physical Disabilities - Client Commitments	1,676	1,257	1,182	1,699	23	1.37%
(74)	Physical Disabilities - Service user & other income	(56)	(42)	(70)	(75)	(19)	33.93%
(2,600)	Mental Health - income	(2,655)	(1,991)	(1,837)	(2,765)	(110)	4.14%
472	Addictions - client commitments	449	334	244	417	(32)	(7.13%)
17	Planning, Health Improvement & Commissioning - PTOB	53	40	1	12	(41)	(77.36%)
(115)	Planning, Health Improvement & Commissioning - Income	(198)	(149)	(198)	(412)	(214)	108.08%
161	Homelessness - Voids	148	111	69	113	(35)	(23.65%)
(722)	Homelessness - Income	(734)	(428)	(187)	(649)	85	(11.58%)
7,063		7,512	5,277	4,315	7,196	(316)	(4.21%)
22,986	Total Material Variances	24,136	16,935	15,687	23,482	(654)	(2.71%)

Social WorkCapital Budget 2018/19

Period 9 1 April 2018 - 31st December 2018

Project Name	Est Total Cost	Actual to 31/3/18	Approved Budget 2018/19	Revised Est 2018/19	Actual to 31/12/18	Est 2019/20	Est 2020/21	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Crosshill Childrens Home Replacement	1,914	154	1,043	341	281	1,082	337	0
Hillend Sprinkler	46	13	33	33	25	0	0	0
Fitzgerald Centre interim upgrade	140	0	125	140	140	0	0	0
Wellpark Centre internal alterations	115	0	105	105	4	10	0	0
Complete on site	105	47	58	58	0	0	0	0
Social Work Total	2,320	214	1,364	677	450	1,092	337	0

Social WorkEar Marked Reserves

Period 9 - 1 April 2018 to 31 December 2018

Project	Lead Officer/ Responsible Manager	Total Funding	Phased Budget to Period 9	Actual to Period 9	Projected Spend	Amount to be Earmarked for 2019/20 & Beyond	Lead Officer Update
		2018/19	2018/19	2018/19	2018/19	2019/20 & Beyond	
		£000	£000	£000	£000	£000	
Self Directed Support	Alan Brown	43	0	0	0	43	This supports the continuing promotion of SDS.
Growth Fund - Loan Default Write Off	Helen Watson	26	0	0	1	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund	Louise Long	384	311	270	334	50	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Carry forward is a post which is no longer being funded and will be written back to IJB free reserves.
Delayed Discharge	Louise Long	462	180	193	346	116	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Carry forward is two posts which are one year until June 19.
Veterans Officer Funding	Helen Watson	15	15	14	14	1	Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils. Final year of project.
CJA Preparatory Work	Sharon McAlees	144	46	39	55	89	Temporary post to address the changes in Community Justice. Post to be extended for a further year.
Welfare Reform - CHCP	Andrina Hunter	22	0	13	22	0	Costs for case management system to be incurred over three years, 2018/19 being the final year.
Swift Upgrade	Helen Watson	76	36	32	53	23	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
LD - Integrated Team Leader	Alan Best	66	46	40	56	10	Two year post to develop the learning disability services integration agenda.
LD Review	Alan Best	329	115	110	153	176	Funding for one grade L post for two years and 3 grade H/I posts for two years. One off spend incurred in 18/19 on community engagement to address the LD service review.
Service reviews	Alan Brown	92	14	4	25	67	Funding for two posts in 18/19 to carry out service reviews. Posts appointed to in September 18.
Dementia friendly properties	Deborah Gillespie	100	0	0	0	100	Dementia friendly properties. Dementia Strategy still being developed.
Total		1,759	763	715	1,059	700	

Report To:	Health and Social Care Committee	Date:	28 February 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SW/25/2019/AS
Contact Officer:	Allen Stevenson Head of Health and Community Care Inverclyde HSCP	Contact No:	01475 715283
Subject:	UNISON Ethical Care Charter Progress Report		

1.0 PURPOSE

1.1 UNISON'S Ethical Care Charter is a way for councils to improve homecare for the vulnerable people they are responsible for. It is a set of commitments that councils make which fix minimum standards that will protect the dignity and quality of life for those people who use home care services and the workers who care for them. Inverclyde HSCP adopted UNISON's Ethical Care Charter in 2016 and was the second Scottish Council to do so, Renfrewshire being the first. There are currently 8 partnerships in Scotland who have ECC accreditation.

<https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf>

1.2 The purpose of the UNISON report attached is to provide an update of the previous 6 months of implementation of UNISON's Ethical Care Charter (ECC) within Inverclyde HSCP. The report has been prepared by Unison with support from Inverclyde HSCP Care and Support at Home staff.

1.3 The scope of the UNISON report is to analyse Inverclyde HSCP's compliance with the ECC considering internal and externally commissioned homecare services, highlight areas of good practice and suggest areas for improvement. This report will only look at outstanding monitoring requested from phase 1 and phase 2 and all aspects of phase 3. A future report will consider outstanding monitoring of all 3 phases.

2.0 SUMMARY

2.1 The attached report advises members in respect of the progress of the implementation of UNISON's Ethical Care Charter. UNISON and Inverclyde HSCP believe good progress has been made to date. UNISON agrees Inverclyde HSCP is taking a proactive approach to implementing the Ethical Care Charter.

2.2 The HSCP is responsible for the assessment of service users and for contract compliance and monitoring of commissioned services. The commitments within the Ethical Care Charter are taken into account as part of these processes.

2.3 Key achievements to date include Unison's input to the tendering process for care at home services and involvement in the partnership approach taken working with commissioned services. Unison are satisfied that Inverclyde HSCP meet most areas of the ECC for internal services and will seek to continue to monitor the level of 15 minute visits which is the only outstanding issue.

- 2.4 Work is under way to ensure that all visits to service users are a minimum of 15 minutes where there is an identified need. Pressure funding of 72k was awarded in 18/19 as this is likely to cause a budget pressure.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the significant progress that has been made since accreditation in 2016 in relation to meeting the requirements of the Ethical Care Charter.
- 3.2 That the Committee notes that the Staff Partnership Forum is monitoring compliance in relation to the Ethical Charter and will report progress on an annual basis with the next report due in October 2019.

4.0 IMPLICATIONS

Finance

4.1 Financial Implications:

Pressure funding of 72k was awarded in 18/19 as part of the budget pressure, however, as implementation is progressing at a slower rate, costs have been contained within the revenue budget for this financial year but anticipate pressure funding to be required in full for 19/20.

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
N/A					

Legal

4.2 No implications

Human Resources

4.3 No implications

Equalities

4.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO -

Repopulation

4.5 No implications

5.0 CONSULTATIONS

5.1 None

6.0 BACKGROUND PAPERS

6.1 There are no background papers for this report.



ETHICAL CARE CHARTER PROGRESS REPORT

1.0 PURPOSE

- 1.1 UNISON'S Ethical Care Charter is a way for councils to improve homecare for the vulnerable people they are responsible for. It is a set of commitments that councils make which fix minimum standards that will protect the dignity and quality of life for those people who use homecare services and the workers who care for them. Inverclyde HSCP adopted UNISON's Ethical Care Charter in 2016.
<https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf>
- 1.2 The purpose of this report is to provide an update of the previous 6 months of implementation of UNISON's Ethical Care Charter (ECC) within Inverclyde HSCP. The report has been prepared by Unison with support from Inverclyde HSCP Care and Support at Home staff.
- 1.3 The scope of this report is to; analyse Inverclyde HSCP's compliance with the ECC considering internal and externally commissioned homecare services, highlight areas of good practice and suggest areas for improvement. This report will only look at outstanding monitoring requested from phase 1 and phase 2 and all aspects of phase 3. The following report in October 2019 will consider outstanding monitoring of all 3 phases.

2.0 SUMMARY

- 2.1 This report advises the Health and Social Care Committee in respect of the progress of the implementation of UNISON's Ethical Care Charter.
- 2.2 The report will update on the recent tendering process undertaken.

The report identifies evidence to support the effectiveness of the key parts of phases one, two and three namely:-

- The time allocated will match the needs of clients. In general 15 minute visits will not be used as they undermine the dignity of clients.
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile 'phones.
- Clients will be allocated the same homecare worker wherever possible.
- Zero hour contracts will not be used in place of permanent contracts.
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing.

- All homecare workers will be regularly trained to the necessary standard to provide a good service. (At no cost to themselves and in work time)
- The Scottish Living Wage will be the minimum level of payment workers receive.
- Occupational Sick Pay will be paid where appropriate.
- All homecare workers will have access to a workplace pension.

UNISON and Inverclyde HSCP are happy with progress made to date.

Key achievements include; improved tendering process and improved monitoring processes for external services. Internally Unison are satisfied that Inverclyde HSCP meet most areas of the ECC internally and will seek to continue to monitor the level of 15 minute visits.

UNISON believes Inverclyde HSCP is taking a proactive approach to implementing the Ethical Care Charter.

3.0 TENDER UPDATE

- 3.1 A UNISON representative supported the preparation of the home care specification for the new contract which was commenced in April 2018. UNISON met with all existing and prospective providers at an event organised by the Council in December 2017. The tender documentation for the home care tender now includes a range of new 'fairer working practices' questions. For example bidders were required to evidence how travel time is being paid and will be expected to show evidence of how visits are scheduled. The working hours and working patterns of Council home care workers will be the benchmark. UNISON believes the approach taken through joint working on development of the tender has been a positive improvement to practice.
- 3.2 The homecare tender did have a 60% (quality), 40% (cost) split. The 'fairer working practices' element had a 25% weighting within the Quality category. UNISON has reviewed the answers from the Fair Working Practices section of the tender and has found not all areas included have been addressed in the responses provided. Due to this section only forming part of the tender companies have still being awarded contacts who scored low in this area if they scored high in other areas.
- 3.3 The HSCP monitors commissioned service through a number of methods including 6 monthly governance meetings lead by the Service Manager and Quality and development Team. A UNISON representative will now attend a part of these meetings. To date meetings including UNISON have been held with 4 of the 6 providers and 1 provider has provided a written update. 1 provider has not yet met with UNISON or provided a written update.
- 3.4 In an effort to continue to improve practice in the areas relating to Fair Working Practices they are discussed at the new format of governance meetings which is attended by a UNISON representative. We have found that practice is varied across providers.
- 3.5 In addition to the tendering documents and statements made during the governance meetings UNISON has requested providers provide evidence to support their claims which will be included within future reports.
- 3.6 It can be seen that there is a variety of practice within the external providers. To ensure an equally high level of employment practices UNISON recommends that in the future the Council sets standards equal to those provided to HSCP employees as part of the tendering process.

4.0 PHASE 1

THE TIME ALLOCATED WILL MATCH THE NEEDS OF CLIENTS. IN GENERAL 15-MINUTE VISITS WILL NOT BE USED AS THEY UNDERMINE THE DIGNITY OF CLIENTS.

- 4.1 All requests for home care services are assessed by an HSCP assessor, most new requests are managed by the Home 1st Reablement Team. Part of the assessment process is to determine the length of service required by each user.
- 4.2 Fifteen minute visits are only used where it has been agreed with the service user and worker that this is sufficient to meet the identified need, e.g. medication prompt only. During the assessment period weekly staff meetings enable staff to give their views on the service users' progress.
- 4.3 Supporting evidence submitted June 2017: In March 0% of externally commissioned services are below 15 minutes, in line with the commissioning agreement providers are paid a minimum of 15 minutes per visit. In the previous report submitted in April 2018 Unison raised a concern about the level of actual time provided by contracted providers although they are paid a minimum of 15 minutes, again this is often due to service user choice. In September 2018 53.5% of externally commissioned services were below requested time. Within the externally commissioned services the percentage of visits which were below the requested time varied from none from one provider to 65.5% from another.
- 4.4 In September 2017, 12.4% of visits which were internally delivered were below 15 minutes, which reduced to 11.9% in April 2018. This has further reduced to 10.8% in September 2018 showing an ongoing improvement. 57% of visits which are below 15 minutes however are attended by two staff members due to being late at night, therefore more than 15 minutes of service is provided. Evening visits are in the main part of a larger care package, often service users do not wish longer visits at night as day time staff would spend more time talking and picking up on any concerns with the service users.
- 4.5 While UNISON recognises there may be appropriate instances where a short visit to prompt a single medication or welfare check, this number still seems high. Inverclyde HSCP have advised all 15 minute visits are routinely reviewed to ensure time is sufficient to meet individual need. Senior home support workers also visit service users regularly to discuss how their support package is working. There have been no complaints or concerns raised by service users or carers in the last year of monitoring regarding length of visits. The service has agreed to consider further evidence from staff about their view of cases where below 15 minutes have been agreed with the service user, this is currently being collated by UNISON and will be included in the next monitoring report.
- 4.6 It should be noted the reason UNISON believes 15 minute visits undermine the dignity of clients is because they do not allow for valuable discussions between service users and staff which may pick up on other difficulties the service user is facing and enable appropriate feedback to senior staff. We should also be mindful of the changes to medication policy and potential recording changes which is likely to impact on a requirement to increase visit lengths to support this development. As the new procedures are implemented visit lengths will be monitored.

4.7 Inverclyde Council has made a further investment of £72k towards reducing the number of visits which are less than 15 minutes. This will form part of their budget for 2018/20 and this investment comes at a time when there are significant budget challenges and constraints faced by the Council. This additional investment was intended to ensure that there would be no further visits less than 15 minutes where personal care support was being provided. This hasn't been fully achieved and is being monitored by the service.

4.8 **HEMOCARE WORKERS WILL BE PAID FOR THEIR TRAVEL TIME, THEIR TRAVEL COSTS AND OTHER NECESSARY EXPENCES SUCH AS MOBILE PHONES.**

Extract from initial report:-

'Inverclyde HSCP and external Homecare workers receive payment for either mileage or public transport costs and have been supplied essential health and safety equipment such as gloves and aprons.'

4.9 No further monitoring required for internal services as travel time and expenses are met as well as mobile phones and all appropriate health and safety equipment.

4.10 HSCP homecare workers have been provided with an additional 3 uniforms and intend to provide a further 2 and a jacket in 2019. There is a commitment to provide 5 new uniforms over 2 years on a continuous cycle.

4.11 External services: There is a range of practices undertaken across the external agencies. For instance in relation to travel time some providers do not pay travel time or transport costs. Others pay costs which range from 12p per mile to 45p per mile. One provider has advised they pay an additional 60p per visit to cover time and costs however this is the same if you are working within one sheltered housing complex or have to travel large distances between visits.

4.12 Of the 6 external providers all of the providers who met with UNISON provide uniforms free of charge and another advised within the tendering process that they provide 2 new uniforms to staff free of charge each year. 1 company who have not met with UNISON did not provide any statement in relation to uniforms during the tendering process. No external providers provide mobile phones at this time.

4.13 In future update reports provision of travel time, travel costs and other expenses should continue to be monitored with external services only as UNISON are satisfied this is being achieved internally.

4.14 **'Inverclyde HSCP use the CM2000 electronic scheduling and monitoring system. Contracted homecare providers are required to use an electronic system to schedule and monitor visits which is compatible with CM2000 to schedule and monitor visits. This is used to ensure there is appropriate time allocated, including travel time and is used as evidence to increase visit times as needs change.'**

Supporting evidence:-

In September 2018 it can be seen from CM2000 93464 visits were provided by homecare services. This is an increase of 1077 additional visits compared with

August 2017 when 92387 visits were provided. This demonstrates the continuing pressure homecare services are under to provide increasing levels of service.

- 4.15 Previously there was an increase from 17.8% in March to 25.2% of visits which ran over the allocated time (11.2% external and 34% of internal). This has continued to rise to an average of 28.7% (38.6% internal and 28.7% external) this demonstrates that staff are able to stay over their allocated time if required to support a service user however due to the continuing rise suggests some services may require to be reviewed.
- 4.16 There is a joint approach to service reviews, internally they are completed by an allocated care manager or home support manager 6 monthly, externally this is a shared responsibility with both council staff and external staff completing an annual review and sharing this information.
- 4.17 There is a smaller continued increase from 30.5% to 31.5% and now 36.6% of the visits which were under the allocated time (53.5% external and 24.7% internal), this appears to show a significant issue particularly with externally commissioned services not providing the requested visit length over half of the time, this could be placing staff under pressure and providing service users with a level of service which is below their assessed level of need.
- 4.18 Externally there is a wide variance in practice in terms of visits being shorter than planned with some providers not having any visits which ran below requested length and one provider having 65.5% of visits being below scheduled length. Unison and the HSCP share concerns regarding the service provided when visits are routinely shorter than the level of assessed for need. Increased levels of monitoring are in place where required. At this time the monitoring has not included Unison as it has been felt that the HSCP need the opportunity to address concerns. Updates should continue to be reported in future.

5.0 PHASE 2

CLIENTS WILL BE ALLOCATED SAME HOMECARE WORKER WHERE EVER POSSIBLE.

Extract from initial report:

'Service users are allocated to a schedule which is then allocated to a home support worker. The service is structured with each senior home support worker managing a team of approximately 12 workers which enables workers to feedback directly and receive support from colleagues within the team. At periods of absence for annual leave, sickness or training, CM2000 provides information regarding continuity for the previous two months, this ensures we are allocating to an appropriate worker to maintain good continuity for the service users and staff. Continuity is monitored by seniors and managers two weekly through workload management and reported monthly to team leaders. Monthly monitoring meetings are held with external providers where continuity is reported.'

- 5.1 Continuity is difficult to measure, compliance for external providers is 71.9% which has increased from 64.8% of service users have met or exceeded their continuity target, for Internal services it is roughly the same increasing slightly from 65.3% to 65.6% of service users. Continuity targets will continue to be monitored.

5.2 **ZERO HOUR CONTRACTS WILL NOT BE USED IN PLACE OF PERMANENT CONTRACTS.**

Extract from initial report:

'All external providers are required to offer staff contracted hours however, some staff choose to remain on zero hour contracts.'

5.3 Inverclyde Council do not use zero hour contracts. There is 33 staff currently on the internal sessional register. It is discussed quarterly at staff supervisions regarding the hours worked for the last period and staff are advised of any temporary or permanent contracts should they wish to apply.

5.4 There are 32 internal vacancies within homecare.

5.5 Inverclyde Council is recruiting HSW's on 35hr contracts to develop a new palliative care and winter pressures team. This is to improve service and continuity to service users. 35 hr contracts have been developed based on staff feedback from existing staff and at point of recruitment discussions which identified in some instances staff would like the option of larger contracts.

5.6 Externally the majority of staff are not on contracts which guarantee hours.

5.7 **PROVIDERS WILL HAVE A CLEAR AND ACCOUNTABLE PROCEDURE FOR FOLLOWING UP STAFF CONCERNS ABOUT THEIR CLIENTS' WELLBEING.**

Extract from initial report:

Any concern reported by staff is logged on CM2000/SWIFT and assigned to the appropriate person to action. There is agreement in place with external providers that if staff requires to stay longer with a service user the provider would be paid on an ad hoc basis.

5.8 719 Quality Assurance visits have been carried out during the monitoring period.

5.9 **ALL HOMECARE WORKERS WILL BE REGULARLY TRAINED TO THE NECESSARY STANDARD TO PROVIDE A GOOD SERVICE (AT NO COST TO THEMSELVES AND IN WORK TIME).**

Extract from initial report:

' Training courses are delivered within the working day at no cost to staff; any worker who chooses to attend on a rota day off will receive additional hours for attending. Training is a standing agenda item on quarterly supervision to identify any additional training needs as well as ensuring that mandatory training has been completed. When complex cases are transferring from reablement to either mainstream or commissioned services we will work jointly until the new team is familiar with the service user and skilled in how to approach or use moving and handling techniques. If required a member of the OT team within reablement will also jointly visit with the new care team. District nurses provide on the job training and work alongside home care especially in palliative cases. The 5 day induction course includes training from district nurses and AHPS's. External providers are able to access our moving and handling training. Training needs are identified through quarterly supervision and annual appraisal.

- 5.10 It is built into the contract monitoring process that providers must provide all mandatory training within the timescales agreed. This is monitored through regular governance and monitoring visits.’ During the governance meetings which were attended providers all report they are meeting mandatory training timescales.
- 5.11 One external provider has raised an issue with costs of supporting staff to obtain their SVQ which all staff must have within 5 years of registering with the SSSC. It is likely other providers will have similar difficulties. UNISON will look to provide support and guidance to obtain funding to support providers and the HSCP should also seek to support where possible.
- 5.12 Internally this will be reported on during the next ECC report.

6.0 PHASE 3

HEMOCARE WORKERS WILL BE PAID AT LEAST THE LIVING WAGE.

- 6.1 Internally all staff are paid at least the living wage.
- 6.2 Externally all providers advised they were paying at least the living wage during the tendering process. The providers UNISON met with during the governance process all reiterated this and one provider advised they pay £9 per hour.
- 6.3 One provider being able to pay £9 per hour suggests there is adequate funding within the contract to pay staff well for the work they are undertaking.
- 6.4 Providers have been asked to provide evidence to prove this. They will each provide 5 wage slips which will allow this to be fully evidenced.
- 6.5 **ALL HEMOCARE WORKERS WILL BE COVERED BY AN OCCUPATIONAL SICK PAY SCHEME.**
- 6.6 Internally all staff are paid occupational sick pay where eligible.
- 6.7 Externally no provider gave evidence of occupational sick pay provision during the tendering process however during the governance meetings one provider advised they do provide an occupational sick pay scheme. Unison will look to the wage slip sample to evidence this.

6.8 PENSION AUTO ENROLMENT.

- 6.9 Externally following the governance meetings all providers met with advised they provide pension auto enrolment and will provide evidence of this via wage slips.
- 6.10 **HEMOCARE WORKERS WILL BE GIVEN THE OPPORTUNITY TO REGULARLY MEET CO-WORKERS TO SHARE BEST PRACTICE AND LIMIT THEIR ISOLATION.**

Extract from initial report:

‘Home support workers have the opportunity to attend team meetings every 8 weeks with their home support manager; there are also drop in facilities across Inverclyde which provide staff the opportunity to discuss any concerns with a home care senior or collect any PPE on a weekly basis.

6.11 Providers hold regularly team meeting and staff meetings which is monitored during the contract monitoring process.

6.12 It is felt a workers panel across services would be very beneficial in enabling us to share practice and provide support. We will make a commitment to discuss with external partners to look at setting up the panel within a timescale of 6 months.'

7.0 FUTURE UPDATE

7.1 A further update of the ECC should include the above areas highlighted for additional monitoring. The next report should be submitted to Louise Long, Diana McCrone and Robyn Garcha (or SPF co-chair replacement) in October 2019 for inclusion at an appropriate SPF meeting.

7.2 The next report will consider the new governance arrangements and requested evidence provided by external providers. After the next update there should be consideration to yearly reports.

7.3 The issue of staff recruitment should also be considered as all providers are currently struggling to attract people to the service which is causing pressure. The changes to early years provision should also be considered as this is likely to impact on recruitment.

Robyn Garcha
UNISON Steward

Report To:	Health & Social Care Committee	Date:	28 February 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SW/17/2019/HW
Contact Officer	Helen Watson Head of Strategy & Support Services	Contact No:	01475 715285
Subject:	Audit Scotland Report - Health & Social Care Integration: Update On Progress		

1.0 PURPOSE

- 1.1 The purpose of this report is to share the recent Audit Scotland report on “Health & Social Care Integration: Update on Progress” with the Health & Social Care Committee and advise of the key areas relevant to the Council.

2.0 SUMMARY

- 2.1 Audit Scotland published their report “Health & Social Care Integration: Update on Progress” in November 2018, a copy of which forms Appendix 2 to this report. This is the 2nd of 3 reports intended to be issued in terms of Health & Social Care integration, the first of which was issued in December 2015 and can be accessed via this link: (<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration>).
- 2.2 There are no specific recommendations for local authorities to implement. However the report contains general recommendations and actions for all Councils to implement. Members should consider the content of this report, given that Council still retains statutory and operational responsibility for social work functions.
- 2.3 The Audit Scotland report has also been considered by the Integration Joint Board (IJB) and a summary of the recommendations requiring IJB action together with a note of the Inverclyde position and proposed timelines and responsible officers for any required local actions was agreed – see Appendix 1. This action plan will be monitored through the IJB Audit Committee.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health & Social Care Committee notes the Audit Scotland report on “Health and Social Care Integration: Update on Progress” and the Inverclyde position in relation to the report’s key messages as set out at Appendix 1 of this report.

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

4.0 BACKGROUND

4.1 The “Health & Social Care Integration: Update on Progress” report was published in November 2018. The report examines the effectiveness of governance arrangements in integration authorities.

5.0 KEY MESSAGES AND RECOMMENDATIONS

5.1 Key messages from the Health and Social Care Integration: Update on Progress report:

1. Integration Authorities (IAs) are operating in an extremely challenging environment. They have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but there is much more to be done.
2. Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.
3. Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.
4. Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. At both a national and local level, all partners need to work together to be more open about the changes that are needed to sustain health and care services in Scotland.

5.2 Recommendations from the Health and Social Care Integration: Update on Progress report:

The Scottish Government should:

- ensure that there is a consistent commitment to integration across government departments and in policy affecting health and social care integration.
- commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration.

The Scottish Government and COSLA should:

- ensure that there is appropriate leadership capacity in place to support integration
- increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively.
- urgently resolve difficulties with the ‘set-aside’ aspect of the Act.

- support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles.
- monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland.

Integration Authorities, councils and NHS boards should work together to:

- ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA
- monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.
- continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care.
- agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen.
- share learning from successful integration approaches across Scotland
- address data and information sharing issues, recognising that in some cases national solutions may be needed
- review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly.

5.3 The recommendations relating to the Scottish Government and COSLA are in line with current thinking within the Inverclyde HSCP, in particular, the need to resolve issues relating to the set aside budget.

- The Health & Social Care Committee should note the recommendation to “ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA”. Members might wish to scope the potential implications of this recommendation. When aspects such as workforce planning are considered alongside the recommendations from the other Audit Scotland Report (The NHS in Scotland) there are potentially mixed messages that need to be properly understood before making commitment to the recommendation.
- The other recommendations are in line with current Inverclyde practise.

6.0 IMPLICATIONS

6.1 FINANCE

There are no direct financial implications arising from 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

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

HUMAN RESOURCES

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

EQUALITIES

6.4 There are no equality issues within this report.

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.

The table below shows the recommendations that require the Council, IJB and Health Board to work together, with a note on the Inverclyde position/recommended action against each.

Audit Scotland Recommendation		Inverclyde Position/Proposed Action	Responsible Officer	Timeframe
Actions for Integration Authorities, Councils and NHS Boards working together				
1.	Ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA	Inverclyde is currently developing its Strategic Plan for 2019-23. The new plan will ensure alignment of all operational and strategic plans Linkages to system wide planning must also be maintained	Head of Strategy & Support Services	April 2019
2.	Monitor and report on Best Value in line with the Act	Inverclyde is already doing this through its Performance and Finance reports as evidenced by the Audit Scotland review of the 2017/18 IJB Accounts.	Chief Financial Officer/ Head of Strategy & Support Services	Already in place
3.	View finances as a collective resource for health and social care to provide the best possible outcomes for people who need support	Inverclyde already does this with integrated teams in place. Longer term we aim to do more of this but to enable this we need to have structures in place to allow the funding received to lose its identity while still allowing the funding partners to have assurance that their funding is being well used to best effect.	Chief Officer/ Chief Financial Officer to take forward with GG&C colleagues	Dec 2019
4.	Continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered	Further work being done on locality planning to deliver this, in line with IOIP locality planning arrangements.	Head of Strategy & Support Services	April 2019
Actions for Scottish Government, COSLA, councils, NHS boards and Integration Authorities working together				
5.	Support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more	Inverclyde already has a medium term financial plan in place for the IJB. We work closely with the Council and Health Board on financial planning to support future	Chief Financial Officer	Already in place

	community-based care	investment decisions. Longer term finance plans for the IJB are being developed in line with the Strategic Plan		
6.	Agree local responsibility and accountability arrangements	This is already in place and working well within Inverclyde. No significant issues or disputes locally about accountability arrangements.	Chief Officer	Already in place
7.	Share learning from successful integration approaches across Scotland	This is already happening. Officers from Inverclyde are involved in local and national networks which involve shared learning and best practice.	Senior Management Team	Already in place
8.	Address data and information sharing issues, recognising that in some cases national solutions may be needed	This is an ongoing issue for all parties and does cause excessive operational difficulties at times. A long term resolution of this would be welcomed but requires a national solution and funding to be identified	Chief Officer and Head of Strategy & Support Services to continue discussions with NHSGG&C and Inverclyde Council	April 2020
9.	Review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future.	More work on producing meaningful data around Set Aside and using data to improve performance.	Head of Strategy & Support Services for locality arrangements	April 2019

Health and social care series

Health and social care integration

Update on progress



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
November 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 


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-us/auditor-general 

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.

Contents

Key facts	4
Summary	5
Introduction	8
Part 1. The current position	10
Part 2. Making integration a success	23
Endnotes	40
Appendix 1. Audit methodology	41
Appendix 2. Advisory group members	42
Appendix 3. Progress against previous recommendations	43
Appendix 4. Financial performance 2017/18	47

Audit team

The core audit team consisted of Leigh Johnston, Neil Cartlidge, Christopher Lewis and Lucy Jones, under the direction of Claire Sweeney.

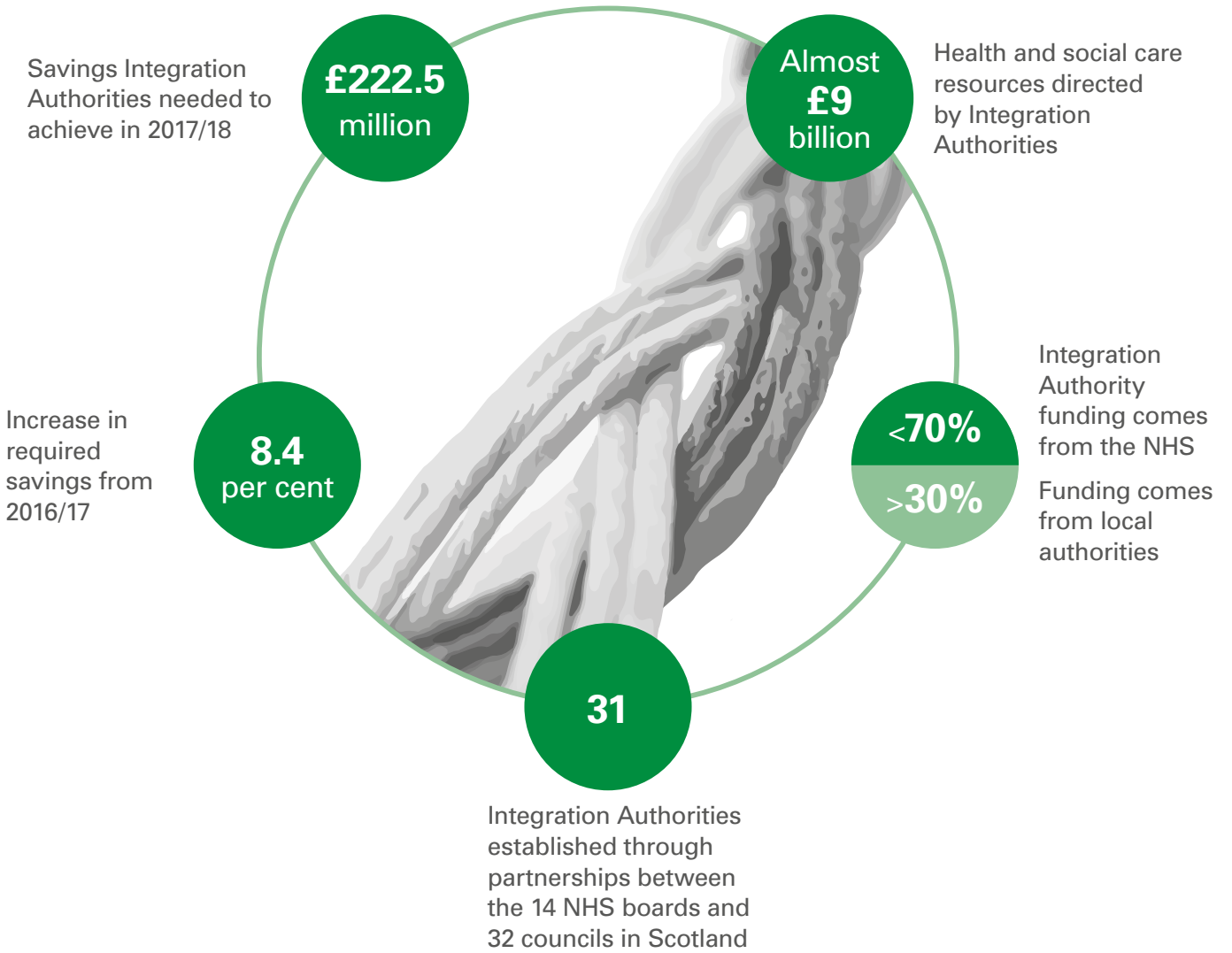
Links

-  PDF download
-  Web link

Exhibit data

When viewing this report online, you can access background data by clicking on the graph icon. The data file will open in a new window.

Key facts



Summary



Key messages

- 1** Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.
- 2** Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.
- 3** Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.
- 4** Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

several significant barriers must be overcome to speed up change

Recommendations

It is not possible for one organisation to address all the issues raised in this report. If integration is to make a meaningful difference to the people of Scotland, IAs, councils, NHS boards, the Scottish Government and COSLA need to work together to address six areas outlined below.

Commitment to collaborative leadership and building relationships

The Scottish Government and COSLA should:

- ensure that there is appropriate leadership capacity in place to support integration
- increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively.

Effective strategic planning for improvement

Integration Authorities, councils and NHS boards should work together to:

- ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA
- monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Government should:

- ensure that there is a consistent commitment to integration across government departments and in policy affecting health and social care integration.

Integrated finances and financial planning

The Scottish Government should:

- commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration.

The Scottish Government and COSLA should:

- urgently resolve difficulties with the 'set-aside' aspect of the Act.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care.

Integration Authorities, councils and NHS boards should work together to:

- view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.

Agreed governance and accountability arrangements

The Scottish Government and COSLA should:

- support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen.

Ability and willingness to share information

The Scottish Government and COSLA should:

- monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- share learning from successful integration approaches across Scotland
- address data and information sharing issues, recognising that in some cases national solutions may be needed
- review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly.

Meaningful and sustained engagement


Integration Authorities, councils and NHS boards should work together to:

- continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.
-

Introduction

Policy background

1. The Public Bodies (Joint Working) (Scotland) Act, 2014 (the Act) is intended to ensure that health and social care services are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care. The reforms affect everyone who receives, delivers and plans health and care services in Scotland. The Act requires councils and NHS boards to work together to form new partnerships, known as Integration Authorities (IAs). There are 31 IAs, established through partnerships between the 14 NHS boards and 32 councils in Scotland.

2. As part of the Act, new bodies were created – Integration Joint Boards (IJBs) ([Exhibit 1, page 9](#)). The IJB is a separate legal entity, responsible for the strategic planning and commissioning of the wide range of health and social care services across a partnership area. Of the 31 IAs in Scotland, 30 are IJBs and one area, Highland, continues with a Lead Agency model which has operated for several years. In Highland, the NHS board and council each lead integrated services. Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley. You can find more information about integration arrangements in our [short guide](#) .

3. Each IA differs in terms of the services they are responsible for and local needs and pressures. At a minimum, IAs need to include governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. In some areas, partners have also integrated children's services and social work criminal justice services. Highland Lead Agency, Dumfries and Galloway IJB, and Argyll and Bute IJB have also integrated planned acute health services. IAs became operational at different times but were all established by April 2016. The policy context for IAs is continually changing, and many policies have an impact on IAs, such as the new GP contract and changes to payments for social care services.

About this audit

4. This is the second of three national performance audits of health and social care integration following the introduction of the Act. The aim of this audit is to examine the impact public bodies are having as they integrate health and social care services. The report sets out six areas which need to be addressed if integration is to make a meaningful difference to the people of Scotland. This audit does not focus in detail on local processes or arrangements and it complements the programme of strategic inspections by the Care Inspectorate and Healthcare Improvement Scotland.¹ [Appendix 1 \(page 41\)](#) has more details about our audit approach and [Appendix 2 \(page 42\)](#) lists the members of our advisory group who provided help and advice throughout the audit.

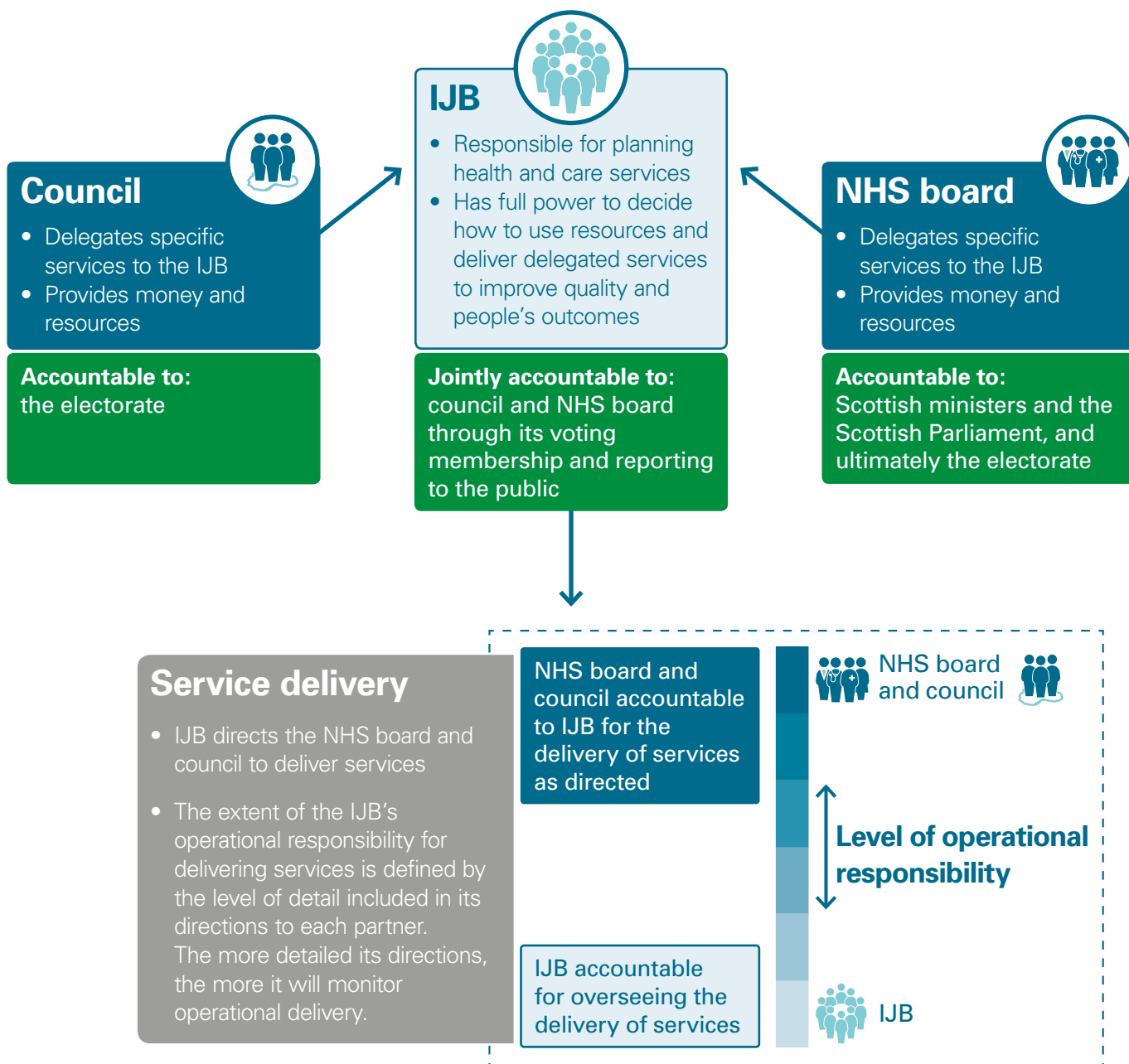


**the reforms
affect
everyone
who receives,
delivers and
plans health
and social
care services
in Scotland**

5. Appendix 3 (page 43) summarises progress against the recommendations in our first audit, which looked at transitional arrangements and highlighted several risks that needed to be addressed.² We will carry out a third audit in this series later in our work programme, which will report on the impact that integration has had and how health and social care resources are used.

Exhibit 1 Integration Joint Boards

There are 30 Integration Joint Boards across Scotland.



Part 1

The current position



Integration Authorities oversee almost £9 billion of health and social care resources

6. Our findings show that integration can work and that the Act can be used to advance change. Although some initiatives to integrate services pre-date the Act, there is evidence that integration is enabling joined up and collaborative working. This is leading to improvements in performance, such as a reduction in unplanned hospital activity and delays in hospital discharges. But there is much more to be done.

7. IAs are responsible for directing almost £9 billion of health and social care resources, money which was previously separately managed by NHS boards and councils ([Exhibit 2, page 11](#)). Over 70 per cent of this comes from the NHS, with the remainder coming from councils. As with councils and NHS boards, IAs are required to find efficiency savings from their annual budgets to maintain financial balance. Demands on services combined with financial pressures have led to many IJBs struggling to achieve this balance, with many needing additional financial contributions from partner organisations.

8. Each IA is underpinned by an integration scheme. This is the agreement between the council and the NHS board which shows how the IA will operate. For example, the scheme sets out arrangements for dealing with any budget overspends, which usually involves implementing a recovery plan. As local government bodies, IJBs can hold reserves if permitted by their integration schemes, although not all schemes allow this. Reserves are amounts of money that are built up from unspent budgets for use in future years. Generally, reserves are used for one of three purposes:

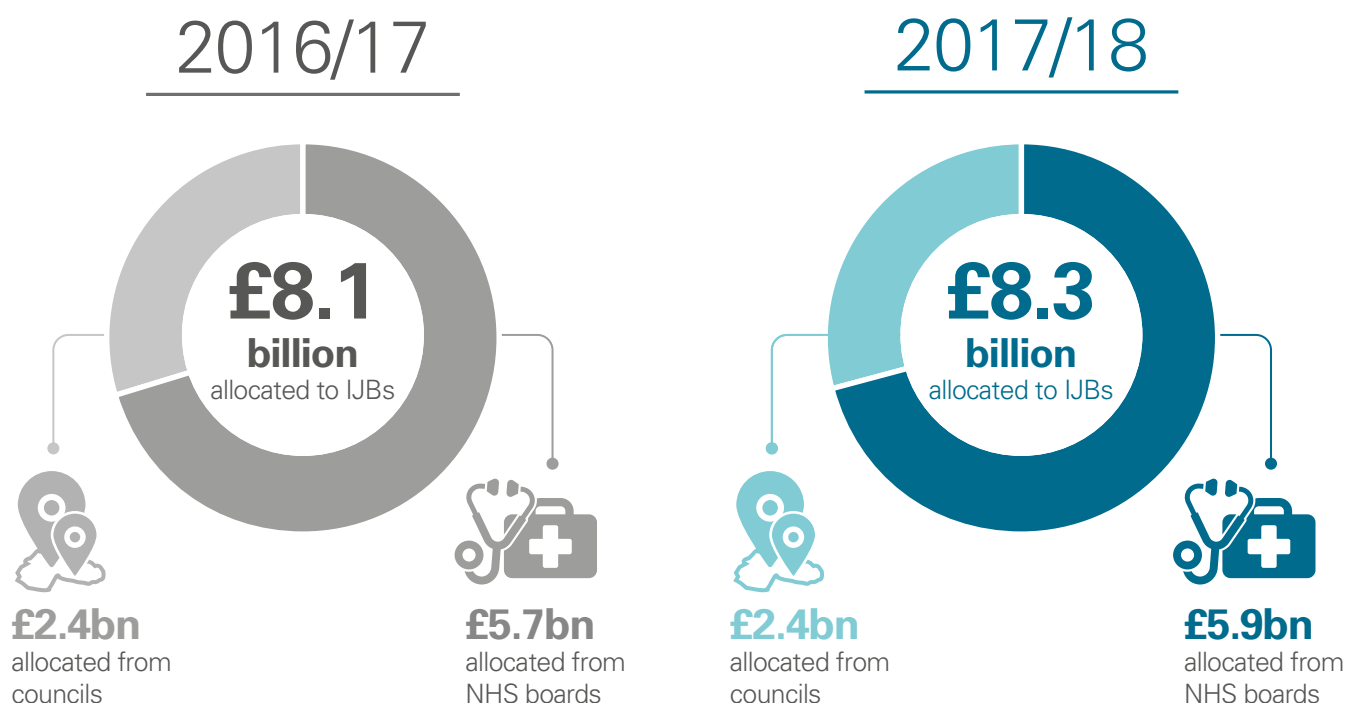
- as a working balance to help prevent the impact of uneven cash flows
- as a contingency to cushion the impact of unexpected events or emergencies
- held to fund known or predicted future requirements – often referred to as ‘earmarked reserves’.³

there is evidence that integration is enabling joined up and collaborative working

Exhibit 2

Resources for integration

IAs are responsible for directing significant health and social care resources.



Lead Agency – the allocation for Highland Health and Social Care Services was:
£595 million in 2016/17 | £619 million in 2017/18

Note: Council allocations in 2016/17 and 2017/18 include criminal justice social work contribution.

Source: Audit Scotland, 2018



Financial pressures make it difficult for IAs to make sustainable changes to the way services are delivered

9. The Act was intended to help shift resources away from the acute hospital system towards preventative and community-based services. However, there is still a lack of agreement about whether this is achievable in practice – or whether rising demand for hospital care means that more resource is needed across the system. We have seen some examples of small-scale changes in the balance of care, which are explored further in [Part 2 \(page 23\)](#). These examples show that change can be achieved, but IAs now need to take the next steps to achieve wider-scale impact on outcomes over the coming years.

10. IAs needed to achieve savings of £222.5 million in 2017/18. This is an increase of 8.4 per cent on the previous year and is 2.5 per cent of the total allocation to IAs from NHS boards and councils. The level of savings, as a percentage of IA income, varied from 0.5 per cent in Moray, Orkney, Renfrewshire and South Lanarkshire, to 5.3 per cent in Shetland and 6.4 per cent in Highland Lead Agency. In several instances, budgets were agreed at the start of the financial year based on achieving savings which had yet to be identified.

Financial position

11. It is not easy to set out the overall financial position of IAs. This is due to several factors, including the use of additional money from partner organisations, planned and unplanned use of reserves, late allocations of money and delays in planned expenditure. This makes it difficult for the public and those working in the system to understand the underlying financial position.

12. In 2017/18, IJBs reported an overall underspend of £39.3 million. This represented 0.4 per cent of their total income allocation for the year.⁴ However, this masks a much more complex picture of IJB finances. [Appendix 4 \(page 47\)](#) sets out more details about the financial position of IJBs in 2017/18. Many IAs have struggled to achieve financial balance at the year-end. The reasons for this vary but include rising demand for services, financial pressures and the quality of financial planning. In 2017/18, this resulted in several IJBs needing additional, unplanned allocations from their partners and adding to, or drawing on, reserves as follows:

- 17 needed additional money from NHS boards amounting to £33.3 million
- 11 needed additional money from councils amounting to £19.1 million
- eight drew on reserves amounting to £9.1 million
- 14 put money into reserves, amounting to £41.9 million.

13. Twenty-two IJBs are required by their integration schemes to produce a recovery plan if they forecast an overspend on their annual budget. Several IAs have had to produce recovery plans and are finding it harder to achieve the actions contained within them:

- In 2016/17, 11 IJBs needed to draw up a recovery plan. Of these, four IJBs achieved the actions set out in their recovery plans, but the remaining seven needed additional allocations from either their council or NHS board.
- In 2017/18, 12 IJBs needed to produce a recovery plan but only two achieved their recovery plans in full. In some cases, where additional allocations are required, the integration scheme allowed the NHS board or council to reduce the following year's allocation to the IJB by the same amount. In these circumstances there is a risk that IJBs will not have sufficient resources to deliver the services needed in future years.

14. An IA's integration scheme states how the IA will manage any year-end overspend and the responsibilities of the NHS board and council. For example, Fife IJB's integration scheme states that any overspend will be funded by partner bodies based on the proportion of their current year contributions to the IJB. In 2017/18, this meant that NHS Fife and Fife Council agreed to make additional contributions of 72 per cent and 28 per cent respectively.

15. The Highland Lead Agency model is also facing financial pressures. In 2017/18, NHS Highland overspent on adult social care services by £6 million. This was largely due to pressures on Highland Lead Agency adult social care services. This contributed to NHS Highland needing a loan of £15 million from the Scottish Government in 2017/18. Due to the way the Lead Agency model was established and the underlying agency agreement, the risks all rest with NHS Highland. Any increases in costs must be met by the NHS board.

16. Fourteen IJBs reported underspends in 2017/18 and these have arisen for a variety of reasons, for example: achieving savings earlier than expected; contingencies not being required; slippages in spending plans and projects; and staff vacancies.

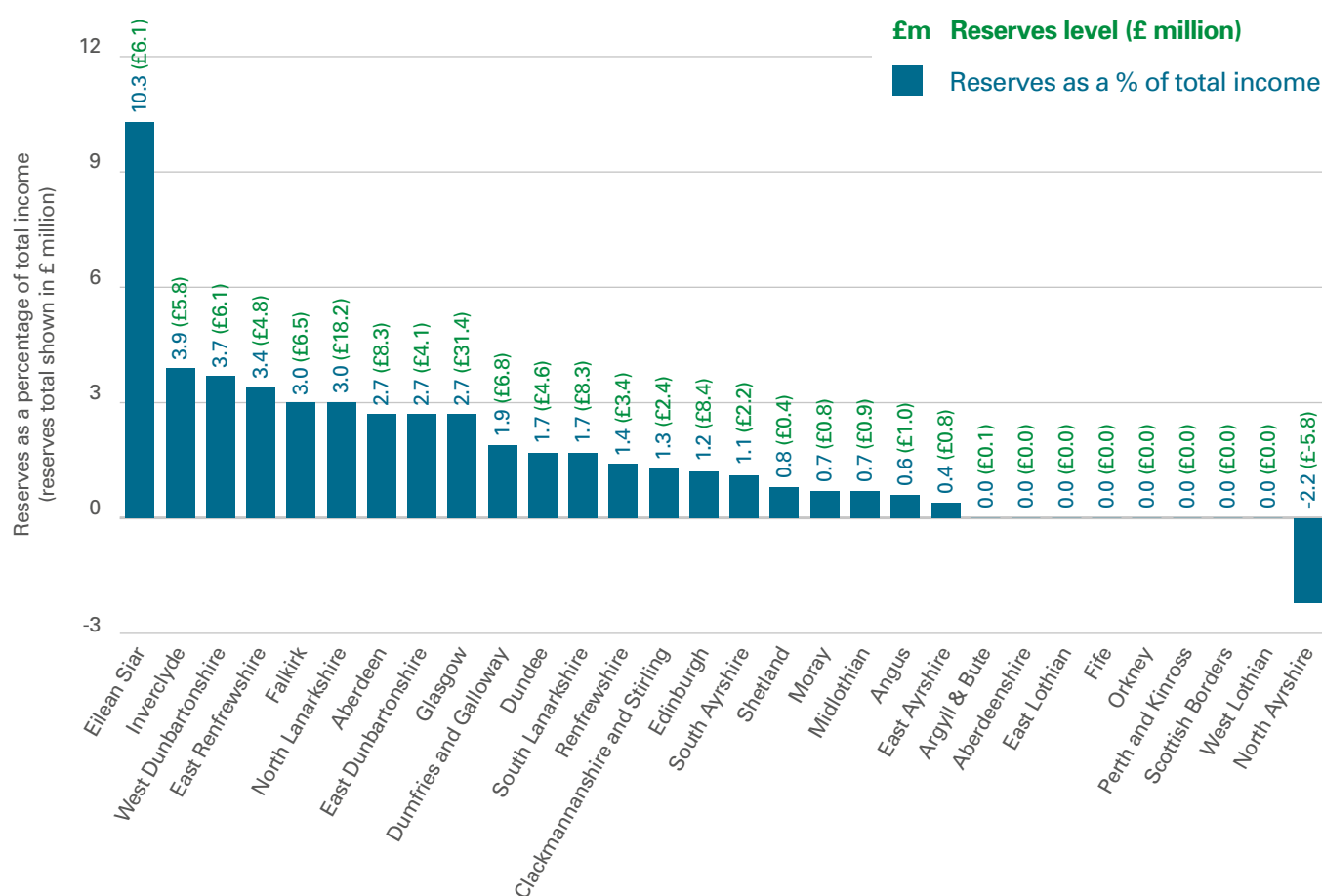
Reserves

17. The level of reserves held varies across IJBs, and not all integration schemes allow IJBs to hold reserves (**Exhibit 3**). In 2017/18, IJBs had built up reserves of £125.5 million, 1.5 per cent of their total income. This is not always a planned approach, and in some areas, reserves have arisen for several reasons including: the IJB receiving a late allocation of money; unspent strategic funding; staff vacancies; or year-end timing differences where money is received and allocated but unspent. Eilean Siar held the highest level of reserves as a percentage of its income at 10.3 per cent. The pressures on IJB budgets and the savings they need to achieve are significant, therefore the level of reserves in 2017/18 is not forecast to continue in future.

Exhibit 3

Reserves held by IJBs in 2017/18

There are significant differences in the levels of reserves held by IJBs.



Source: Integration Authority annual accounts, 2017/18



Hospital services have not been delegated to IAs in most areas


18. A key part of the reforms is that IJBs would direct some services provided directly within acute hospitals, to move care closer to people's homes and provide more joined-up care. Integration schemes, as approved by ministers, state that hospital services will be delegated to the IJB, as required under the Act. However, in practice, in most areas, the services have not been delegated. This has been a major source of debate and disagreement at a national and local level and is a fundamental issue which will hinder IJBs' ability to change the system.

19. The money for functions that are provided by large hospitals but are delegated to IJBs, such as unplanned care, is referred to as a 'set-aside' budget. Instead of paying this money to the IJBs along with payment for other delegated services, it is identified as a budget which should be directed by the IJB. The complexities around accurately preparing set-aside budgets has presented challenges to fulfilling this element of the Act. To date, the set-aside aspect of the Act is not being implemented. In line with Scottish Government guidance, NHS boards continue to manage the set-aside as part of their own resources.

20. In 2017/18, £809.3 million was included within IJBs' budgets for set-aside (where they were able to include a set-aside figure). This is 9.0 per cent of IJBs' income and is therefore a significant element of the health and social care budget that is not being directed by the IJBs. If IJBs are to use resources more strategically to prioritise prevention and care in a community setting, this issue needs to be resolved.

21. There are several reasons why all partners have struggled with this aspect of the Act, including fundamental issues in the data available to analyse set-aside-related activities. However, these technical issues do not appear to be the main issue. The main problem is a lack of common understanding and agreement on how to identify the set-aside budget and shared agreement on how to implement this aspect of the legislation.

Monitoring and public reporting on the impact of integration needs to improve

22. The context for integration is challenging, with many public bodies trying to work in partnership to achieve major changes while at the same time managing rising demand for services, financial pressures and continuing to deliver services and treat people. As we reported in [NHS in Scotland 2018](#) , the number of patients on waiting lists for treatment continues to rise while performance against targets is declining and an increasing number of NHS boards are struggling to deliver with the resources they have.⁵ We have also reported that local government operates in an increasingly complex and changing environment with increasing levels of uncertainty.⁶

23. A significant number of measures are being used to monitor national and local progress which means IAs are reporting against a range of different measures to demonstrate progress ([Exhibit 4, page 16](#)). For the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way.

24. It is important that the Scottish Government can demonstrate that resources provided have led to improvements in outcomes, in line with its national health and wellbeing outcomes. These outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration. These national outcomes are not being routinely reported at a national level, although IAs refer to them as part of their annual performance reports.

25. The Scottish Government introduced the National Performance Framework (NPF) in 2007 and launched a new framework in 2018. The NPF is made up of 11 national outcomes, each with indicators and aligned to the United Nations' sustainable development goals. There is a clear alignment between the aims of integration and several of the outcomes and indicators.⁷

26. The Ministerial Strategic Group for Health and Community Care brings together representatives from the Scottish Government, NHS, local government and IAs to monitor a set of six national indicators. These are used as indicators of the impact of IAs ([Exhibit 5, page 18](#)). These measures focus on the aim of integration helping to care for more people in the community or their own homes and reducing unnecessary stays in hospital. While these measures focus on health, performance can only improve with input from health and social care services. One of the six national indicators is supported by two measures: A&E attendances and achievement of the four-hour A&E waiting time target ([3a and 3b at Exhibit 5, page 18](#)).

27. Four of the indicators show improved performance, but there is significant local variation in performance between IAs. The performance measures do not themselves provide a direct indication of whether people's outcomes have improved, although they do represent key aspects of care which should ultimately improve people's lives.

Exhibit 4

Health and wellbeing outcomes and indicators

A significant number of measures are being used to monitor local and national progress.



National Performance Framework

Purpose

To focus on creating a more successful country, with opportunities for all of Scotland to flourish, through sustainable and inclusive economic growth

Values

We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way

11 outcomes and 81 national indicators, for example:

- ✔ **Outcome:** We are healthy and active
- ✔ **Indicators:** Healthy life expectancy, mental wellbeing, healthy weight, health risk behaviours, physical activity, journeys by active travel, quality of care experience, work-related ill health, premature mortality
- ✔ **Sustainable development goals:** gender equality, reduced inequalities, responsible consumption and production, good health and wellbeing



9 national health and wellbeing outcomes

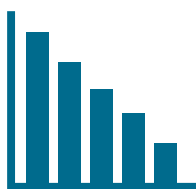
- ✔ People are able to look after and improve their own health and wellbeing and live in good health for longer
- ✔ People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting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

Exhibit 4 (continued)



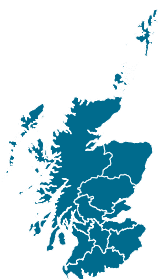
12 principles within the Act

- ✓ Be integrated from the point of view of the people who use services
- ✓ Take account of the particular needs of service users in different parts of the area in which the service is being provided
- ✓ Respect rights of service users
- ✓ Protect and improve the safety of service users
- ✓ Improve the quality of the service
- ✓ Best anticipate needs and prevent them arising
- ✓ Take account of the particular needs of different service users
- ✓ Take account of the particular characteristics and circumstances of different service users
- ✓ Take account of the dignity of service users
- ✓ Take account of the participation by service users in the community in which service users live
- ✓ Is planned and led locally in a way which is engaged with the community
- ✓ Make best use of the available facilities, people and other resources



6 national indicators

- ✓ Acute unplanned bed days
- ✓ Emergency admissions
- ✓ A&E performance (including four-hour A&E waiting time and A&E attendances)
- ✓ Delayed discharge bed days
- ✓ End of life spent at home or in the community
- ✓ Proportion of over-75s who are living in a community setting



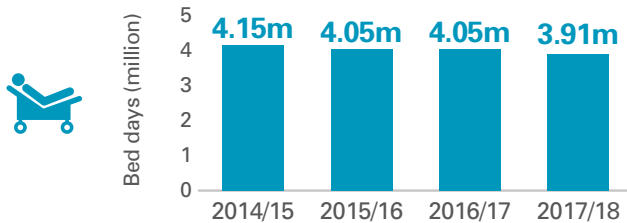
Various local priorities, performance indicators and outcomes

Exhibit 5

National performance against six priority areas

National performance shows signs of improvement in some of the six key national indicators.

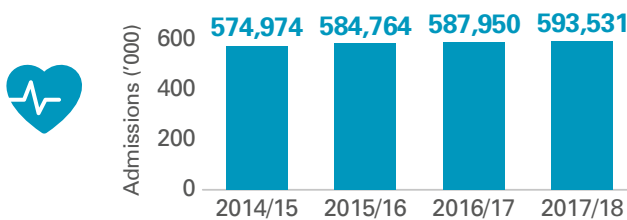
1. Acute unplanned bed days



Integration aims to reduce unplanned hospital activity

The number of acute unplanned bed days has reduced since 2014/15

2. Emergency admissions

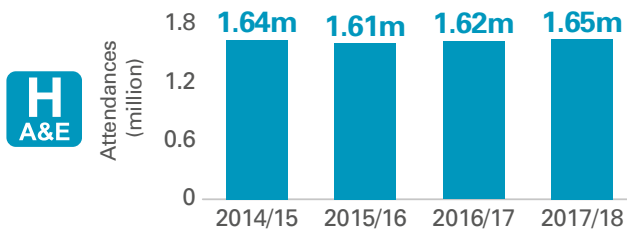


Integration aims to ensure that people's health and care needs are anticipated and planned appropriately, reducing unplanned hospital activity

The number of emergency admissions has risen each year since 2014/15

In 2017/18, local performance varied from 0.08 emergency admissions per head of population in NHS Orkney to 0.15 in NHS Ayrshire and Arran

3a. A&E attendances

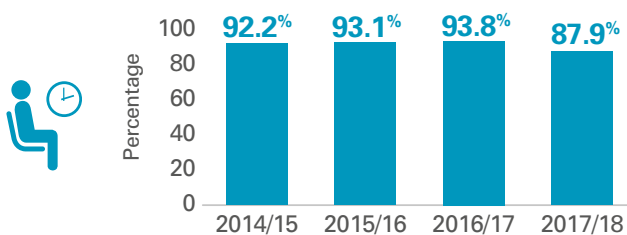


A&E attendances can be an indication of the degree to which community services are helping people receive care in the right place at the right time.

The number of A&E attendances has marginally increased since 2014/15

In 2017/18, local performance varied from 0.2 A&E attendances per head of population in NHS Grampian to 0.4 in NHS Greater Glasgow and Clyde

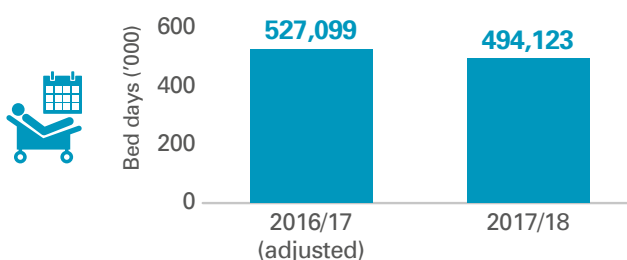
3b. Achievement of the four-hour A&E waiting time target



The achievement of the four-hour waiting time target has declined since 2014/15

Local performance varied in 2017/18 from 98.0% NHS Tayside to 75.4% NHS Lothian

4. Delayed discharge bed days (for population aged 18+)



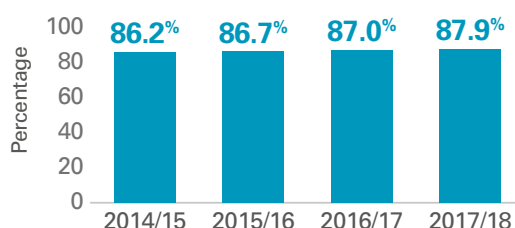
Reducing delays in discharging people from hospital has been a long-standing aim for health and care services. With rising demand, some areas have struggled with this. Due to changes in data collection, comparable data is only available for two years.

Delayed discharge rates have fallen since 2016/17

In 2017/18, local performance varied from 2.5% in Inverclyde to 26.5% in Eilean Siar delayed discharge bed days as a percentage of their population (18+)

Exhibit 5 (continued)

5. End of life spent at home or in the community

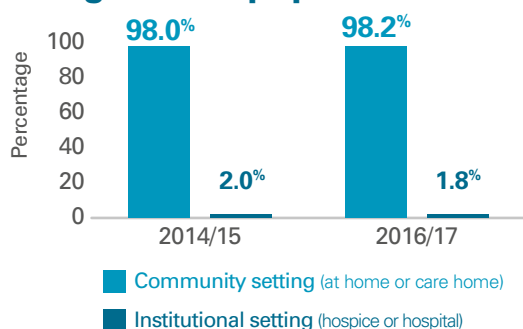


Integration aims to support people with health and care needs in their own home or in a community setting, especially at the end of life.

A gradual increase in the percentage of people's time spent at home or in a homely setting at the end of their life

In 2017/18, local performance varied from 95.1% of people's time spent at home or in a homely setting at the end of their life in Shetland to 85.2% in East Renfrewshire

6. Percentage of 75+ population in a community or institutional setting



Integration aims to shift the balance of care from an institutional setting to a community setting.

There has been a slight increase in the percentage of individuals aged over 75 who are living in a community setting. This is in line with the intentions of the Act.

Notes:

Indicator 1

- These statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals in Scotland. Only patients treated as inpatients or day cases are included. The speciality of geriatric long stay is excluded.
- Bed days for each year have been calculated based on the year in which the bed days were occupied. This differs from other analysis where length of stay or occupied bed days are reported by the year of discharge.
- Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency or urgent admission.
- The Scotland total presented is the sum of all those resident in IA areas and excludes non-Scottish residents.
- Approximately a quarter of IAs returned figures for people aged over 18 only. Where this is the case, bed days from 2016/17 for people aged under 18 in those partnerships have been applied to 2017/18 figures.
- Based on data submitted to ISD in August 2018.

Indicator 2

- ISD published data as at September 2018.

Indicator 3a

- ISD published data as at August 2018.

Indicator 3b

- ISD published data as at June 2018.
- Performance for the month ending March for each year.

Indicator 4

- ISD published data as at September 2018.
- 2016/17 figures adjusted to reflect revised definitions across the whole year.

Indicator 5

- ISD published data as at October 2018.

Indicator 6

- Percentage of 75+ population in a community or institutional setting:
 - Community includes the following:
 - Home (unsupported) – refers to the percentage of the population not thought to be in any other setting, or receiving any homecare, on average throughout the year.
 - Home (supported) – refers to the percentage of the population estimated as receiving any level of homecare. Estimated from social care census carried out at the end of the reporting year (eg, Census carried out in March 2014 used to estimate home (supported) population during 2013/14).
 - Resident in a care home – based on care home census at the end of the reporting year (eg, Census at 31 March 2014 used to estimate 2013/14 care home population). The care home data is based on long-stay residents only. The proportion of incomplete long-stay residents aged 75+ cannot be calculated. Therefore, a scaling factor, based on the 65+ proportions, has been employed for the 75+ data. This assumes that there is the same degree of incompleteness in the census data returned for adults in each of the age bands.
 - Institutional includes the following:
 - Average population in hospital/hospice/palliative care unit throughout the year.
 - Hospital includes both community and large/acute hospitals.
 - Hospice activity is based on SMR records and will be incomplete as not all hospices submit this information.
- Figures provided by ISD.

General

- Population figures used taken from the National Records of Scotland mid-2017 estimates published in 2018.
- Figures relate to all ages unless otherwise stated.



Integration Authorities' performance reports show local improvement

28. IAs are required to publish annual performance reports which contain information on local priorities and a range of local initiatives ([Exhibit 6](#)). These reports are an important way for IAs to inform the public about how well they have been performing against their stated priorities. The improvements that are set out in the performance reports are welcome and current pressures across the system have made them difficult to achieve. However, core indicators of performance are not improving in all areas of Scotland and nationally it is clear that there is much more to be done.

Exhibit 6

Examples of impact from integration

IAs have set out a number of local improvements in their performance reports.



Prevention and early intervention

Dumfries and Galloway

The D&G Handyvan provides information, advice and practical assistance with adaptations to people's homes. This is available to disabled people of any age and older people aged 60 and over. People are also supported to access financial assistance for major adaptations. This service helps people to feel more confident about continuing to live independently in their own home and to feel safe and secure in their home. People are less likely to have a fall, have improved health and wellbeing, and have a better quality of life. Often adaptations support people to be better connected with their friends and family and their wider community. 1,626 referrals were received during 2017/18. These resulted in 2,149 tasks being carried out by the service. 808 people were referred to prevent a fall, 577 people for home security, 16 people for minor adaptations and 225 people for small repairs.

Dundee

Social prescribing 'Sources of Support' (SOS) is one means of supporting people to better manage their health conditions. Link workers, working within designated GP practices, take referrals for people with poor mental health and wellbeing affected by their social circumstances and support them to access a wide range of non-medical services and activities that can help. In 2017/18, 256 patients were referred to three link workers and 220 people were supported. An external evaluation demonstrated that the service had a positive impact on both clients and on GPs themselves. 65 per cent of patient goals were met and 84 per cent had some positive outcome, including decreased social isolation, improved or new housing, financial and benefits issues being addressed, and increased confidence, awareness and self-esteem.

Outcomes from a GP perspective include reduced patient contact with medical services, providing more options for patients, raising awareness of non-clinical services, and increased GP productivity. 2017/18 saw a major scale-up of the SOS scheme through the Scottish Government Community Link Worker programme, extending the service from four GP practices to 16.



Delays in people leaving hospital

East Ayrshire

The Red Cross Home from Hospital Service supported about 1,700 people in 2017/18. The service is delivered across Ayrshire and Arran from University Hospitals Crosshouse and Ayr and supports people to be discharged as early as possible, reducing their length of stay and re-settling them in their home. Once home, the service helps to prevent falls and reduce social isolation, supporting people to regain their confidence, skills for living independently and organises telecare to support families to continue to care. A total of 1,730 bed days have been saved, equivalent to £302,750. 73 admissions to hospital have been avoided, and 625 bed days saved, equivalent to £109,375.

Perth and Kinross

There have been increases in staffing within social care discharge teams, Perth Royal Infirmary liaison services, and care home nursing. This, alongside improved funding procedures for care home placements, has supported speedier discharge to a care home setting or repatriation to such. There has been a reduction of 2,391 (12.5 per cent) delayed discharge bed days between 2016/17 and 2017/18 to 16,785.

Exhibit 6 (continued)



Preventing admission to hospital

East Dunbartonshire

Rapid Response Service has established a different referral route for patients between A&E and the Community Rehabilitation Team to provide next-day response. During 2017/18, the service prevented approximately 33 per cent of people referred being admitted to hospital.

South Ayrshire

The Intermediate Care Team provide rapid multidisciplinary team support to people to support them to return home from acute hospital and to remain at home through GP referral. In particular, they have worked closely to establish pathways with the Combined Assessment Unit to prevent admission. The service provided by the Intermediate Care Team resulted in 674 hospital admissions being avoided and 301 early supported discharges during 2017/18. It is estimated locally that each avoided hospital admission saves five hospital bed days and each supported discharge saves three hospital bed days. Overall, it is estimated that the intervention provided by the Intermediate Care Team saved 3,370 bed days due to avoided admissions and 903 bed days due to early supported discharges.

Aberdeenshire

Set up in 2016, Aberdeenshire's Virtual Community Ward (VCW) aims to avoid unnecessary hospital admissions through bringing together multidisciplinary health and social care teams who provide care for patients who need regular or urgent attention. This GP-led approach involves the teams working closely together, generally meeting daily under a huddle structure. They identify and discuss vulnerable/at risk patients and clients, and coordinate, organise and deliver services required to support them. The VCW identifies individuals who need health and social care services at an earlier stage, which can improve patient outcomes and experience. Based on an evaluation carried out by the VCW team, 1,219 hospital admissions have been avoided because of the VCWs.



Referral/ care pathways

Aberdeenshire

During 2017/18 a test of change was carried out in one GP practice to trial people's first appointment with a physiotherapist rather than a GP. Ongoing evaluation suggests that this has been successful and has proved popular with patients who now have immediate access to a physiotherapist for assessment and advice. If follow up is required, this can be booked at the time. 221 people have been directed to the physiotherapist first; only 58 per cent required a face-to-face appointment and 26 per cent were discharged following telephone advice.

Renfrewshire

Over the past three years, the Primary Care Mental Health Team (Doing Well) has introduced a self-referral route to the service. This has led to a decrease in clients attending a GP to be referred to the mental health team. The number of self-referrals to the service has increased from 207 in 2013/14 to 1,237 in 2017/18. This self-referral route has successfully redirected work away from GP surgeries.

Midlothian

An advanced practitioner physiotherapist for Chronic Obstructive Pulmonary Disease (COPD) was appointed to support people attending hospital frequently because of their COPD to help them manage their symptoms at home and avoid admission to hospital. In the first year the service has worked with 65 patients and successfully avoided 30 hospital admissions. This delivered a potential reduction of 520 days spent in hospital by Midlothian residents and a much better patient experience. It was also a more cost-effective approach to delivering services for the partnership.

Exhibit 6 (continued)



Reablement

Falkirk

A Reablement Project Team (RPT) was developed in Social Work Adult Services Assessment and Planning service in January 2017 to test out various reablement approaches and processes. The team consists of occupational therapists (with community care worker background) and social care officers. The reablement team support service users for up to six weeks. Individuals are reviewed on a weekly basis and care packages are adjusted as the person becomes more independent. Fewer people required intensive packages at the end of six weeks, which has freed up staff time and has reduced the use of external providers. Early indications suggest this work has led to a £200,000 reduction in purchasing care from external homecare providers.

Scottish Borders

The Transitional Care Facility based within Waverley Care Home is a 16-bed unit which allows older people to regain their confidence and independence so that they can return to their own homes following a stay in hospital. The facility is run by a multidisciplinary team of support workers, allied health professionals and social workers. 81 per cent of individuals discharged from Transitional Care return to their own homes and the hospital readmission rate for these individuals is six per cent.



Pharmacy

South Lanarkshire

The pharmacy plus homecare initiative has created an opportunity to amend consultant and GP prescribing practices. A reduction in prescribing can lead to less homecare visits. The IA estimates that savings could be in the region of £1,800 per patient (within the trial).

Angus

The Angus IA has improved how care homes manage medication. A new process developed by a Locality Care Home Improvement Group with GPs and pharmacy has led to zero medication waste in care homes.

Part 2

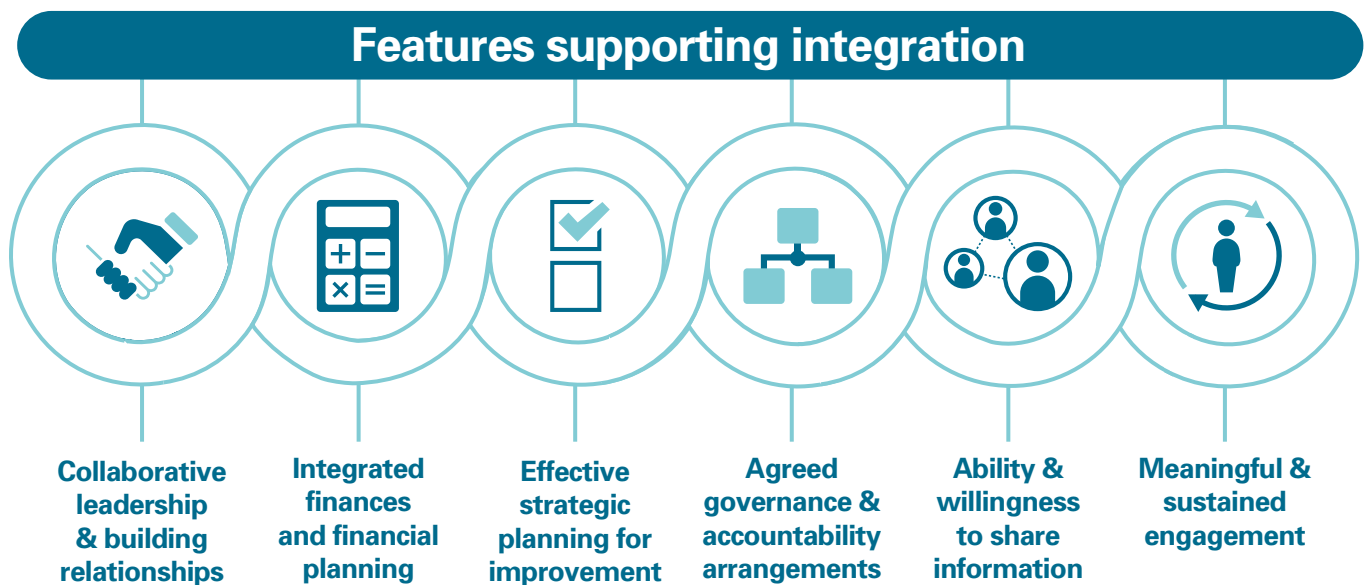
Making integration a success

29. IAs are addressing some significant, long-standing, complex and inter-connected issues in health and social care. Our work has identified six key areas that, if addressed, should lead to broader improvements and help IAs to take positive steps toward making a systematic impact on health and care outcomes across their communities ([Exhibit 7](#)).

Exhibit 7

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland.



Source: Audit Scotland

A lack of collaborative leadership and cultural differences are affecting the pace of change

30. High-quality leadership is a critical part of the success of an organisation or programme of reform. Given the complexity of health and social care integration, it is important that leaders are highly competent, have capacity to deliver and are well supported. For transformation to succeed, the right leadership and strategic capacity need to be in place. Without this, the reforms will not succeed. We identified several risks in this area which need to be addressed:

- A significant number of IAs have had leadership changes with 57 per cent having had changes in their senior management team. As at October 2017, seven IJBs have a different Chief Officer (CO) in post than two years previously.
- There is significant variation in the role and remuneration of COs and Chief Financial Officers (CFO). Many have dual roles with positions held in partner organisations and there is a mix of full and part-time CFOs. This is a significant challenge, given the scale of the task facing IAs and the strategic role COs and CFOs have in directing change. In 2017/18, £3 million was spent on IJBs' CO remuneration and there are differences in salary levels, in part reflecting differences in roles and responsibilities.
- There is evidence of a lack of support services for IAs, in relation to HR, finances, legal advice, improvement, and strategic commissioning. This will limit the progress that they are able to make. It is important that the partner bodies support the IJB, including support services.

31. Top-down leadership which focuses on the goals of a single organisation does not work in the context of integration. NHS Education Scotland has described 'systems leaders' as having an ability to 'have a perspective from the wider system. They recognise that it is necessary to distribute leadership responsibilities to bring about change in a complex interdependent environment...They change the mind-set from competition to cooperation. They foster dialogue... which can result in new thinking... When leadership involves such a collective endeavour, the way people see their accountability matters.'⁸ A lack of collaborative systems leadership and difficulties in overcoming cultural differences are proving to be significant barriers to change.

32. Leaders from all partners are operating in a complex and continually changing landscape and, without appropriate support in place, cannot fulfil their role effectively. Leaders need support if they are to deliver public services to improve wider outcomes and work collaboratively across organisational boundaries. This is hard to achieve, especially where there have been changes in key staff and local politicians, and in the context of the current financial and performance pressures. Accountability arrangements are important to encourage and incentivise the right kinds of leadership characteristics.

33. Cultural differences between partner organisations are proving to be a barrier to achieving collaborative working. Partner organisations work in very different ways and this can result in a lack of trust and lack of understanding of each other's working practices and business pressures. In better performing areas, partners can identify and manage differences and work constructively towards achieving the objectives of the IA. Overcoming cultural differences and improving understanding of each other's businesses will help partner organisations progress towards integration, particularly regarding integrated finances. Joint leadership development for people working in NHS boards, councils and IJBs can help with this. [Exhibit 8 \(page 25\)](#) provides an overview of the common leadership traits which are important in integrating health and social care services.

Exhibit 8

Traits of effective collaborative leaders

There are a number of leadership traits which are important in integrating health and social care services.



Influential leadership

- Clear and consistent message
- Presents a positive public image
- Ability to contribute towards local and national policy
- Shows an understanding of the value of services



Ability to empower others

- Encourages innovation from staff at all levels
- Non-hierarchical and open to working alongside others
- Respectful of other people's views and opinions
- Inspiring to others
- Creates trust
- Willing to work with others to overcome risks and challenges



Promotes awareness of IA's goals

- Confidence and belief in new technology to facilitate progress
- Facilitates planning of sustainable services
- Recruitment of staff to fit and contribute to a new culture
- Sets clear objectives and priorities for all
- Develops widespread belief in the aim of the integrated approach to health and social care



Engagement of service users

- People who use services feel able to contribute to change
- Ability to facilitate wide and meaningful engagement
- Open to and appreciative of ideas and innovation
- Ensures voices are heard at every level
- Transparent and inclusive



Continual development

- Encourage learning and development, including learning from mistakes
- Belief in training and understanding of who could benefit from it
- Encourage innovation, debate and discussion
- Driven to push for the highest quality possible

34. We have seen examples of good collaborative and whole-system leadership, including in Aberdeen City, where relationships have been built across the partnership. Although differences of opinion still exist and there is healthy debate, Aberdeen City is now better placed to implement widespread changes to improve outcomes. We saw:

- the promotion of a clear and consistent message across the partnership
- a willingness to work with others to overcome differences
- recruitment of staff to fit and contribute to a new culture
- development of openness and appreciation of ideas
- encouragement of innovation, learning and development, including learning from mistakes.

35. The Scottish Government and COSLA are co-chairing a group involving leaders from across councils and NHS boards. The aim of the group is to identify and overcome barriers to integration. The group has produced a joint statement on integration, confirming the shared responsibility of the Scottish Government, NHS Scotland and COSLA for ensuring the successful integration of Scotland's health and social care services. The statement acknowledges that the pace of integration needs to improve, and that the group needs to work together to achieve integration and to overcome challenges to better meet people's health and social care needs. The group is developing further support and training to support leadership for integration. The Scottish Government and COSLA are also co-chairing an Integration Review Reference Group. This group is reviewing progress on integration and will report its findings to the Ministerial Strategic Group for Health and Community Care. The group will conclude its work in January 2019. We will continue to monitor any actions resulting from the work of the group.

Integration Authorities have limited capacity to make change happen in some areas

36. IJBs are very small organisations, all of which have a CO and a CFO. Not all IJBs have the support they need, for example only half of IJBs have a full-time CFO and there have been difficulties in filling those posts in some areas. Each IJB has a chair and vice chair, but we have been told that many IJBs rely on its members working much more than contracted hours, and chairs and vice chairs have told us that they struggle to attend to IJB business during contracted time. Each IJB is made up of voting and non-voting members.

37. Typically, an IJB meets about six times a year. The IJB also has one or more Strategic Planning Group, which are consulted and give feedback on strategic plans and significant changes to integrated functions. For this structure to work, the IJB needs to draw on, and be supported by, skills and capacity from its partner NHS board and council. This can lead to a reliance on information and advice being provided by the statutory partner organisations which influences the decisions made by the IJB. In areas where information is being shared across the partnership, we can see that more progress is being made with integration. We saw this happening in Aberdeen City IJB, where senior officer and finance officer groups bring together staff from across partner organisations to share information and skills which are essential for joint decision-making. If this does not happen, the IJB has less capacity to make change and address challenges.



What is integration?
A short guide to the integration of health and social care services in Scotland



IJB membership
(page 10)

38. We saw several barriers affecting the way that IJBs are operating, and more action is needed to increase knowledge and understanding of those involved in the decision-making process:

- Topics for discussion at IJB and committee meetings are affected by problems with both the lack of time available and with people's knowledge.
- IJB papers are often lengthy and issued to members within timescales that do not allow for proper consideration.
- Papers are often technical and contain complicated financial information that lay representatives and representatives from voluntary sector bodies may struggle to understand.
- Officers are limited in the time available to provide IJBs with information. Many officers of the IJB fulfil their role alongside roles held within statutory partner bodies.
- High turnover of people in key positions in IJBs has affected the skills available and has led to a lack of continuity and extra time being spent in building trust and relationships.

Good strategic planning is key to integrating and improving health and social care services

39. In the past, health and social care services have not linked the resources they have to their strategic priorities or longer-term plans. IAs still have work to do to ensure that priorities are linked to available resources, and to demonstrate that new ways of working will be sustainable over the longer term. IAs can only achieve this change with the support and commitment of NHS boards and councils.

40. IJBs, with the support of council and NHS board partner bodies, should be clear about **how** and **when** they intend to achieve their priorities and outcomes, in line with their available resources; and ultimately how they intend to progress to sustainable, preventative and community-based services. This includes working with NHS boards and councils to: agree which services will be stopped or decommissioned to prioritise spend; plan effective exit strategies from current ways of delivering services; and being clear how they will measure improvements in outcomes. Exit strategies are an important element in the ability to move from one service provision to another.

41. Scenario planning will help IAs build a picture of what they will need in the future. This involves looking at current trends, such as the effects of an ageing population, current lifestyles and future advances in health and social care. IAs should then use this analysis to anticipate potential changes in future demand for services and any related shortfalls in available finances. Strategic planning groups of the IJB have a role to play in ensuring the needs of the community are central to service decisions ([Case study 1, page 28](#)).

Case study 1



Shetland Scenario Planning

As part of its Strategic Commissioning Plan, the Shetland IA identified a growing gap between service demand and resources. To support strategic planning, NHS Shetland hosted a session with health and social care staff, IJB representatives, NHS board representatives, councillors, community planning partners, third-sector organisations and representatives of people using services. It considered several high-level scenarios:

1. the lowest level of local healthcare provision that it could ever safely and realistically imagine being delivered on Shetland 5-10 years from now
2. a lower level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step down' from where it is now in terms of local service delivery
3. a higher level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step up' from where it is now in terms of local service delivery
4. a future that describes the highest level of local healthcare provision that it could ever realistically imagine being delivered on Shetland 5-10 years from now.

The group then concentrated on scenarios 2 and 3 and explored them in more detail.

This systematic approach towards strategic planning, involving a wide variety of stakeholders, allowed them to build consensus on the main priorities of the IJB. The key outputs from the scenario planning exercise involved clear actions that were linked to a wide range of plans and policies. The key messages from the scenario planning formed discussion points within the IJB meetings. Actions identified were then incorporated into the business programme and an action tracker is a standing agenda item.

Source: Shetland IJB, 2018

42. Although strategic planning is the statutory responsibility of the IAs, councils and NHS boards should fully support the IJB and provide the resources needed to allow capacity for strategic thinking. In addition, the Scottish Government has an important role to play in leading and enabling change to take place. There must be a consistent message and understanding of integration, but this is not always the case. For example, the current move towards some aspects of health planning taking place at a regional level is causing uncertainty for IAs. Many IAs are unclear as to how this fits with the need for local strategic planning and decision-making. For IAs to think long term, they must have confidence that Scottish Government policy will support integrated thinking.

43. Strategic planning also helps to encourage and promote joined-up working and a commitment to scaling up new ways of working. Angus IJB has shown a strong long-term commitment to its enhanced community support model. This has now been implemented in three of its four locality areas and therefore has the potential for long-term impact on people's outcomes ([Case study 2, page 29](#)).

Case study 2



Angus – Enhanced community support model

Angus IJB's Enhanced Community Support (ECS) workstream involves several multi-professional teams working together, including the third-sector. The teams provide care and support in people's own homes so that, where possible, hospital admission is avoided. As a result, staff can be more proactive, coordinate care and make referrals for additional support more quickly. The teams also hold weekly meetings to review the care that is being provided in a more coordinated way.

ECS has increased community and primary care capacity leading to an average of 37 empty hospital beds across Angus per day in 2017. This helped the IJB to close 21 of its 126 community hospital inpatient beds which are no longer needed. ECS has improved hospital readmission rates. It has also improved prevention and early intervention activity through an increase in the number of anticipatory care plans.


ECS has led to a more joined-up approach between the professional disciplines which has improved referral times and access to support. This has allowed people to be more independent, access local services and be supported to stay in their homes or a homely setting for longer.

The success of this approach has allowed the IJB to roll ECS out to three of its four localities, with plans to roll out to the final locality during 2018/19. The localities that have adopted this approach for the longest have seen improvements in the average length of stay and a reduction in the number of hospital admissions for people aged over 75.

Source: Angus IJB, 2018

44. A small number of IAs do not have detailed implementation/commissioning plans to inform their strategic plan. Of those which do, about half of these provide a link to resources. More needs to be done to show how the shift from the current ways of working to new models of care will happen and when positive changes to people's lives will be achieved.

45. Workforce pressures are a clear barrier to the implementation of integration plans and workforce planning is a particularly important element of strategic planning. Workforce planning remains the formal responsibility of councils and NHS boards. However, IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans. IAs must be able to demonstrate what skills are required to ensure they can deliver services in the right place at the right time. IAs identify not being able to recruit and retain the workforce they need as a risk. The contribution of the third and independent sector should be part of workforce planning.

46. All three parts of the Health and Social Care National Workforce Plan have now been published, with the final part on the primary care workforce published in April 2018.⁹ In our 2017 report, [NHS workforce planning](#) , we recommended that there is a need to better understand future demand and to provide a breakdown of the cost of meeting this demand.¹⁰ We will publish a further report on workforce planning and primary care in 2019.

Housing needs to have a more central role in integration

47. Not enough links are being made between housing and health and social care which will improve outcomes and wellbeing. Housing services are an integral part of person-centred approaches and the wider delivery of health and social care integration. All IAs are required to include a housing contribution statement in their strategic plans and housing representation is mandatory on Strategic Planning Groups. [Case study 3](#) illustrates strategic thinking within Glasgow City IJB which has used housing as a central aspect of health and social care. Three-quarters of IJBs reported some involvement of housing services in the planning of integrated health and social care services, although we found that the extent of this involvement varied greatly between partnerships.

Case study 3



The Glasgow Housing Options for Older People (HOOP) approach

The HOOP approach involves a small team working closely with social work, health and Registered Social Landlords (RSLs). The approach aims to: ensure a smooth transition for people from hospital to a homely setting; work closely with RSLs to prioritise people who are experiencing a delay in being discharged from hospital; develop knowledge of housing stock availability; and provide reciprocal information about RSLs tenants in hospital.

The team has worked on about 1,200 cases with surgeries in 19 sites across seven hospitals, six social work offices and six intermediate care units. The outcomes of the approach include helping:

- older people make informed choices along with their families, irrespective of tenure issues
- older people to return home or to community settings supported by a care package
- to reduce delayed discharge where there are housing issues
- prevent hospital admission and readmission, supporting older people with housing issues remain in the community
- secure appropriate accommodation for older people across the city suitable for their medical needs
- to increase knowledge of Glasgow's complex housing landscape among social workers and health professionals
- housing colleagues increase their knowledge about social work and health assistance to support older people returning home from hospital
- to future proof the city's new build investment by sharing information on customer needs and demand.

Source: Glasgow City IJB, 2018

Longer-term, integrated financial planning is needed to deliver sustainable service reform

48. Partners are finding it very difficult to balance the need for medium- to long-term planning, typically three to five years and five years plus, alongside annual settlements, current commitments and service pressures. We have called for longer-term financial planning in the health sector and local government for many years. While all IAs have short-term financial plans, only a third have medium-term plans and there were no longer-term plans in place at the time of our fieldwork. This is a critical gap as the changes under integration are only likely to be achieved in the longer term.

49. The Accounts Commission has previously reported that the 'Evidence from councils' annual audit reports generally demonstrates good medium-term (three to five years) financial planning, with some councils using scenario planning to provide a range of options'.¹¹ IAs should draw on the experience from councils to inform development of longer-term financial plans.

50. There is little evidence that councils and NHS boards are treating IJBs' finances as a shared resource for health and social care. This is despite the requirement to do this in the legislation, and budget processes set out in integration schemes describing budget-setting based on need. Partners must work with the IJBs to establish an approach to financial planning that considers the priorities of health and social care in the local community. Councils and NHS boards can be unwilling to give up financial control of budgets and IJBs can struggle to exert their own influence on the budget-setting process.

51. National data on the balance of spending between institutional care and care in the community is only available up to 2015/16. While this does not reflect any impact from IAs, it shows that the balance of spending changed little between 2012/13 to 2015/16 ([Exhibit 9, page 32](#)). Although this data is still collated, it is no longer published. This data should be publicly available and is a helpful indicator of whether IAs are influencing the shift of resources.

52. In October 2018, the Scottish Government published its *Medium Term Health and Social Care Financial Framework*.¹² The Framework is intended to help partners to improve strategic planning. It covers the period 2016/17 to 2023/24, and sets out trends in expenditure and activity, future demand and the future shape of health and social care expenditure.

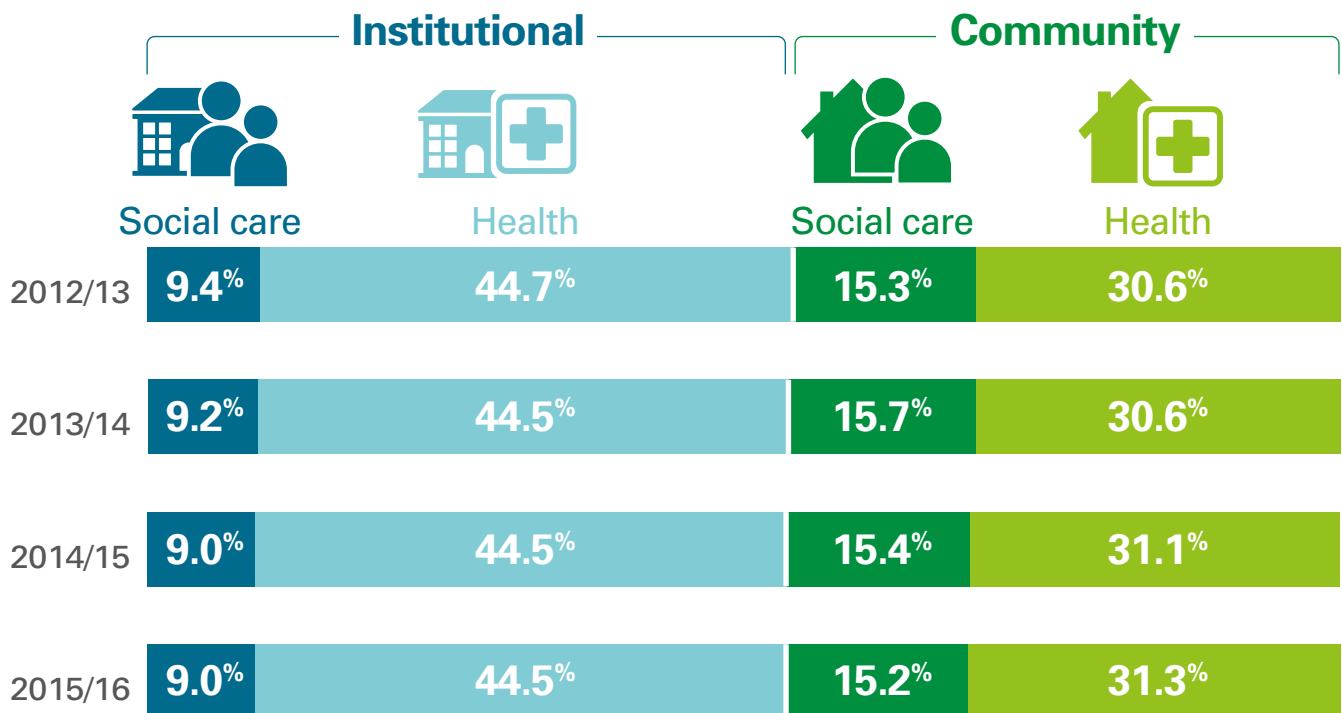
53. Attempts at integrating health and social care go back several years and it is not possible to identify the full cost of the reforms. This, in part, is due to the scale of the reforms and the interconnectedness with the rest of the health and social care system.

54. Due to ongoing financial pressures, most new service initiatives have been funded using additional financial support from the Scottish Government, rather than through the re-distribution of health and social care resources. Therefore, there should be an ongoing commitment from the Scottish Government to provide continued additional funding over coming years. This will provide financial stability to IAs while they implement new ways of working and plan how to redirect funding from current services.

Exhibit 9

The percentage of expenditure on institutional and community-based care

The percentage of expenditure on institutional and community-based care remained static between 2012/13 – 2015/16.



Source: Information Services Division, 2018



55. Major reforms have benefited from a degree of ‘pump priming’ money to help with change. In 2017/18, IAs total income included national funding which has been directed through NHS budgets, of:

- £100 million from the Integrated Care Fund to help shift the balance of care
- £30 million to help tackle delayed discharges
- £250 million to support payment of the living wage and help establish integration in its first year. This increased by £107 million in 2017/18.

56. The ring-fencing of funding intended to support delegated functions has not helped IAs’ efforts to redirect resources, reducing their ability to use their resources flexibly. There are examples of small-scale transfers of resources and we appreciate that more time is needed for IAs to achieve this change ([Case study 4, page 33](#)). IAs need to demonstrate how they will sustain any improvements if specific dedicated funding is no longer available.

Case study 4



South Lanarkshire redirecting resources to provide more community-based care

In 2017, South Lanarkshire IJB decided to close 30 care of the elderly beds within Udston Hospital and invest in alternative community-based models of care. An assessment of need found that two-thirds of individuals on the ward could have been better cared for within a community setting. Recurring funding of about £1 million per annum was released as a result. The IJB planned for £702,000 of this to be redirected to community-based services, such as homecare and district nursing to build the area's capacity to support more people at home. To achieve this:

- engagement plans were developed to ensure people using care and their families, staff and elected members of the Udston area were involved in the changes
- financial modelling was undertaken to understand the profile of people on the ward and reallocate resources to more appropriate, alternative health and social services
- the IA worked in partnership with NHS Lanarkshire to ensure good governance.

The £702,000 provided a degree of financial flexibility to further develop intermediate care services and increase community-based rehabilitation services. The IJB plans to redesignate the Udston beds for use by step-down intermediate care patients to support a reduced reliance on the hospital and residential care.

Source: Bed Modelling in South Lanarkshire, IJB board paper, 30 October 2017

Agreeing budgets is still problematic

57. Fifteen IAs failed to agree a budget for the start of the 2017/18 financial year with their partners. This is partly down to differences in the timing of budget settlements between councils and NHS boards. It can also be due to a lack of understanding between councils and NHS boards of each other's financial reporting, accounting arrangements and the financial pressures faced by each. This lack of understanding can cause a lack of trust and reluctance to commit funds to an integrated health and social care budget.

58. There are difficulties with short-term and late budget settlements, but this should not preclude longer-term financial planning. IAs will only be able to plan and implement sustainable services if they are able to identify longer-term costs and funding shortfalls. This will also help to plan effective exit strategies from current services and larger-scale transfers of resources to community-based and preventative services.

It is critical that governance and accountability arrangements are made to work locally

59. Integrating services is a significant challenge, particularly when partners are dealing with current demand and constrained resources, while trying to better understand how services need to change. The Act should be a basis for all local partners to come together to implement changes. A perceived lack of clarity in the Act is adding to local disagreements and is delaying integration. This lack of clarity and misunderstanding is evident even among people working at senior levels and can impede good relationships.

60. Having a clear governance structure where all partners agree responsibility and accountability is vital. Disagreements can be particularly apparent when it is perceived that accountability for a decision rests with individuals who no longer have responsibility for taking them. Chief executives of councils and NHS boards are concerned that they will be held accountable for failures in how services are delivered when they are no longer responsible for directing those services. In practice, partners need to set out how local accountability arrangements will work. Integration was introduced to shift from a focus on what worked for organisations to what works for the person who needs a health and social care service. Applying this approach should help partners to implement the Act. In some areas partners are working through governance challenges as they implement the Act, and more should be done to share this experience.

61. Our first report on the integration of health and social care recommended that integration partners 'need to set out clearly how governance arrangements will work in practice...This is because there are potentially confusing lines of accountability...People may also be unclear who is ultimately responsible for the quality of care.' Clarity is still needed for local areas over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesign of services provision. Not enough has been done locally to address this.

62. IJBs have a commissioning role but most IJB COs also have delegated operational responsibility for those functions and services that are delegated to the IJB, with the exception of acute care. There are difficulties in understanding how the 'operational responsibility' aspect works in practice. Auditors report that members of IA leadership teams have differing views about governance, especially clinical governance, and roles and responsibilities. In some areas, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB. The IJB approach was introduced in part to simplify arrangements, not to add complexity. There are also significant concerns about the impact of integration on the rest of the acute hospital system.

63. It is the IJB's role, through the CO, to issue directions to its partner council and NHS board about service delivery and allocation of resources. This can be made more difficult by disagreements about governance arrangements. It is complicated further by the reporting lines of the CO, who directly reports to both chief executives of the council and NHS board. COs have reported that it can be difficult to direct those who are effectively their line managers. This reinforces the need for strong relationship building and the establishment of a collective agreement over policy direction, funding arrangements and vision for integration.

Decision-making is not localised or transparent in some areas

64. The Act envisaged that decision-making would be devolved as locally as possible. In some areas, IAs, councils and NHS boards have not yet devolved decision-making in the spirit of the Act and locality plans and management structures are still in development. Officers, staff and local service providers have reported that this is because of a risk-averse response to integration that sees NHS boards and councils retain central control over decision-making. Decision-making by IAs is often influenced by statutory partners' priorities. Often, IJB members rely on their statutory partners for information, advice and policy formulation rather than taking the lead on planning and implementing new ways of providing services.

65. There are examples of IAs working hard to establish decision-making arrangements in their partnership. Aberdeen City has put in place governance systems to encourage and enable innovation, community engagement and participation, and joint working. This should leave it well placed for progressing integration and implementing new services in its community ([Case study 5](#)). We have also seen how IAs such as South Lanarkshire and Dundee City are beginning to develop locality-based approaches to service delivery ([Case study 6, page 36](#)).

Case study 5

Governance arrangements in Aberdeen City IA



Aberdeen City IJB worked with the Good Governance Institute to develop its risk appetite statement and risk appetite approach. The IJB wanted to consider which decisions and risks should, and importantly those which should not, be considered by the IJB. The idea was to ensure there was capacity for decisions to be made locally, so that staff could influence the outcomes of individuals by ensuring that care was tailored to individual needs. Staff and managers say they now feel trusted to make decisions and implement new ideas to benefit individuals in their communities.

The IJB considers that it has demonstrated an aspiration to develop and encourage innovation in local service provision, and local managers and staff understand that decision-making within localities and input of ideas is welcomed and encouraged within agreed risk parameters. Aberdeen City has worked hard to build relationships and trust throughout the partnership. It accepts that achieving its priorities will involve balancing different types of risk and that there will be a need to balance the relationship between different risks and opportunities. There is also an acceptance and tolerance that new ideas will not always be successful.

Source: Aberdeen City IJB, 2018

Case study 6



Locality approach in South Lanarkshire

In 2017, South Lanarkshire IJB realigned its management structure around its four localities. Each locality has a manager responsible for a range of multidisciplinary teams and a health and social care budget. Moving the management of services to a locality level has empowered local teams to review the models of care in their area to see what fits best for the local community. A public forum in each locality gives the local community a voice in shaping local services. Each locality has produced a local strategic needs assessment setting out local needs and priorities and directing attention towards more locally specific outcomes. A 'community first' model of care places the emphasis on developing more community capacity and support.

Staff report that multidisciplinary working and, where possible, co-location, has improved communication and learning across disciplines. They have better knowledge of skills within the wider integrated team, allowing the most appropriate professional to see people at the right time. Working with separate IT systems is a source of frustration and requires less efficient work arounds. Another challenge is balancing trying to change at pace with a need to maintain day-to-day workload. Teams have taken an incremental approach to change, starting with a small number of staff and people using the health and social care services, and, if the new model goes well, gradually increasing this until the change becomes normal practice.

Source: South Lanarkshire IJB, 2018

Best value arrangements are not well developed

66. As IJBs are local authority bodies, the statutory duty of Best Value applies to them. This means that IJBs, from the outset, must clearly demonstrate their approaches to delivering continuous improvement. In July 2017, IJBs submitted their first annual performance reports in accordance with statutory requirements. One of the reporting requirements is that they demonstrate Best Value in the delivery of services.

67. We found that some aspects of Best Value are widely covered within IJBs' annual performance reports and annual accounts, including financial planning, governance and use of resources. About half of all IJBs had a section in their annual performance reports setting out how they intended to demonstrate the delivery of Best Value. Overall the coverage varies between IJBs and is often not in enough detail to allow the public to judge the IJB's activity on continuous improvement.

IAs are using data to varying degrees to help plan and implement changes to services but there are still gaps in key areas

68. Information Services Division (ISD) is part of NHS National Services Scotland, a special NHS board. ISD provides Local Intelligence Support Team (LIST) analysts to each IA area, along with social care information known as SOURCE. Using a LIST analyst to tailor and interpret local data helps IAs to better understand local need and demand and to plan and target services. LIST also works with Community Planning Partnerships in several areas including care for prison leavers presenting to the Homeless Service and children affected by parental imprisonment.

69. Part of the work IAs are doing, supported by the LIST, is to better understand how to support the top two per cent of people using services who account for 50 per cent of hospital and GP prescribing expenditure. By doing this, they can better direct resources and take preventative steps to ensure these users receive more targeted care. This prevents unnecessary hospital admissions and improves personal outcomes through providing more appropriate care in a homely setting.

An inability or unwillingness to share information is slowing the pace of integration

70. There are several areas which need to further improve to help IAs and their council and NHS board partners make better use of data. These include:

- GP practices agreeing data-sharing arrangements with their IA
- IAs being proactive about sharing performance information, ideas and new practice with other IAs
- IAs and ISD agreeing data-sharing protocols for using data in national databases
- IAs identifying gaps in data about community, primary care and social care services and establishing how this information will be collected. This is something we have highlighted in several of our previous reports
- improving consistency in IAs' data, making comparisons easier.

71. Sharing of information, including both health and performance information, is a vital part of providing effective care that is integrated from the point of view of the people who use services. It is also vital in helping to anticipate or prevent need. Throughout our work we were told of examples where this was not happening in practice, because of local systems or behaviours. Examples include: GP practices being unwilling to share information from new service pilots with other IAs; IAs themselves being unwilling to share performance and good practice information with others; and difficulties in setting up data-sharing agreements between IAs and ISD. Different interpretations of data protection legislation are not helping with the ease with which information is being shared.

72. NHS and social care services are made up of many different specialties and localities, often with different IT systems, for example, systems to record X-ray results or record GP data. Many of these systems have been built up over years and commissioned separately for different purposes. Some services still rely on paper records.

73. This disjointedness has an impact on people who need care and on the ability of health and care professionals to provide the best support that they can. For example, people with multiple and complex health and care conditions can have to explain their circumstances to many different professionals within a short space of time. This can delay people getting the help they need, waste resources and gets in the way of care provision being more responsive to people's needs. Local data-sharing arrangements need to be in place so that professionals can appropriately share and protect the data they hold.

74. Time and money are being spent on fixing local IT problems when national solutions should be found. Local fixes are being put in place to help overcome data-sharing barriers. This includes bringing teams of staff together under one roof, so

they can discuss individual cases, rather than relying on electronic systems such as internal emails to communicate. Local areas are spending time and money implementing solutions which may continue to be incompatible in the future. There is a need for a coordinated approach to the solution, which includes the need to consider a national, single solution for Scotland.

75. New IT systems and technology are crucial to implementing new ways of working. For example, many areas are beginning to introduce virtual means of contacting people using care services, such as video links to people's homes so they do not have to visit a health or care centre. To do this successfully, a reliable communication infrastructure is needed, particularly in rural areas.

76. In April 2018, the Scottish Government published *Scotland's Digital Health & Care Strategy: Enabling, Connecting & Empowering*. As part of this, a new national digital platform is to be developed to enable the sharing of real-time data and information from health and care records as required, across the whole care system. We will monitor developments as part of our work programme.

Meaningful and sustained engagement will inform service planning and ensure impact can be measured

77. IAs were set up to have active public involvement, for example through the make-up of their boards and requirements that they publish and engage with communities about their plans. We found some good local examples of engagement. From our analysis of IA strategic plans, we saw evidence of community engagement that influenced the IA's priorities ([Case study 7, page 39](#)). Levels of ongoing engagement, and how much it shapes service redesign, are more difficult to judge, but several IAs explicitly mention the importance of engagement and see it as a priority.

78. Several third and independent sector organisations reported that they do not feel that IAs seek or value their input, although they have innovative ways to improve local services that will positively affect the lives of local people. Providers believe that service decisions are based on the funding available over the short term, rather than the needs of the community. Third-sector providers also report that there is often not time to attend engagement meetings, gather information for consultations or research lengthy committee papers. Therefore, IAs have a responsibility to help them become involved and to work with them earlier. IAs must discuss potential changes to services and funding with providers as early as possible.

79. Early engagement with staff, as with the public, has reduced since IAs published strategic plans. Staff want to know how they are contributing to the progress of integration. More communication and involvement will both help increase knowledge of the services available across partnerships and help overcome cultural differences and reluctance to accept change in ways of working.

80. Throughout this report we have recognised the challenging context IAs are operating in. This is inevitably having an impact on the extent to which they can meaningfully engage communities in discussions about improvements to services. IAs need to have in place wide-ranging and comprehensive arrangements for participation and engagement, including with local communities. Where local arrangements for engagement have been shown to work, these should continue. Engagement does not have to be managed and directed solely by the IA. If a local department or service has established relationships and means of engaging with third and independent sector providers which have proved successful, these should continue as before.

Case study 7



Edinburgh IJB: public engagement

The enhanced and proactive engagement approach adopted by Edinburgh IJB facilitated the involvement of the voluntary sector organisations in the co-production of strategic planning. Via the Edinburgh Voluntary Organisation Council, which sits on the IJB board as a non-voting member, the IJB invited the Lothian Community Health Initiatives' Forum (LCHIF) onto its Strategic Planning Groups (SPG). This allowed the LCHIF to get involved in developing the IJB's five strategic Commissioning Plans: Older People, Mental Health, Physical Disabilities, Learning Disabilities, and Primary Care.

LCHIF was subsequently invited to be part of the Older People's and Primary Care Reference Groups. Through involvement on the two reference groups, LCHIF and its members were able to contribute to the work that most reflected the services being delivered by them. The initial involvement of LCHIF on the SPG led to further engagement with other key influencing groups and networks which they felt ultimately benefited the sector, the forum and its members.

In addition to this involvement, the IJB has also embarked upon a review of its grants to the third-sector. This has been done in full collaboration and partnership with the third-sector. Through the SPG, a steering group was appointed, again with the involvement of LCHIF. This involvement contributed to a commitment being made to establish a grants forum in recognition of the ongoing dialogue that is required to ensure that prevention, early intervention and inequalities remains a priority for the IJB.







Source: Edinburgh IJB, 2018.

81. In September 2017, the Scottish Parliament's Health and Sport Committee published *Are they involving us? Integration Authorities' engagement with stakeholders*, an inquiry report on IAs' engagement with stakeholders.¹³ The Committee also found a lack of consistency in stakeholder engagement across IAs. While some areas of good practice were cited, the Committee heard concerns over engagement being 'tokenistic', 'overly top down' and 'just communicating decisions that had already been made'. The Committee argued that a piecemeal approach to engagement with stakeholders cannot continue and that meaningful engagement is fundamental to the successful integration of health and social care services.

82. There is also a role for the Scottish Government in continuing to develop how learning from successful approaches to integration is shared across Scotland. IAs are not being proactive about sharing success stories and the principles behind the planning and implementation of new ways of working which have worked well. Much could be learnt from the work done to date in local areas and IAs should be encouraged to engage with each other and share knowledge and performance information.

Endnotes



- 1 More details about the joint inspections are available at the [Care Inspectorate website](#) .
- 2 [Health and social care integration](#) , Auditor General and Accounts Commission, December 2015.
- 3 *English local authority reserves*, Chartered Institute of Public Finance and Accountancy, June 2015.
- 4 This takes account of North Ayrshire IJB, which was the only IJB to have an accumulated negative reserve balance. This amounted to £5.8 million and was because of overspends in social care services that were not funded by additional allocations from the NHS board or council.
- 5 [NHS in Scotland 2018](#) , Auditor General, October 2018.
- 6 [Local government in Scotland: Challenges and performance 2018](#) , Accounts Commission, April 2018.
- 7 National Performance Framework, Scottish Government, June 2018.
- 8 *Systems thinking and systems leadership*, NHS Education for Scotland, 2016.
- 9 *National Health and Social Care Workforce Plan Part 3 – improving workforce planning for primary care in Scotland*, Scottish Government, April 2018.
- 10 [NHS workforce planning](#) , Auditor General, July 2017.
- 11 [Local government in Scotland: Challenges and performance 2018](#) , Accounts Commission, April 2018.
- 12 *Medium Term Health and Social Care Financial Framework*, Scottish Government, October 2018.
- 13 *Are they involving us? Integration Authorities' engagement with stakeholders*, Health and Sport Committee, Scottish Parliament, September 2017.

Appendix 1

Audit methodology



Our objective: To examine the impact public bodies are having as they work together to integrate health and social care services in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Our audit questions:

- What impact is integration having and what are the barriers and enablers to this change?
- How effectively are IAs planning sustainable, preventative and community-based services to improve outcomes for local people?
- How effectively are IAs, NHS boards and councils implementing the reform of health and social care integration?
- How effectively is the Scottish Government supporting the integration of health and social care and evaluating its impact?

Our methodology:

- Reviewed documents, such as integration schemes, IAs' strategic plans, IJBs' annual audit reports, annual performance reports, national performance data and other key documents including the Scottish Government's National Health and Social Care Financial Framework.
- Interviews, meetings and focus groups with a range of stakeholders including third-sector and independent sector providers. Our engagement involved hearing about experiences of engaging with IAs and how services had changed through integration.
- Interviews at four case study sites – Aberdeen City IJB, Dundee City IJB, Shetland Islands IJB and South Lanarkshire IJB. We met with:
 - Chief Officers and Chief Finance Officers
 - Chairs and vice-chairs of IJBs
 - NHS and council IJB members
 - Chief social work officers
 - IJB clinical representatives (GP, public health, acute, nursing)
 - IJB public representatives (public, carer and voluntary sector)
 - Heads of health and social care, nursing, housing and locality managers and staff
 - NHS and council chief executives and finance officers
 - IT, communications and organisational development officers.

Appendix 2

Advisory group members



Audit Scotland would like to thank members of the advisory group for their input and advice throughout the audit.

Member	Organisation
Alison Taylor	Scottish Government
Alistair Delaney	Healthcare Improvement Scotland
Allison Duncan	IJB Vice Chair
Eddie Fraser	IJB Chief Officer
Fidelma Eggo	Care Inspectorate
Gerry Power	Health and Social Care Alliance
Jeff Ace	NHS Chief Executive
John Wood	Convention of Scottish Local Authorities (COSLA)
Julie Murray	Society of Local Authority Chief Executives
Robin Creelman	IJB Vice Chair
Tracey Abdy	IJB Chief Finance Officer

Note: Members sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Appendix 3

Progress against previous recommendations



Recommendations



Progress



Scottish Government should:

- work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this:
 - work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system.
- monitor and publicly report on national progress on the impact of integration. This includes:
 - measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans
 - reporting on how resources are being used to improve outcomes and how this has changed over time
 - reporting on expected costs and savings resulting from integration.
- continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.

IAs are reporting locally on outcomes but this is not being drawn together to give a national picture of outcomes for health and social care.

We found there are a significant number of indicators and measures being used nationally and locally to understand whether integration is making a difference and to monitor changes. But, for the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way.

The Scottish Government has introduced a series of national outcomes for health and social care. The outcomes are not being routinely reported at a national level.

The savings estimated to be made from integration were expected to derive from a reduction in unplanned bed days, fewer delayed discharges, improved anticipatory care and less variation in bed day rates across partnerships. The savings from these have not been specifically monitored by the Scottish Government, although actual and projected performance across these measures is reported to the Scottish Government's Ministerial Steering Group.

Some leadership development has been commissioned from the Kings Fund by the Integration Division at Scottish Government but there is a lack of joint leadership development across the health and social care system to help to embed and prioritise collaborative leadership approaches.

There is an appetite for examples of good practice from local partnerships but still a lack of good learning resources.

**Recommendations****Progress****Integration Authorities should:**

- | | |
|--|--|
| <ul style="list-style-type: none"> • provide clear and strategic leadership to take forward the integration agenda; this includes: <ul style="list-style-type: none"> – developing and communicating the purpose and vision of the IJB and its intended impact on local people – having high standards of conduct and effective governance, and establishing a culture of openness, support and respect. | <p>We found that a lack of collaborative leadership and cultural differences are proving to be significant barriers to change in some areas.</p> |
| <ul style="list-style-type: none"> • set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes: <ul style="list-style-type: none"> – setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice – ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB. | <p>There is a lack of agreement over governance and a lack of understanding about integration which is acting as a significant barrier to progress in some areas.</p> <p>There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesigning how services are provided. Not enough has been done locally to address this.</p> |
| <ul style="list-style-type: none"> • ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes: <ul style="list-style-type: none"> – setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required – ensuring relationships between the IJB, its partners and the public are clear, so each knows what to expect of the other. | <p>IAs have helped to improve engagement with the public and providers in the local area in some instances but there is more to do.</p> |
| <ul style="list-style-type: none"> • be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including: <ul style="list-style-type: none"> – developing and maintaining open and effective mechanisms for documenting evidence for decisions – putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice – developing and maintaining an effective audit committee – ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints. – ensuring that an effective risk management system is in place. | <p>We found that decision-making is not localised or transparent in some areas and risk management arrangements are not well developed.</p> |



Recommendations



Progress

- | | |
|--|--|
| <ul style="list-style-type: none"> • develop strategic plans that do more than set out the local context for the reforms; this includes: <ul style="list-style-type: none"> – how the IA will contribute to delivering high-quality care in different ways that better meets people’s needs and improves outcomes – setting out clearly what resources are required, what impact the IA wants to achieve, and how the IA will monitor and publicly report their progress – developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils – making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act. | <p>IAs are beginning to link their resources to strategic priorities but more needs to be done to show when their planned outcomes will be achieved. They also need to show how the shift from the current ways of working to new models of care will happen.</p> |
| <ul style="list-style-type: none"> • develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes: <ul style="list-style-type: none"> – developing financial plans for each locality, showing how resources will be matched to local priorities – ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively. | <p>There is some evidence of small-scale transfers of resources, but most IAs have funded changes to services using ring-fenced funding, such as specific additional integrated care funding provided by the Scottish Government. This is instead of shifting resources from an acute setting, such as hospitals, to community settings such as local clinics and GP surgeries. While this may have achieved performance improvement in things such as delayed discharges, ring-fenced funding may not be available long term. Therefore, IAs need to ensure the financial sustainability of ongoing support for changes made.</p> <p>Financial planning is not integrated, or long term and financial pressures make meaningful change hard to achieve.</p> <p>Arrangements for understanding and measuring Best Value arrangements are not well developed.</p> |
| <ul style="list-style-type: none"> • shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time. | <p>We found there has been limited change in how resources are being used across the system at this stage – see above.</p> |


Cont.

**Recommendations****Progress****Integration Authorities should work with councils and NHS boards to:**

<ul style="list-style-type: none"> recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early in the relationship and that a shared understanding of the roles and objectives is maintained. 	<p>We found a lack of agreement over governance and a lack of understanding about integration remain significant barriers in some areas.</p> <p>There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty was hampering decision-making and redesigning how services are provided. In our opinion, not enough has been done locally to address this.</p>
<ul style="list-style-type: none"> review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils. 	<p>Auditors report that members of IA leadership have differing views about governance, especially clinical governance, and roles and responsibilities.</p>
<ul style="list-style-type: none"> urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners. 	<p>We found that at present, not all councils and NHS boards view their finances as a collective resource for health and social care. Some councils and NHS boards are still planning budgets around their own organisations rather than taking account of their IJBs local strategic priorities. The ambition for integration is that the health and social care resources in the local area would be brought together and used to deliver integrated services with improved outcomes for people. While this is happening in some areas, councils and NHS boards in other areas can be unwilling to give up financial control of budgets and IJBs can struggle to exert influence over their budgets. Some IAs have little or no involvement in the budget-setting process.</p> <p>At a very basic level IJBs struggle in some areas to agree budgets. Fourteen IJBs failed to agree a budget for the start of the 2017/18 financial year.</p>
<ul style="list-style-type: none"> establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and social care services. 	<p>We have seen that IJB board papers are shared with council and NHS board partner organisations. In some areas though, rather than streamlining governance and scrutiny arrangements, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB.</p>
<ul style="list-style-type: none"> put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland. 	<p>IAs and ISD are have difficulties in agreeing data-sharing protocols for using national databases.</p>

Appendix 4

Financial performance 2017/18



IJB	Position (pre-additional allocations) Overspend/ (underspend)	Additional allocation/ (reduction)		Use of reserves	Year-end position Deficit/ (Surplus)
	(£million)	Council (£million)	NHS board (£million)	(£million)	(£million)
Aberdeen City	2.1	0	0	2.1	0
Aberdeenshire	3.5	1.5	2.0	0	0
Angus	(0.4)	0	0	0	(0.4)
Argyll and Bute	2.5	1.2	1.4	0	0
Clackmannanshire and Stirling	2.2	0.6	0.6	1.1	0
Dumfries and Galloway	(2.5)	0	0	0	(2.5)
Dundee City	2.5	0	2.1	0.4	0
East Ayrshire	3	2.2	1.3	0	(0.5)
East Dunbartonshire	1.1	0	0	1.1	0
East Lothian	0.7	0.6	0.1	0	0
East Renfrewshire	(0.4)	0	0	0	(0.4)
Edinburgh	7.4	7.2	4.9	0	(4.7)
Eilean Siar	(3.0)	0	0	0	(3.0)
Falkirk	1.3	0	1.4	0.2	(0.3)
Fife	8.8	2.5	6.4	0	0
Glasgow City	(12.0)	0	0	0	(12.0)
Inverclyde	(1.8)	0	0	0	(1.8)
Midlothian	(0.7)	0.2	0	0	(0.9)
Moray	1.9	0	0	1.9	0
North Ayrshire	3.5	0	1.0	0	2.6
North Lanarkshire	(11.7)	0	0.6	0	(12.3)
Orkney	0.7	0.2	0.5	0	0
Perth and Kinross	(1.4)	(2.6)	1.3	0	0
Renfrewshire	4.8	2.7	0	2.1	0
Scottish Borders	4.5	0.3	4.2	0	0
Shetland	2.4	(0.3)	2.9	0	(0.2)
South Ayrshire	0.3	0	0	0.3	0
South Lanarkshire	(1.2)	0	1.0	0	(2.2)
West Dunbartonshire	(0.6)	0	0	0	(0.6)
West Lothian	1.8	0	1.8	0	0

Note: Arithmetic differences arising from roundings.

Source: Audited Integration Authority annual accounts, 2017/18

Health and social care integration

Update on progress

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Report To:	Health and Social Care Committee	Date:	28 February 2019
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/18/2019/HW
Contact Officer:	Helen Watson Head of Strategy & Support Services	Contact No:	01475 715285
Subject:	Externally Commissioned Review of Advice Provision		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with the findings and recommendations from the externally commissioned Review of Advice Provision.
- 1.2 The Report was presented to the Policy and Resources Committee on 5 February for approval, and is now presented to the Health and Social Care Committee for information, given that the Council's own Advice Services sit within the Health and Social Care Partnership.

2.0 SUMMARY

- 2.1 The Members' Budget Working Group (MBWG) requested that an external review of advice provision within Inverclyde be undertaken to ensure that the current delivery model provides best value and quality is being achieved. In addition, it was to consider potential options for future delivery models where appropriate.
- 2.2 AT Innovative Solutions were awarded the contract and undertook desktop analysis; questionnaires; stakeholder meetings and focus groups with service users throughout July to September 2018.
- 2.3 The final report has now been received which gives an analysis of the current advice landscape within Inverclyde. The report has identified that there are no specific gaps in terms of meeting statutory obligations for advice provision. For those agencies who responded to the questionnaire, evidence was provided that staff are trained and highly skilled in their areas of operation including money advice (debt), income maximisation, welfare benefits and welfare rights advice, housing rights, consumer advice and employment rights. Agencies providing advice services endeavour to provide holistic support to customers by referring to other advice and support agencies. The report makes a distinction between advice providers providing a range of services in Inverclyde and those providing advice which requires accreditation by the Scottish Legal Aid Board using the Scottish National Standards for Information and Advice Providers (SNSIAP).
- 2.4 The Report identified excellent partnership working and significant investment by Inverclyde Council over the last 5 years since the advent of the welfare reform agenda.
- 2.5 The Report also identified important differences in how financial gain is calculated across the partnership, making comparisons difficult and unreliable. It is the view of officers that calculation methods should be harmonised going forward.
- 2.6 Inverclyde compares favourably against similar and neighbouring local authorities in terms of funding, financial gain and effectiveness of resources expended. The analysis and comparison of available local authority data show that the money invested by Inverclyde Council brings a

significant return more than comparable with other local authorities and with similar sized local authorities.

- 2.7 The report makes eleven recommendations which are designed to improve, enhance and build on the existing advice platform of provision to the ultimate benefit of the customer accessing the services. Officers have considered the report and its findings and in terms of the recommendations, the majority of these would be able to be adopted with no financial implication. However, recommendations one and eleven have implications across the wider Council and HSCP, therefore it is recommended that there is further discussion required to more fully understand the merit and potential implications of these specific recommendations across the wider Council, HSCP and its partners.
- 2.8 Since the report was concluded there have been a number of developments which impact on the advice provision locally, in particular the funding allocated from DWP to Citizens Advice Scotland (CAS) to deliver digital support for Universal Credit clients and the Scottish Government funding to CAS to deliver financial health checks. Discussions are ongoing with CAS as to how these additional services will work in partnership within the Inverclyde advice provision and this will result in a Memorandum of Understanding being developed to ensure seamless referral pathways locally. In addition, the challenges presented through the delivery of the I:DEAS programme have now been resolved.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the analysis, findings and recommendations from the external review.
- 3.2 That the Committee notes that officers will progress recommendation numbers 2, 3, 4, 5, 7, 8, 9 and 10.
- 3.3 That the Committee notes that the Corporate Director (Chief Officer) Inverclyde HSCP will take a lead in the further discussion that is required in relation to recommendations 1, 6 and 11, and will provide an update to a future Committee.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The aim of the Review of Advice Provision was to carry out a review of all advice provision throughout Inverclyde to ensure that the current delivery model provides best value and quality is being achieved, and that it meets the needs of all stakeholders and communities. In addition it was to consider potential options for future delivery models if appropriate. The Review was externally commissioned and funding of £12,000 was agreed from the Council's Anti-Poverty Fund.
- 4.2 A Stakeholder Steering Group was established which included representation from internal Council services; external partners; providers of services and a staff side representative. The group met to agree the tender specification, including timescales, for procuring the review externally.
- 4.3 The specification was developed and set out the following objectives:
- Identify in full the statutory and any other obligations of the Council in respect of advice provision and determine the extent to which the Council is complying with its statutory duty.
 - Identify the quantity and distribution of information and advice provision (as determined above) available throughout Inverclyde from both the voluntary and statutory sectors.
 - Assess the quality of information and advice currently given throughout Inverclyde from both the voluntary and statutory sectors.
 - Identify the funding levels of all advice provision which are currently commissioned and financed, in full or part, by the Council and external funding streams.
 - Identify and assess the effectiveness of all monitoring arrangements, both performance monitoring on outcomes and financial, in place for all advice provision which is currently commissioned and financed, in full or part, by the Council and external funding streams.
 - Benchmark the effectiveness of the current Inverclyde model of advice provision against other geographical areas.
 - Assess the overall provision of all advice services and identify any gaps and areas for future development.
 - Identify where possible future demands on the services based on national and local policy and strategy, and ensure recommendations take account of these.
 - Make recommendations and present potential options for the future provision of advice while achieving best value.
 - As part of these recommendations, consider the options for co-location/one stop shop approaches and also opportunities for "channel shift".
- 4.4 AT Innovative Solutions were commissioned to review Advice Provision in Inverclyde. The research consultants undertook a range of activities to ensure a robust approach to the research which will allow Inverclyde Council to assess the value for money, efficiency and effectiveness of current advice services particularly those funded directly by Inverclyde Council. The process was split into three stages:
- Stage 1 – Commissioning, Document Review and development of questionnaire
 - Stage 2 – Communication and Delivery of Questionnaire and partner meetings
 - Stage 3 – Reporting
- 4.5 This review included advice provision covered by The Scottish National Standards for Information and Advice Providers (SNSIAP) – housing, money, debt and welfare benefits issues.

In addition it also covered advice available related to employability rights advice, fuel poverty advice and consumer advice. It touches on other advice and assistance provided by agencies in Inverclyde out with these headings.

5.0 MAIN KEY FINDINGS

- 5.1 Inverclyde has a well-established framework for advice provision which is led by Inverclyde Council. There are a range of organisations providing advice and support across Inverclyde with no major gaps in service being identified. Good practice was identified, excellent partnership working with local agencies, significant amounts of funding provided by Inverclyde Council and excellent services provided to the residents of Inverclyde despite significant current and ongoing challenges.
- 5.2 15,167 clients were supported in 2017/18 – 7,683 were for SNSIAP related advice. Inverclyde Council fund and support a wide range of advice in Inverclyde. The advice provided is not limited to income maximisation, welfare benefits, welfare rights and money advice (advice included under SNSIAP). The number of clients supported in the financial year 2017/18 provide evidence of expressed demand for all types of advice. Welfare reform and implementation of full-service Universal Credit places extra demand on services. Universal credit full-service was implemented in November 2016 and since then over 5,000 residents have been moved onto this benefit. The nature of the change to Universal Credit has put pressure on advice services due to the volume and, at times, complexity of support needed.
- 5.3 There was £18,957,748 financial gain for SNSIAP related advice (although the report highlights that there are differences in the way that financial gain is calculated, depending on the organisation). The financial gain from advice services is money that otherwise would not have been claimed. A significant portion of this money will be spent locally and therefore the work of advice agencies supports the local economy. However this requires to be caveated as not all agencies calculate financial gain in the same way.
- 5.4 Advice is in the main delivered on a reactive, face-to-face, office-based basis with clients attending the offices of advice providers using either an appointment or on a drop-in basis. Inverclyde Council now uses other methods to prioritise residents seeking advice including initial telephone triage and piloting web chat facilities. Few providers offer proactive contacts and service users highlighted the benefits gained from this. Home visits and immediate appointments were desirable for vulnerable customers who prefer face-to-face contact to meet their needs and also value ongoing support relationships with a caseworker.
- 5.5 There are currently no mechanisms or comprehensive measures for managing and accessing performance across different agencies in Inverclyde. These anomalies and differences have resulted in data which is not comparable across agencies. A number of agencies do not record data beyond the number of customers supported and “soft” outcomes related to impact on wellbeing, confidence and mental health are infrequently recorded. In addition, there are 13 different ICT systems and several case management systems in use across Inverclyde Council/Inverclyde HSCP and their partner agencies.
- 5.6 Not all agencies offering Housing, Welfare Rights and Money/Debt advice within tiers 1-3 are currently seeking accreditation via the Scottish Legal Aid Board’s Scottish National Standards for Information and Advice Providers.
- 5.7 In terms of client experience, those who have accessed services were very complimentary about the quality of advice and support which they received and the positive impact on their wellbeing. They highlighted the importance of ongoing relationships with the same staff and that once they were in the journey, their experiences were positive and beneficial. However overall observations are that the advice journey in Inverclyde can at times be confusing for clients.
- 5.8 The Report highlights the significant investment in advice provision locally, particularly by the Council £1.056m for 17/18, however it also highlights that the funding landscape can be complex for a number of organisations. Advice agencies have identified future funding as their top risk with customers having more complex needs resulting in longer and more intensive casework as

the next highest risk. Some services rely on a range of temporary funding streams which come to a natural end and at the time of this report, the future funding for some organisations has not yet been confirmed. If no further funding from these streams is available it will become challenging to continue to deliver the current level of service and services may require to be redesigned.

- 5.9 There are examples of good practice and innovation. Inverclyde continues to develop and implement financial inclusion strategies that link to Community Planning. The current strategy is being refreshed and will cover from 2019 onwards. Partnership working is evident particularly through the I:DEAS project and the webchat and telephone triage service are examples of innovative solutions to a changing environment.
- 5.10 Consideration was given as to whether Inverclyde was disadvantaged by not having a CAB presence locally, however the report findings highlight the range of current services being delivered by a range of partners and also the good joint working that currently exists with Citizens Advice Scotland (CAS). Funding has recently been allocated by DWP and the Scottish Government to CAS to deliver the Universal Credit, Help to Claim Support and the Family Financial Health Checks. As relationships already exist with East Renfrewshire CAB to deliver on an in-reach basis into Inverclyde, discussions are underway to ensure this model of working is continued in order to capitalise on this increased capacity to deliver support and this will be supported through the development of a Memorandum of Understanding between CAS and local providers. Similarly, the Scottish Government's Social Security Agency staff will bring additional capacity to the advice sector locally when co-located in 2019.
- 5.11 There is a significant skillset within advice workers in Inverclyde. Five local advice agencies are progressing through the Scottish National Standards for Information and Advice Providers. This is in addition to Investors in People and ISO 9000:2000 or specialist skills or training for specific area of advice. The range of skills and ongoing investment in training to ensure staff are conversant with latest practice and legislation in relation to their area of expertise highlights that there is a well-trained, skilled local workforce in Inverclyde who can undertake specialist advice in complex areas.
- 5.12 Eleven recommendations are contained within the report:

Recommendation one – The Council should consider the merits of co-location and/or moving the management of some/or all of Advice Services to the Council's Revenue and Customer Services and consider a rebrand of service name.

Recommendation two – Shared database and referral system for advice.

Recommendation three – Clearer information on advice available on Inverclyde Council website including providing information on all partner services.

Recommendation four – Clear and specific outcomes and monitoring for funds provided by Inverclyde Council and HSCP.

Recommendation five – Better clarity on Medium Term Funding for advice services across Inverclyde.

Recommendation six – Future Funding to Be Allocated via the FIP.

Recommendation seven – All Advice Providers should be working toward SNSIAP.

Recommendation eight – Consider whether there requires to be an increased emphasis on Financial Education across all life stages.

Recommendation nine – Be More Responsive to Customers' Needs.

Recommendation ten – Financial Inclusion Partnership support should be reviewed.

Recommendation eleven – The Council should consider the opportunity to combine the Management Arrangements for Anti-Poverty Services.

6.0 CONCLUSION

- 6.1 From the findings, the consultants have made a number of recommendations which are designed to improve, enhance and build on the existing advice provision to the ultimate benefit of the customer accessing the services.
- 6.2 The recommendations have been reviewed by the steering group, and members of that group have expressed a need to have more clarity and further analysis with regard to the potential implications of some of the recommendations.
- 6.3 Officers have considered the detailed analysis and findings from this report and agree that some are in line with both the local and national thinking in terms of advice provision, but also agree that the implications of implementation need to be better understood before a final decision is made.

7.0 IMPLICATIONS

Finance

- 7.1 The Committee has invested £250,000 recurring funding since 2013/14 to increase capacity within Advice Provision in Inverclyde. In addition, additional capacity is being funded through the DWP and Scottish Government funding to CAS and Social Security Agency and £160,000 of Anti-Poverty earmarked reserves has been made available from 2019 to 2022.

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

- 7.2 No implications.

Human Resources

- 7.3 There is a potential saving of 3WTE staff.

Equalities

- 7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO -

Repopulation

7.5 No implications.

8.0 CONSULTATIONS

8.1 Both the MBWG and CMT support the recommendations contained in this report.

9.0 LIST OF BACKGROUND PAPERS

9.1 AT Innovative Solutions Review of Advice Provision. The report by AT Innovative Solutions which contains exempt information is available on request to Members from Ms Helen Watson, Head of Strategy & Support Services.

Report To: Health & Social Care Committee **Date:** 28 February 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** SW/24/2019/HW

Contact Officer: Helen Watson
Head of Strategy & Support Services **Contact No:** 7125285

Subject: Draft Inverclyde HSCP Strategic Plan 2019-2024

1.0 PURPOSE

- 1.1 The purpose of this report is to present the Health & Social Care Committee with a draft of the second Inverclyde HSCP Strategic Plan 2019-2024 for comment and noting.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014, requires that all Integration Joint Boards develop a Strategic Plan that sets out their intentions and priorities.
- 2.2 The first Strategic Plan was a statement of intent setting the vision and direction of travel for the partnership over a three year cycle, building on a range of plans and strategies that the HSCP already had in place.
- 2.3 The second Plan has been shaped with much more consultation with our communities, and aims to provide a more targeted suite of commitments, specifically aimed at improving lives and tackling inequalities.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee considers and notes the draft Integration Joint Board Strategic Plan 2019-2024 and provides comment and views as appropriate.

4.0 BACKGROUND

- 4.1 The Public Bodies Joint Working (Scotland) Act 2014 requires that all Integration Joint Boards develop a Strategic Plan that sets out their intentions and priorities.
- 4.2 The first Inverclyde Strategic Plan 2016-2019 was developed by the Strategic Planning Group, and built upon the plans and planning arrangements the HSCP had in place.
- 4.3 The new Plan sets out our Health and Social Care commitments, priorities and intentions for Inverclyde going forward over the five year duration of the new Strategic Plan (2019 – 2024).

5.0 PROCESS

- 5.1 Extensive consultation using our Strategic Needs Assessment along with our three health and wellbeing locality profiles identified the 6 Big Actions for the Strategic Plan, and these have been aligned to key Council and NHS commitments, such as the Inverclyde Outcome Improvement Plan; Moving Forward Together and The Director of Public Health Report, Turning the Tide.
- 5.2 A writers' sub-group was established to develop the new Strategic Plan, to replace the existing one, which is due to expire at the end of March 2019. The group was comprised of Strategic Planning Group members, representatives across the partnership, third and independent sector and HSCP Staff-side.
- 5.3 Public consultation was integral to the development of the Plan, via the engagement networks that underpin the Strategic Planning Group, with wider public consultation taking place throughout October and November 2018.
- 5.4 An array of methods were employed to allow stakeholders, volunteers, community buddies, workers, voluntary groups, and individuals the opportunity to take an active part and have their say in overcoming inequalities and improving community life. Overall 1,395 local people took part in the engagement process. The public consultation was across all three Inverclyde localities. Four public events were held, attended by 139 individuals. Comments, views and suggestions were collated on 'Outreach' with a total of 53 groups and 811 individuals taking part in the engagement process. In addition, surveys were widely distributed where people had the opportunity to share their views and help shape 'our next big actions'. A total of 445 people completed surveys. A full report of the consultation is appended to this report (appendix 2).
- 5.5 Output from local engagement was reviewed by the Senior Management Team, along with comments from stakeholders about what they liked and disliked about earlier drafts. People told us that they didn't want the Plan to be overly wordy; they wanted to see graphics; they didn't want jargon, and they wanted us to be clear about what we were aiming to deliver.
- 5.6 We also asked people about their preferred duration of the Plan, suggesting potential options of 3, 5 or 10 years. The majority of respondents said that, in recognition that we are looking to

make major change, the Plan should be in a timeframe of 5 years, with some reference to what will happen beyond that. The 5 year cycle fits with the NHSGGC Moving Forward Together Strategy. People also told us that we should have clear milestones throughout the duration of the plan, stating what we aim to deliver and by when.

- 5.7 We have taken these comments on board, and the Plan proposes to cover the timeframe 2019-2014, with roadmaps against our 6 Big Actions and clear milestones behind each of the roadmaps. It also maps across to our Strategic Needs Assessment so that we can clearly demonstrate where we are against where we aim to be.
- 5.8 Delivery of the Plan will be monitored by way of the Annual Performance Report. Given its central role in strategic planning, the Strategic Planning Group will oversee a refresh of the Plan at 3 years, with particular focus on any internal or external changes which could impact on delivering its outcomes.
- 5.9 An all member briefing took place on 5 February 2019 to give more detail and seek feedback. The feedback that was provided has been incorporated into the plan, and the public health roles of the HSCP and the Community Planning Partnership (Inverclyde Alliance) have been re-emphasised.
- 5.10 A number of focus groups with communities, staff and Alliance Board are arranged over the next three weeks to seek view before report is finalised.
- 5.11 The Strategic Plan is supported by a number of our plans to ensure that the HSCP commissioning intentions are clear and the Peoples Plan which maps out the workforce issues.

6.0 PROPOSALS

- 6.1 Members are asked to consider and note the draft Plan and approve the direction of travel. A finalised Plan will be presented to the 19 March 2019 meeting of the Integration Joint Board for approval.

7.0 IMPLICATIONS

7.1 Financial Implications:

As the plan is a five year plan, it is an aspiration to have five years financial information however this may be difficult within Council/NHS budgets being set annually.

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

Legal

- 7.2 Section 33 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to send a copy of the draft Strategic Plan to both the Council and NHS Greater Glasgow and Clyde with an invitation to express views on the draft. In finalising the Strategic Plan, the Integration Joint Board must take account of any views expressed by the Council and NHS Greater Glasgow and Clyde.

Human Resources

- 7.3 HR implications for the Strategic Plan dealt with through respective HR department and Staff Partnership Forum.

Equality and Diversity:

- 7.4 People with protected characteristics will be supported through the implementation of the Strategic Plan.

Repopulation

- 7.5 Good health and social care services help make Inverclyde an attractive place to live.

Inequalities

- 7.6 The Strategic Plan aims to tackle the causes of, or mitigate the impacts of inequalities. A full EQIA will be carried out on the Strategic Plan ahead of the final draft being presented to the IJB in March 2019.

8.0 CONSULTATIONS

- 8.1 The Engagement Summary details the range of consultation.

9.0 BACKGROUND PAPERS

- 9.1 None.

INVERCLYDE HEALTH & SOCIAL CARE STRATEGIC PLAN

2019 – 2024

“Improving Lives”

Contents

Welcome

Section 1

- The Integration Joint Board
- Strategic Context
- Our Vision, Values and Big Actions
- Principles of Integration
- Strategic Needs Assessment
- Engagement

Section 2

- Big Actions

Section 3

- Financial Landscape

Section 4

- Conclusion

Appendices

- Appendix 1 - National Outcomes
- Appendix 2 – Public Health Priorities
- Appendix 3 – Document Links
- Appendix 4 - Implementation Plan
- Appendix 5 – Children and Young People Engagement

Section 1

Welcome

We are pleased to present the second Strategic Plan for Inverclyde Health and Social Care Partnership (HSCP) which has been developed by the Strategic Planning Group, in consultation with the people of Inverclyde.

There have been significant improvements in services over the last three years, however there is still more to do. This Plan outlines our priorities and our commitment to improving outcomes for Inverclyde people over the next five years.

Our Health and Social Care Partnership (HSCP) has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation, but here in Inverclyde, we have had integrated services since 2010. Integration was acknowledged as the best way forward so that health and care needs can be delivered in a more joined up way, and so that people will be cared for closer to home. The benefits of integration are already evidenced in Inverclyde with excellent performance in a number of areas. Over the next 5 years we intend to maintain our high performance and build on it. Nurturing Inverclyde - getting it right for every child, citizen and community - is the long established vision of the Council and Alliance Board. With this in mind, our strong history means we have firm foundations to take forward our vision.

“Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”

The vision was created by Inverclyde people, including carers, service users and Inverclyde HSCP staff. It reflects the caring nature of Inverclyde and a unique challenge of intergenerational inequalities - often reinforced by persistent poverty and lack of good quality jobs - and states our commitment to ensuring we work together to help people stay healthy for longer. We recognise that being in regular and satisfying employment is one of the biggest single factors in promoting quality, so this Plan also underscores our commitment to working across Inverclyde Partners to tie economic improvement to the outcomes we want to improve on. This approach puts the child, citizen and community at the centre of our thinking, planning and our actions.

This Plan aims to set out the improvements we will make, based on these key values and what local people have told us that they want. The Plan reflects these values, and describes what will change over the next five years. The Integration Joint Board (IJB) will oversee the Plan's progress, and we will report our business on our website page which can be accessed [here](#).

Integration Joint Board

Inverclyde Integration Joint Board (IJB) is a distinct legal body which was created by Inverclyde Council and NHS Glasgow and Clyde, and approved by Scottish Ministers in line with the legislation.

The IJB is a decision-making body that meets regularly to discuss, plan and decide how health and social care services are delivered in Inverclyde. All IJB decisions are in line with the Strategic Plan which is why it is such an important document. Membership of the IJB is wide consisting of;

- Four Elected Members (Councillors).
- Four NHS Non-Executive Directors
- Carer Representative
- Service User Representative
- Staff-side Representative x 2
- Clinical Director
- Chief Nurse
- Chief Social Work Officer
- Acute Sector Clinician
- Third Sector Representative x 2
- Chief Officer
- Chief Financial Officer

In line with the legal requirements, the IJB established a Strategic Planning Group with wide representation from partners as noted below including carers and community representatives, who are responsible for shaping and monitoring the effectiveness of the plan.

The Strategic Planning Group is chaired by the Chief Officer and has representation from:

- Service Users
- Carers
- People Involvement Advisory Network
- The local Third / Voluntary Sector
- The Independent Sector
- The Acute Hospitals Sector
- Social Work Services
- Community Health Services
- Primary Care
- Nursing
- Allied Health Professionals
- Inverclyde Housing Associations Forum
- Inverclyde Council Strategic Housing Services
- Staff-side
- Inverclyde Community Planning Partnership

It is important that we engage with people in their own communities so we have locality and local plans that link with Community Planning Partners.

Strategic Context

Over the past few years, the Scottish Government has enacted key legislation and published a number of policy documents that set the strategic direction for Health and Social Care.

Legislation includes:

- The Public Bodies (Joint Working) (Scotland) Act, 2014
- The Children and Young People (Scotland) Act, 2014
- Housing (Scotland) Act, 2014
- Community Empowerment (Scotland) Act 2015
- The Carers (Scotland) Act, 2016.

Appendix 3 shows the complex landscape of policy within Health and Social Care.

Together the legislation and policies aim to shape a whole system of health and social care, providing seamless care for everyone who needs it, with a focus on better outcomes for the people who use services, and services being delivered in the right setting, at the right time, and by the right professionals.

Regional Planning

At regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, taking a whole-system approach to the delivery of health and social care for each of 3 distinct regions (North, East and West). This work aims to deliver the National Clinical Strategy (2015) and the Health and Social Care Delivery Plan (2016), ensuring better health, better care and better value. Inverclyde is part of the West of Scotland Region, which is covered by 5 NHS Boards (including NHS Greater Glasgow and Clyde), 16 Local Authorities and 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation.

Moving Forward Together (MFT)

Inverclyde HSCP has been a key partner in the development of Moving Forward Together. Moving Forward Together (MFT) is a programme of work that brings together the Greater Glasgow & Clyde NHS Board and Acute Hospitals Sector, as well as the 6 HSCPs that fall within the NHS Board catchment (Inverclyde; Glasgow City; Renfrewshire; East Renfrewshire; East Dunbartonshire and West Dunbartonshire). MFT will develop and deliver a transformational change programme, aligned to National and Regional policies and strategies. This is our first venture as a whole system to develop the future strategy, essentially, health and social care services need to modernise to keep pace with the changes that are taking place in technology; innovations in supported self-care, and the integration of Community Health and Social Work services. MFT describes how NHSGGC will deliver across all health and social care services, with particular focus on the benefits of integration at local levels. Good health is fostered by a range of supports, not just health services, and MFT recognises this. The MFT programme emphasises quality and the need to deliver safe, effective, person-centred and sustainable care to meet the current and future needs of our population. The programme reinforces the need to design support and care around specific needs of individuals and different segments of our population, not around existing organisations and services. There will be continuous engagement opportunities to involve communities in developing, leading and influencing strands of this work. Click [here](#) for further information on MFT.

Local Outcome Improvement Plan

As part of the Community Planning element of the Community Empowerment (Scotland) Act 2015, the Inverclyde Alliance is responsible for a Local Outcome Improvement Plan (LOIP). Click [here](#) to access Inverclyde Local Outcome Improvement Plan. The LOIP demonstrates a clear, evidence-based and robust understanding of local needs, circumstances and aspirations of local communities. It also sets out which communities experience significantly poorer outcomes. Inverclyde's LOIP has been informed by both the results from the 'Our Place Our Future' Survey and a comprehensive strategic needs analysis. The plan identifies three strategic priorities that the Alliance Board will focus on:

Population - Inverclyde's population will be stable and sustainable with an appropriate balance of socio - economic groups that is conducive to local economic prosperity and longer term population growth.

Inequalities - There will be low levels of poverty and deprivation and the gap between the richest and poorest members of our communities will be reduced.

Environment, Culture and Heritage - Inverclyde's environment, culture and heritage will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit.

Inverclyde HSCP Strategic Approach

We are keen to deliver improvements in the spirit of the legislation and policy guidance. Essential to that is our commitment to working closely with our communities and other partners, to deliver better outcomes through Regional Planning, Moving Forward Together, Inverclyde Alliance Board Community Plan and our own Strategic Plan (2019 - 24).

This Plan sets out our roadmap to reshaping health and social care, taking full account of the wishes, priorities and assets of local people. The Market Facilitation and Commissioning Plan, Primary Care Improvement Plan and the Inverclyde People Plan should all be regarded as supplementary to this Plan.

Market Facilitation and Commissioning Plan

The Market Facilitation and Commissioning Plan represents the communication we have had with service providers, service users, carers and other stakeholders about the future shape of our Health and Social Care market. By implementing the plan we will ensure we are being responsive to the changing needs of Inverclyde service users. To deliver our commitment we need to ensure the people who use our services can choose from a number of care and support providers and have a variety of creative support options available to them. To deliver new of provision in Inverclyde, we recognise that commissioners and providers need to build improved arrangements for working together, to improve quality, increase choice and deliver a more responsive and efficient commissioning process which involves our 3rd Sector Partners. This mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery for our communities.

Primary Care Improvement Plan [link will be inserted once document has been uploaded onto the website](#)

In 2017 a new GP contract was agreed for Scotland– this outlines how GPs and the wider multi-disciplinary team will deliver healthcare which reflects changing demographics and

developments in the roles of other professionals such as nurses and physiotherapists. The role of the GP is changing; supported by a wider multi-disciplinary team, GPs will focus their unique skills on the most complex patients including those with multiple long term conditions and those with palliative care and at the end of life. Inverclyde has been at the forefront of these changes delivering a successful pilot (New Ways) allowing us to ensure that this new model is safe, effective and acceptable to the people of Inverclyde. These additional staff, along with the development of key roles such as receptionists being involved in improved signposting means that we can offer access to the skills of the most appropriate professional, in the right place, when it is most needed. This is supported by our Choose the Right Service campaign.

Inverclyde People Plan

As a requirement of the integration legislation each HSCP is required to produce a Workforce Plan. In Inverclyde, the decision was taken to adopt a more inclusive approach in recognising that to deliver our aims set out in our Strategic Plan our 'workforce' extends beyond staff within the HSCP. There are many individuals and organisations that make up the overall workforce delivering health and social care in Inverclyde for example unpaid carers and volunteers, providers in the third and independent sectors, as well as wider roles that indirectly support the delivery of good care and ultimately better outcomes. The People Plan incorporates a 4 tier structure to help us identify the resource that is the people of Inverclyde, and helps us achieve effective succession planning for our people in the future.

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Our Vision, Values and Big Actions

This Strategic Plan outlines our ambitions and reflects the many conversations we have had with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

We fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional. We strongly believe that integration will offer many different opportunities to reflect on our achievements and what we can improve on to benefit the local people and communities of Inverclyde.

Inverclyde HSCP is built on our established integration arrangements and our vision, values and 6 Big Actions have been shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. We have also undertaken targeted engagement with the Children and Young People of Inverclyde to ensure that the voices of children and young people are heard. The vision is:

“Inverclyde is a caring and compassionate, community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”

The Strategic Planning Group also built on the previous plan (2016-19) when shaping this new plan. The June 2018 review of the previous plan showed that there are a number of areas where Inverclyde performance is excellent, and there are a number of actions that are still in progress.

[Strategic Plan Review (June 2018) link will be inserted once document has been uploaded onto the website].

Following on from our last Strategic Plan we are still committed to “Improving Lives”. The review of our previous Strategic Plan (2016-19) identified a number of commitments that were still to be fully delivered, including:

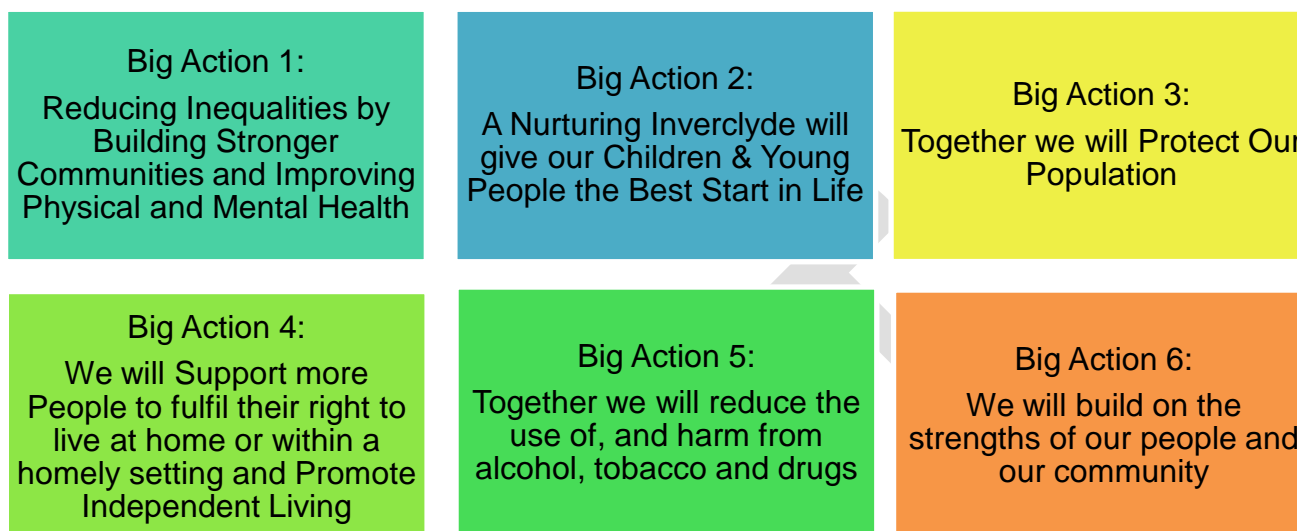
- Full implementation of the requirements of the Carers (Scotland) Act 2016
- Review of Treatment Rooms
- Learning Disability Services redesign
- Allied Health Professionals (AHP) review
- Full implementation of the Primary Care Improvement Plan
- Development of an Inverclyde Dementia Strategy
- Addictions Services review
- Community Justice Partnership review
- Development of a cross-cutting Public Health approach
- Further development of Compassionate Inverclyde.

These commitments are underway, and on track to be delivered within their timescales, and are reflected in the six Big Actions. Our vision is underpinned by these “Big Actions” and the following values based on the human rights and wellbeing of:

- **Dignity and Respect**
- **Responsive Care and Support**
- **Compassion**
- **Wellbeing**

- **Be Included**
- **Accountability**

The first five of these align with the National Care Standards, and our HSCP staff added **Accountability**. The 6 Big Actions below are underpinned by the values stated above.



Equality and Diversity – Our Approach

Inverclyde HSCP, has statutory legal obligations under the terms of the Equalities and Human Rights Act 2011. We are committed to the principles of fair equality diversity. We also recognise our responsibilities as a health and social care service provider, to ensure the fair treatment of all individuals and to tackle social exclusion and inequity. This also extends to community benefits and HSCP staff. The legislation identifies a number of protected characteristics that are known to carry a risk of unequal outcomes. These protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; sexual orientation; sex; marriage and civil partnership (for which the law provides protection in the area of employment and vocational training only).

At the heart of our obligations and commitments to equality and diversity is the further requirement to develop a set of Equalities Outcomes and to report on these as a minimum every 2 years. Our outcomes will be refreshed during year one of the Strategic Plan.

Working Together

Inverclyde HSCP is committed to working better together because we know that's what makes a difference. There is a history of strong partnership working with communities, patients, service users, our local GPs and hospitals, the independent and third sector service providers, Council partners and housing providers.

Inverclyde HSCP includes all community health, social care, and community justice services along with the budgets and staff associated with them. These services are delivered by the HSCP and overseen by the Integration Joint Board (IJB).

Our Strategic Plan recognises the value of building on our strengths (an asset-based approach) to develop effective and sustainable models of care that focus on health and wellbeing, and reducing unequal outcomes. We are committed to maximising the assets of both individuals

and communities. By “asset-based”, we mean building on the positive resources that already exist in Inverclyde.

In order for the HSCP to ensure it continues to meet the needs of our local population we must maintain a clear understanding of the differing levels of need and service provision across the HSCP. To help us understand these differences, we have considered our community in terms of 3 localities, Central, East and West. Some of the information we have has been organised into what we term ‘locality profiles’. These describe the important characteristics of the people who live in these areas. This is not to suggest that everyone who lives in the locality will experience the challenges or benefits described, but rather, that these are the most common things we observe when we look at the information we have relating to the whole population of that area. The links below show each of the locality profiles.

- Inverclyde East – [link will be inserted once document uploaded onto the website]
- Inverclyde Central – [link will be inserted once document uploaded onto the website]
- Inverclyde West – [link will be inserted once document uploaded onto the website]

During the early implementation phase of this plan, Inverclyde HSCP will move to 6 localities in line with Inverclyde Community Planning Partnership (the Inverclyde Alliance). Through engagement, Inverclyde local people have told us that individuals and families see themselves as part of smaller communities. Smaller communities will ensure that the agreed actions are the right ones and will make the most difference to people’s lives. By working at a more localised level, we recognise that communities themselves often have the answers to the problems experienced by those living in their area.

Therefore the localities will be;

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central
- Greenock South and South West
- Greenock West and Gourock
- Inverkip and Wemyss Bay

The review of the last Strategic Plan 2016-2019 and the information within our strategic needs assessment, leads to the big actions that we want to achieve during the life of the plan. Improvements will be measured against the nine National Outcomes for Scotland which haven’t changed from the previous strategic plan. These are:

National Outcomes:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use the services.
- Health and social care services contribute to 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.
- People who work in health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively in the provision of health and social care services.

These outcomes are supported by a suite of 23 National Outcomes Indicators, and we will produce an Annual Performance Report each year, which will describe our progress in respect of the 23 indicators.

We also aim to deliver better outcomes for Children, Young People and Community Justice, using their National Outcomes as our framework.

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.
- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.

These outcomes will be brought to life through an inclusive approach. We will the big actions. Appendix 1 provides an overview of how our Big Actions align with the National Outcomes.

Ministerial Strategic Group Indicators

As well as the National Wellbeing Outcomes, the Scottish Government has developed a suite of 6 Ministerial Strategic Group Indicators. These indicators aim to gauge how well our systems are working, defined by a few key measures that are important to people's experience of care. These indicators are not written into legislation and can be subject to change, depending on what big issues the Government is alerted to. Inverclyde HSCP recognises that the current suite of indicators also align to national policy and local priorities. Up to March 2019, the indicators are:

- Emergency Hospital Admissions
- Number of unscheduled hospital bed days
- A&E attendances
- A&E % seen within 4 hours
- Delayed discharge bed days
- Percentage of last six months of life by setting.

Although these indicators are largely focused on hospital care, they are the responsibility of the HSCP and important because they tell us that people would rather receive care in their own home, if at all possible. If we can reduce the use of hospital care in favour of care at home, then evidence shows that people often have a better quality of recovery.

Principles of Integration

The principles of integration describe the way services will be provided in a way which:

- Respects the rights of service users.
- Protects and improves the safety of service users.
- Improves the quality of the service.
- Best anticipates needs and prevents them from arising.
- Makes the best use of the available facilities, people and other resources.

Services must be:

- Integrated from the point of view of service users.
- Planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care).

Services must take account of:

- The particular needs of different service users.
- The participation by service users in the community in which service users live.
- The dignity of service users.
- The particular needs of service users in different parts of the area in which the service is being provided.
- The particular characteristics and circumstances of different service users.

Our Strategic Needs Assessment

Our full strategic needs assessment can be found at [link will be inserted once document has been uploaded onto the website](#), and has highlighted the following key messages:

- We have high quality children's houses and adoption and fostering services that provide sector leading support.
- We are one of the best partnerships in Scotland at preventing delayed hospital discharge.
- Death rates for substance misuse and liver disease are significantly higher in Inverclyde than the rest of Scotland.
- High numbers of children are on the child protection register for reasons linked to parental drug misuse.
- Increasing numbers of Advice Service users are requiring extensive and extended support.
- Alcohol, drug and chronic obstructive pulmonary disease (COPD) hospital stays are significantly higher in Inverclyde than the rest of Scotland.
- Breastfeeding rates are significantly lower in Inverclyde.
- We have a higher rate of mental health problems.

When we consider these headlines in the context of our vision, that *Inverclyde is a caring and compassionate, community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives*, it becomes apparent that we need to understand:

- why these differences exist
- what demand these differences create for services
- what we need to do differently
- how we can develop people's personal capacity to self-manage, and;
- how to sustain recovery.
- High level child vaccinations

Our Strategic Needs Assessment makes reference to some key information relating to children, because our 6 Big Actions relate to all of our people, including our children and young people. Our Joint Children's Services Plan should be regarded as a companion document to this Strategic Plan, and can be found [here](#).

Our Community Engagement

This Strategic Plan has been developed by engaging and consulting with our staff, partners and the communities we serve. This feedback along with the responses from our survey questionnaire, Strategic Needs Assessment and locality profile intelligence has given us an understanding of local perspective and things that matter to people. The process of engagement led to major revising and re-drafting of the Plan to fully reflect what people were telling us. We believe that the plan is now much richer, thanks to the very many helpful contributions throughout the development process.

The full engagement and consultation document can be found at: [link will be inserted once document has been uploaded onto the website](#)

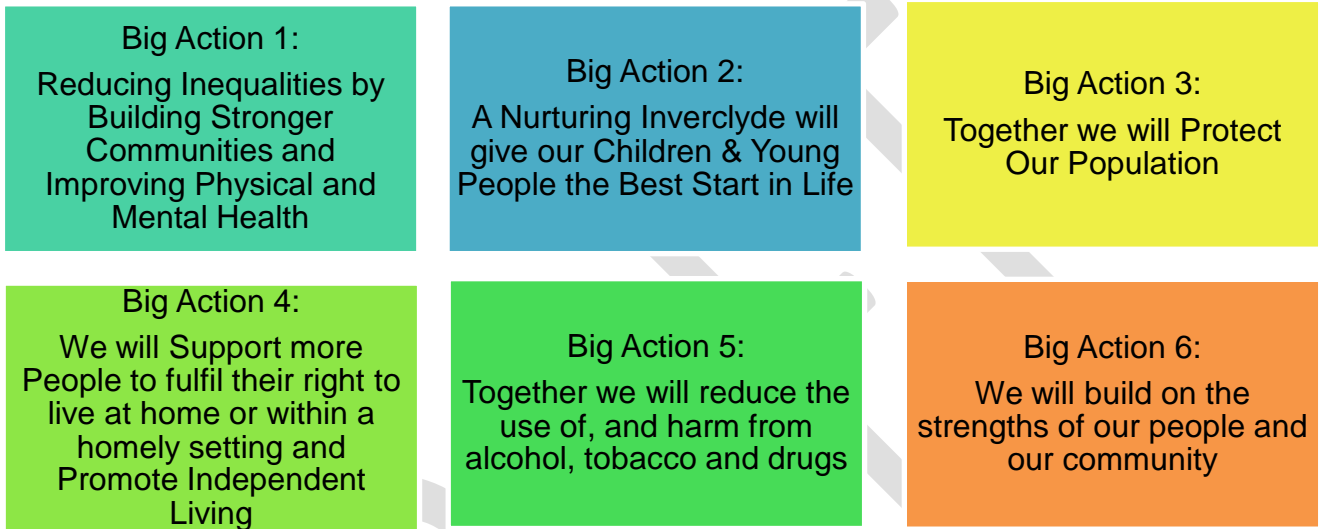
We will continue to seek out the voices of local people when reviewing and updating this Plan.

Section 2

Our BIG ACTIONS

The Strategic Plan sets the blueprint for services that will improve health and wellbeing. Our big actions will give a focused view of Inverclyde people's priorities, and how services will support those who are vulnerable or in need.

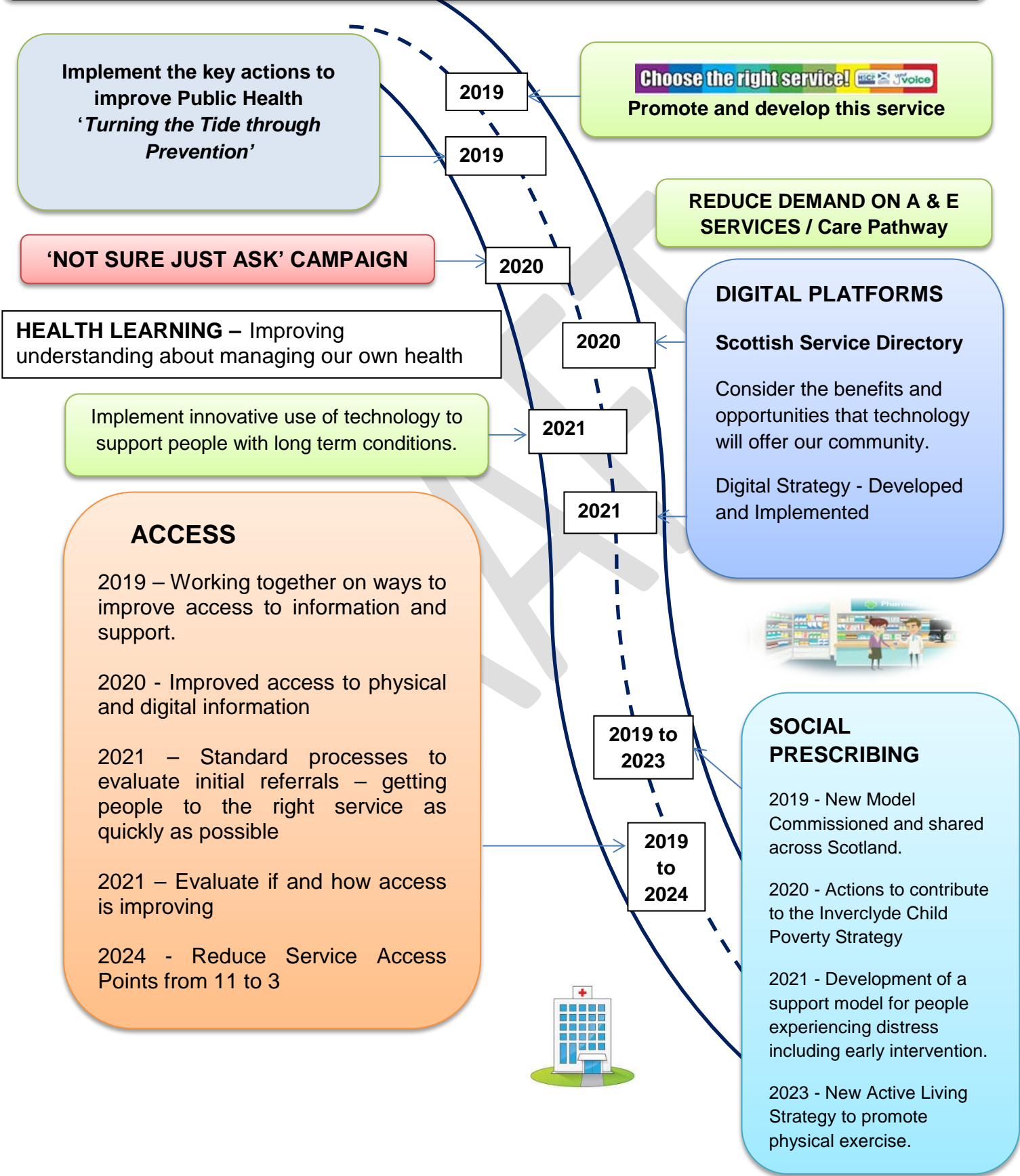
These Big Actions will be delivered over the next 5 years.



The development of the Big Actions is an ongoing process and progress will be reviewed and reported through regular updates to and by the Strategic Planning Group, and 6-monthly reports to the IJB. Each action has a more detailed implementation plan, with measures which will be monitored and reported to the Strategic Planning Group (SPG).

Our Big Action 1 Roadmap

REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH



BIG ACTION 1

Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control.

The causes of inequalities in health are complex, and often the people who are most likely to experience poorer health also experience other inequalities, for example; lower income, fewer qualifications, poorer quality housing. We recognise mental health has a significant impact on our local community and this was a key message from our engagement process and strategic needs assessment. Poor mental health often impacts on physical health and the person's ability to work or to engage with their community. Where this affects unpaid carers, inequalities can impact on both the carer and the cared-for person. Big Action 1 will focus on ways to support people to understand their health and wellbeing through better information, the development of pathways, technology and self-management. If people can understand their own health better, they will be equipped to be active participants in preventing or mitigating poorer health outcomes.

Although the roots of inequalities are complex and inter-connected, there is strong evidence to support approaches that prevent illness, and promote good mental and physical health. Where physical or mental illness exists, there are many ways in which people can be supported. Significant work has been undertaken by the Community Planning Partnership through the Local Outcomes Improvement Plan (LOIP) click [here](#) to view the LOIP. Big Action 1 aims to build on existing relationships within our communities, to support a more robust approach to improving physical and mental health.

Most of the physical health inequalities outlined in our Strategic Needs Assessment correlates closely with deprivation (as defined by the Scottish Index of Multiple Deprivation). Those who live in our poorest areas are more likely to have lower life expectancy and have more years of ill-health. They are less likely to have good quality, secure jobs – the lack of satisfying work or activity can also damage health. Intergenerational inequalities and poverty impacts on all aspects of people's lives. Reducing these inequalities requires strong partnerships and new and innovative ways to work with communities to tackle the underlying causes of deprivation.

The HSCP has a key role in educating the public to understand their health needs; the services available, and our collective responsibility on how to use our services appropriately and effectively. Further development of multi-disciplinary teams in primary care will be essential to deliver our vision to assist everyone to live active, healthy and fulfilling lives. We will build stronger community services in order that the public feel confident to support the move from hospital to community services where appropriate. We will do this through easy access to information, advice, and support. We will build on our current models that connect people with a range of services when they need them, or point them to less formal support that might be more effective for them.

Key deliverables:

Health Learning

- In **2019** we will progress the implementation of key actions to improve public health as outlined in the NHSGGC Public Health Strategy – ‘*Turning the Tide through Prevention*’.
- In **2019** we will promote and develop ‘Choose the Right Service’ to support people to access pharmacy, social prescribing and the extended multi-disciplinary team in primary care.
- We will reduce demand on A&E services by supporting people to understand the available care pathways they can use.
- By autumn **2020** we will have an agreed work plan to empower and help people to understand their health.
- By **2021** we will have developed and implemented innovative use of technology to monitor and support people with long term conditions.
- We know that the factors that cause women to become involved in the criminal justice system are very likely to relate to multiple vulnerability. We are developing a model to reduce social exclusion and encourage participation in communities.
- Throughout the life of this plan we will take forward the actions in relation to Realistic Medicine: Click [here](#) for more information on realistic medicine.

Digital platforms

- From **2019/20** we will consider the benefits and opportunities that technology will offer for all of our community.
- By **2020** we will be part of the Scottish Service Directory for local services to improve public information.
- By **2021** we will have a Digital Strategy to support technology-enabled care and self-management. This will include developing a replacement recording system for social care.

Access

- In **2019** we will engage with the public and other partners on ways to improve access to information and support within our communities. This will include options on supporting education; health literacy and self-management.
- By **2020** we will have developed a model to improve access to physical and digital information.
- By **2021** we will establish and implement an evaluation framework.
- By **2021** we have the evaluation of the current arrangements for initial referral.
- By **2024** we will improve access to HSCP services by moving from our current 11 service access points to 3.

Social prescribing to improve physical and mental wellbeing

- In **2019** we will develop our approach to social prescribing, and share this across Scotland.
- In **2019** we will have developed a set of actions that sets out the HSCP’s contribution to the Inverclyde Child Poverty Strategy.
- By **2020** we will have developed new commissioning models for social prescribing to ensure that more people get support.
- By **2021**, in line with the NHS Greater Glasgow & Clyde 5 year Mental Health Strategy, we will develop a model to support people experiencing distress, including early intervention to help people before they reach crisis. This work will also help us to deliver on the Government’s Ministerial Strategic Group targets to improve community-based responses to health crises.
- By **2023** we will have worked with Inverclyde Alliance to develop a new Active Living Strategy, to promote physical exercise (the current 10 year Strategy was approved in March 2013).

Our Big Action 2 Roadmap

A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

Access to early help and support

Increase our health workforce to support children in early years.

We will have exceeded our target of 85% of children reaching their developmental milestones.
Single agency child's plan for all children on the universal pathway.

Implement the Universal Pathway (0-5) to increase the number of home visits by Health Visitors.

Support from birth to early childhood

Develop response to Maternal Health/Mapped pathways for perinatal support

By 2024 we will increase the number of mothers breast feeding.

Corporate Parenting

2019 - Ensure that technology and support is available to help young people with disabilities live as independently as possible, including better use of technology.

2020 - Implement a model of service delivery to meet the housing and support needs of young people entitled to continuing care, beginning with the development of four supported tenancies.

2021 - Extend the champions board to include the Inverclyde community in order to promote and create intergenerational opportunities for people to come together to build nurturing capacity within the community.

2023 - Increase the ratio of children looked after in family based care.

2023 - Increase the number of children from Inverclyde, who, when they are looked after, will remain in Inverclyde.

SUPPORTING MENTAL HEALTH

Investment to upskill our workforce to recognise and support young people's mental health and wellbeing.

Develop family support for families affected by parental mental ill-health and substance misuse.

Improve children and young people's mental health in line with the national review.

Maximise learning, achievements and skills for life

Increase the availability of family support for families supported on a voluntary basis.

Evaluate the range of family support and parenting initiatives to measure the impact and effectiveness of the support.

We will have increased the ratio of children looked after in family based care by at least 5%.

BIG ACTION 2

A Nurturing Inverclyde will give our Children and Young People the Best Start in Life

We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For the children we take care of, we will also ensure high standards of care, housing and accommodation.

Inverclyde is a beautiful place to live and grow up, however we know that some children growing up in Inverclyde face deep rooted and intergenerational challenges. We have become increasingly attuned to the nature and impact of these challenges. Poverty and the impact of poverty on people's life chances present some of our biggest challenges. We have improved our use of evidence-informed approaches that help us to target and mitigate the impacts. This requires us to work in partnership across Inverclyde HSCP to support those families, children and young people affected by alcohol, drugs and mental illness. The re-emergence of research related to Adverse Childhood Experiences has helped to re-emphasise the importance of early help and early intervention. We recognise that the challenges we face here in Inverclyde require a long-term strategic response. Getting it Right for Every Child (GIRFEC) where every child has a named person and access to support constitutes a core aspect of that strategic response.

The GIRFEC pathway ensures that help is offered timeously where a child may have additional needs that may require enhanced or specialist support. The implementation of the Inverclyde GIRFEC Pathway and the National Practice Model has provided a framework for our aim that every child in Inverclyde will be safe, healthy, achieving, nurtured, active, respected, responsible and included. The GIRFEC pathway has strengthened and clarified the roles and responsibilities of our wider children's services, particularly in relation to ensuring that the right help is offered at the right time.

"Nurturing Inverclyde" is our collective vision to ensure that everyone has the opportunity to have a good quality of life and good mental and physical health. This approach puts the child, citizen and community at the centre of our thinking, our planning and our actions. We have and we will continue to build Nurturing Inverclyde into our culture. One way in which this is evident is our focus on high quality relationships with children and their families including their active participation in decision making and in developing services that affect them.

The strategic direction of the HSCP's services to children and families is heavily integrated with that of our Community Planning Partners, as well as the strategic priorities set out in our Children's Services Plan and our Corporate Parenting Strategy. We have led on a joint approach to data analysis in children's services across the Inverclyde Community Planning Partnership, resulting in a robust and detailed strategic needs analysis, click [here](#) to view the full analysis.

The analysis incorporates the views and opinions of children, families and service providers. This Integrated Strategic Needs Analysis in turn has strongly informed the strategic direction of our Children's Services Plan and our Corporate Parenting Strategy. These are companion documents to this strategy and can be accessed [here](#).

This Big Action is therefore aligned with the strategic aims of the Inverclyde Integrated Children's Services Plan and Corporate Parenting Strategy. This includes

- Access to early help and support.
- Improved health and wellbeing outcomes.
- Opportunities to maximise learning, achievements and skills for life.
- Access to high quality care, accommodation and housing that will meet the needs of looked after children.

The Big Action is informed by children, families and the wider Inverclyde community. We are very aware of the challenges facing children growing up in Inverclyde. We have been making good progress in addressing these. However during the lifetime of this Plan we are determined to continue to tackle those challenges to ensure all of our young people have the best start in life.

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Key deliverables:

Access to early help and support - Enhancing and further embedding the Inverclyde GIRFEC Pathway

- By **2019** we will have increased our health workforce to support increased focus on assessment and planning for children in the early years via the revised universal pathway.
- In **2020** we will implement the Universal Pathway 0-5 to increase the number of home visits by Health Visitors.
- By **2021** we will have a single agency child's plan for all children on the universal pathway, and we will develop for those children who require additional support an enhanced plan in partnership with parents and carers.
- By **2023** we will have exceeded our target of 85% of children reaching their developmental milestones.

Improved health and wellbeing - Supporting from birth to early childhood

- In **2019** we will develop a response to improving maternal health.
- By **2020** we will have mapped pathways for perinatal support and developed recommendations for improvement.
- By **2024** we will increase the number of parents breast feeding.

Improved health and wellbeing - Support and improve children & young people's mental health

- By **2019** we will have directed investment to upskilling of our workforce to be confidently equipped to recognise and support young people's mental health and wellbeing.
- By **2020** we will develop family support for families affected by parental mental ill-health and substance misuse.
- By **2022** we will align our strategy to support and improve children and young people's mental health in line with the national review.

Opportunities to maximise learning, achievements and skills for life

- By **2020**, we will increase the availability of high quality family support for families supported on a voluntary basis.
- By **2023**, with partners we will evaluate the enhanced range of family support and parenting initiatives to measure the impact and effectiveness of the support.

Access to high quality care, accommodation and housing that will meet the needs of looked after children - Corporate Parenting

- From **2019** Inverclyde will implement the recommendations of the national review of the care system.
- In **2019**, as part of the revised Learning Disability Services model, we will ensure that technology and support is available to help young people with disabilities live as independently as possible.
- By **2020**, we will implement an accessible model of service to meet the housing and support needs of young people entitled to continuing care, beginning with the development of four supported tenancies.
- By **2021** we will have developed a strategic approach to extend the champions board to include the Inverclyde community in order to promote and create intergenerational opportunities for people to come together to build nurturing capacity within the community.
- By **2023** we will have increased the ratio of children looked after in family based care by at least 5%.
- By **2023** we will have ensured that more children from Inverclyde, when they are looked after, will remain in Inverclyde.

Our Big Action 3 Roadmap

Together we will protect our population

Planning

Annual business plan in place ensuring high quality Child & Adult protection and Multi Agency Public Protection Arrangement services.

Formally align planning processes of Alcohol & Drug Partnership and Violence Against Women Partnership with Public Protection processes, governed by Public Protection Chief Officers Group.

Raising Awareness

Digital strategy, key actions to help foster cyber safety.

Ensure our Community Engagement has consistent Public Protection focus.

Contribute to thematic communication plan to raise awareness of public protection.

Ensuring Quality

2019 - Development of Clinical and Care Governance Strategy incorporating public protection.

2020 - HSCP Quality Assurance Framework implemented.

2020 - Self-Evaluation Framework across public protection services implemented.

2021 - Learning & Development Framework developed and implemented.

2022 - Implementation of the National Approach to Learning Together to improve quality in Public Protection.

Interventions

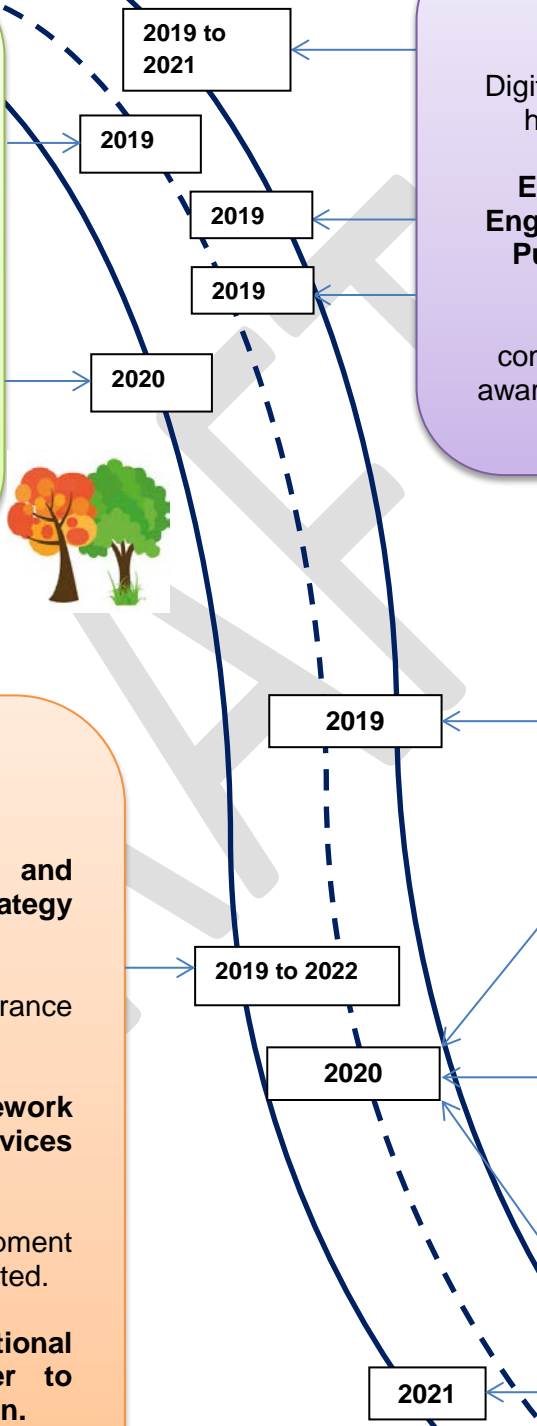
2019 - Access to appropriate support for young people involved in offending.

2020 - Provide enhanced relationship based and trauma informed support.

2020 - Commission an evidenced informed approach to reducing domestic abuse.

2020 - Develop and implement a new model for women involved in offending.

2021 - Extend our approach to reducing Neglect and Self-neglect across the partnership.



BIG ACTION 3

Together we will Protect Our Population

We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities

Together we have a duty to ensure that people who are vulnerable within our community are protected and feel safe. This is and will remain a core strategic priority for the HSCP. We have arrangements in place to raise awareness of public protection issues, facilitate proportionate information sharing, diligent screening, prompt assessment and timely targeted support to people who may require advice, support and protection.

The main areas where we provide support in public protection are in relation to child protection, adult protection and people affected by serious and violent crime.

Within each aspect of public protection we have a suite of readily accessible procedures and guidance to assist staff in working together and to ensure safe, consistent practice in this very complex area. Robust arrangements are in place to ensure procedures, processes, systems and practice are updated in relation to new research or emerging areas of risk that are identified locally or nationally. For example, the Scottish Child Abuse Inquiry is likely to deliver recommendations, and we will be well placed to act on emerging recommendations. With regard to technology, the internet, while being a very valuable source of information and knowledge, can also pose a number of challenges. Our Digital Strategy will also include key actions to help foster cyber safety.

Public protection activity by its nature relies on a partnership approach. The direct governance of our public protection activity is through the Public Protection Chief Officer's Group (PPCOG). The PPCOG provides robust challenge and scrutiny of the public protection agenda and in particular in respect of planning and improvement in public protection including approval of annual business plans and quarterly scrutiny of public protection activity. The strategic direction of public protection is closely aligned to The Child Protection Committee, the Adult Protection Committee and the Multi Agency Public Protection Arrangements.

Recent internal and external audits identify good evidence that there are strong public protection arrangements in place in Inverclyde. However continuous improvement has been identified as a key mechanism in maintaining quality. Consequently, ensuring quality is a key priority.

Our Strategic Needs Analysis identified a growing trend in gender-based violence and domestic abuse as a significant risk across our communities. The impact this has on victims, children, perpetrators and the wider community is considerable and far reaching. We have identified the need to intervene early to change attitudes to domestic abuse. We will identify a suitable programme that can be delivered initially jointly by Children's and Criminal Justice Services and then extended across the HSCP.

Our strategic needs assessment also tells us that there is a strong trend of neglect and self-neglect, and this is a key challenge for our communities. There is long standing evidence that neglect impacts on every age group, so our future work with communities will have a focus on identifying neglect and self-neglect, and developing ways to reduce it.

We all have an important role to contribute to the reduction of violence, crime and disorder in our community. As part of our Criminal Justice Strategy we will continue to develop our approach to reducing offending and reoffending. Our Community Justice Outcome Improvement Plan 2017-2022 can be found by clicking [here](#).

We will look to strengthen our whole-system approach to offending extending, and develop our system of early and effective intervention to young people involved in offending. We will ensure that, where we can, we divert young people from offending. Where this is not possible, we will provide safe alternatives to young people being detained in custody.

We know that the factors that cause women to become involved in the criminal justice system are very likely to relate to multiple vulnerability. We are developing a model to reduce social exclusion, and encourage participation in their own community.

The protection of our most vulnerable service users is not concluded simply by ensuring their safety. An important theme of this strategy is supporting our population to enjoy good physical and mental health and wellbeing. We have a responsibility to ensure our staff are confident and competent in all aspects of public protection. While it can be a difficult area to work within, developing high quality helping relationships is key to the recovery.

DRAFT

Key deliverables:

Raising Awareness

- By **2019** and thereafter for each year we will contribute to a thematic communication plan to raise public awareness about the protection of children, vulnerable adults and those affected by serious and violent crime.
- In **2019** public protection will be a main focus of our engagement with our communities.
- By **2021** we will have a Digital Strategy, which will include key actions to help foster cyber safety.

Planning

- By **2019** and thereafter for each year of this Strategic Plan we will have in place an annual business plan to deliver consistently high quality child and adult protection and MAPPA services.
- By **2020** we will formally align planning process in relation to the Alcohol and Drug Partnership and the Violence Against Women Partnership with our existing Public Protection processes, under the governance of the PPCOG.

Interventions

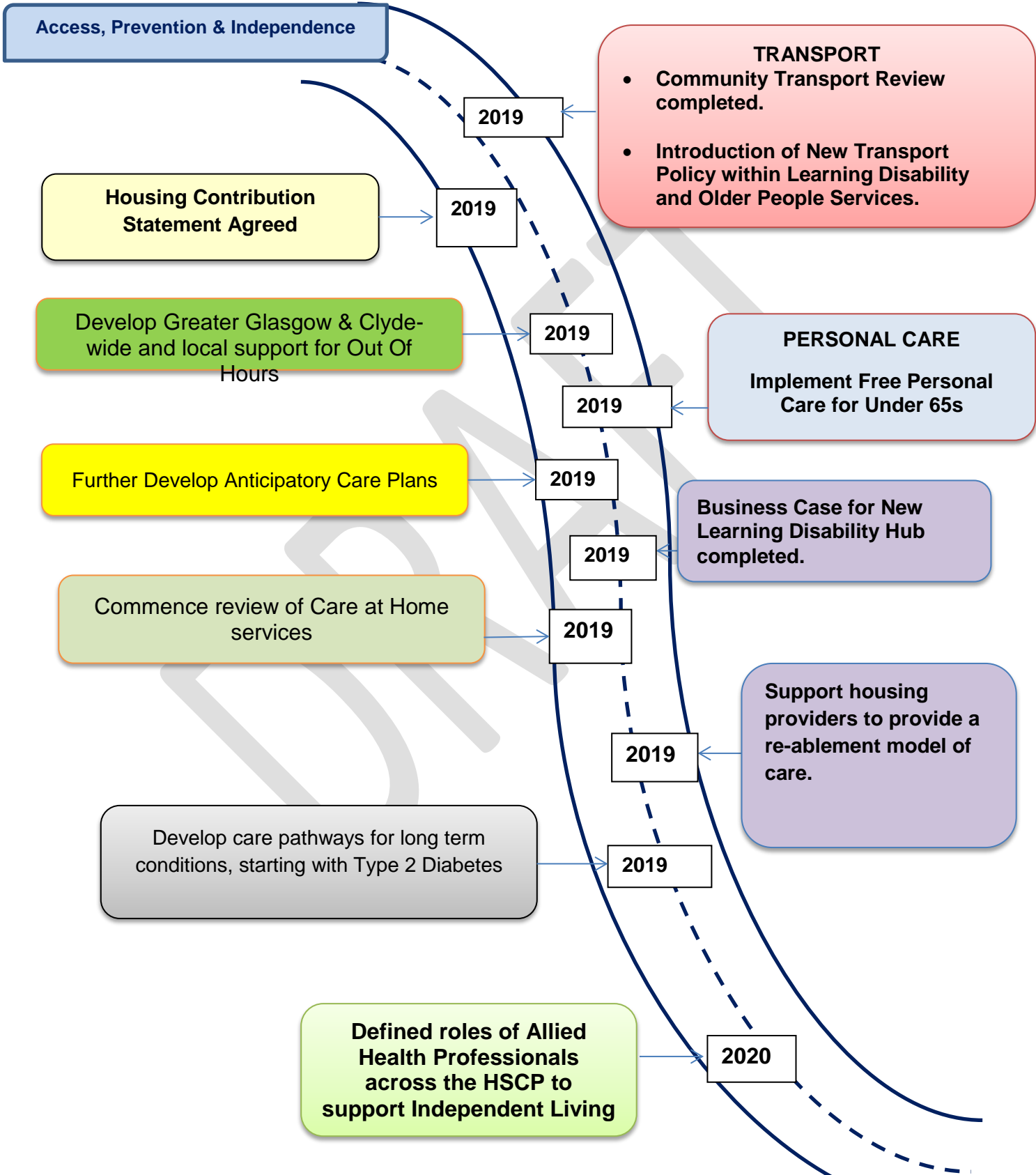
- In **2019** young people involved in offending will continue to have access to appropriate support.
- By **2020** we will develop and implement a new model for women involved in offending.
- In **2020** we will have commissioned an evidenced-informed approach to reducing gender based violence and domestic abuse in our community.
- By **2020** staff working in the public protection arena will be supported and equipped to provide relationship-based and trauma informed support to victims and perpetrators of abuse.
- In **2021** we will extend our work to reduce the occurrence of Neglect and Self-neglect across our partnership.

Ensuring Quality

- In **2019** we will develop a Clinical and Care Governance Strategy for the partnership which will incorporate all aspects of public protection.
- By **2020** we will implement a self-evaluation framework with agreed minimum standards applied across public protection services.
- By **2020** we will implement the HSCP Quality Assurance Framework with agreed minimum standards.
- By **2021** we will develop and implement an HSCP-wide learning and development framework that that will develop confident and competent staff.
- By **2022** we will implement the national approach to learning together to improve quality in public protection and in the interim we will implement any learning that emerges from the Scottish Child Abuse Inquiry.

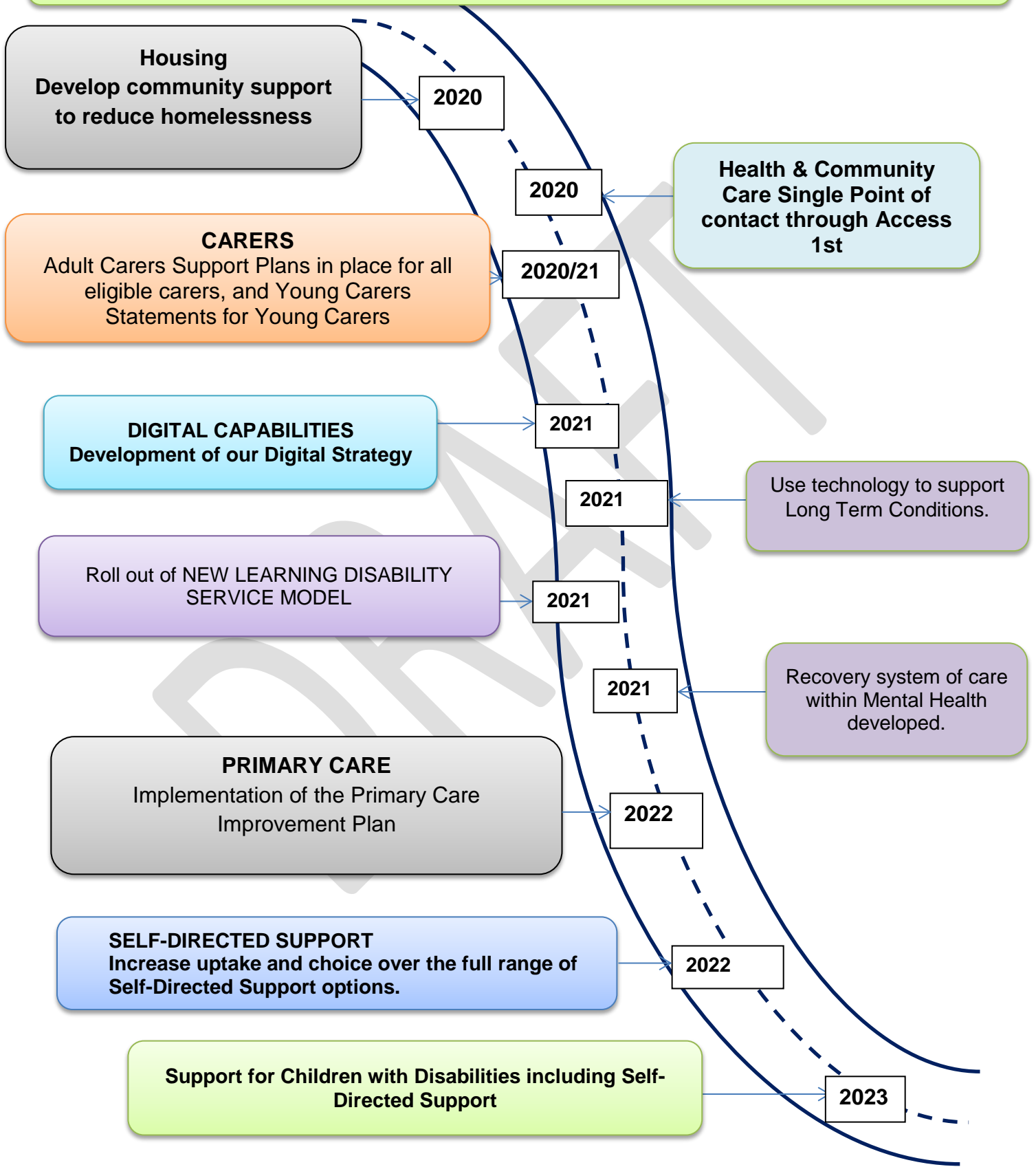
Our Big Action 4 Roadmap 1

We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.



Our Big Action 4 Roadmap 2

We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.



BIG ACTION 4

We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living, together we will maximise opportunities to provide stable sustainable housing for all.

We will enable people to live as independently as possible and ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone

Throughout the life cycle there will be times when people's physical and emotional health and wellbeing may require additional support. Whilst this can happen at any age, this has a specific relevance to our older people. However people have consistently told us that they would rather remain in their own homes if at all possible. Over a number of years we have been developing our care at home supports, and although our older population has been growing, we have been able to support an increasing number of people to stay in their own homes this includes a commitment to introduce free personal care for under 65s. Using a combination of home visits, home care and technology, we have continued to develop approaches to independence while managing risk across all care groups.

Our Home 1st Service has enabled us to assess people to live at home with appropriate support as the first option. The Home 1st Plan identifies action to reduce the incidence of events that can impact on people's confidence to live independently through early intervention and re-ablement. It enables us to support people to leave hospital quickly so that they can be cared for in a more appropriate place. We recognise the positive contribution of families and unpaid carers as equal partners to enable us to deliver the strategy. We will continue to develop a strategic approach to taking advantage of technology – including dementia-friendly technology - through the development of our Digital Strategy. Some people will require support that can only be provided in a care home and we recognise this as a positive choice. We will continue to work with local care home providers to ensure the highest standards of care are maintained.

Learning Disability Services have consulted with service users, families, carers and other key partners in actively developing a new service model, focussing on four high level themes in line with the National Strategy, Keys to Life:

- Independence (Where I Live)
- Choice and Control (My Community)
- A Healthy Life (My Health)
- Active Citizenship (My Safety and Relationships)

The service will develop a new resource hub for day and social opportunities bringing together a range of centre based and community based services and supports for people aged 16+ with a learning disability, including those who may have complex and multiple needs. We will continue to enable the development of individual's independent living skills, including independent travel. We recognise the need to focus on education and employability training opportunities and promoting active citizenship. Self- directed support is the way by which we will continue to offer increased choice and control to achieve improved outcomes.

Growing and sustaining social care and community supports is key to enabling people to self-manage their own condition and prevent deterioration.

Inverclyde HSCP will continue to build local services to support primary care and ensure that only those who need to be seen at hospital are seen there. Multidisciplinary teams and technology should allow us to support people more long term. In line with National Strategy and GG&C Moving Forward Together the HSCP will develop care in the community and provide a more joined up service with hospitals to stop needing hospital care and when they do getting them home quickly.

Big Action 4 emphasises the basic human right to a home or homely setting. This extends across all of our population. We have identified the need to improve our responses to people presenting to the homelessness service. This includes people who need help both with access to a settled tenancy and support to sustain their home. A significant number of people who experience homelessness in Inverclyde have a mental health problem or difficulty with drugs and/or alcohol. There might be times when a staged approach is best, to enable some of our most vulnerable people to build up their confidence to live independently. This is part of our Rapid Rehousing Transition Plan.

Big Action 4 focuses on our aim to provide the right support at the right time, and for the right length of time across all our services, so that we can help people towards the highest level of independence possible. Our approach is dependent on partnership working with a range of local and national agencies. Our mental health strategy identifies the need to increase our support to people recovering from mental ill-health, enabling them to live confidently within the community, and have access to opportunities for meaningful activity and work. Our Housing Contribution Statement brings the HSCP together with local housing providers to plan future housing designed for a lifetime of independent living.

Housing Contribution Statement link will be inserted once document has been uploaded onto the website

Key deliverables:

Access

- In **2019** we will implement free personal care for under 65s.
- In **2019** we will review and develop a model for NHSGGC wide and local support for out of hours.
- In **2019** we will update all our existing and new Anticipatory Care Plans (ACPs) on the new IT format to ensure improved sharing of information across all relevant health and social care sectors.
- By **May 2019** we will have completed a full business case for a new Learning Disability Hub to consider viability of a new build.
- By end of **2019** we will have commenced a service review of care at home.
- In **2019** we will work to develop pathway for long term conditions such as COPD, diabetes, including use of technology.
- By **2020** we will have defined the role of Allied Health Professional (AHP's) across the HSCP in their support of independent living.
- By **2020** Health and Community Care services will have a single point of contact through Access 1st.
- By **2021** we will roll out a new Learning Disability service model to ensure people are supported to live independent lives.
- By **2021** all eligible carers will have an adult carers support plan in place or a young carers statement for young carers.
- By **2021** we have developed a recovery orientated system of care within mental health
- By **2022** the people who access services will have the confidence to exercise choice over the full range of SDS options.
- By **2022** we will have implemented the Primary Care Improvement Plan (PCIP) delivering the expanded MDT to offer a wider range of choice for support to both acute and chronic illness.
- By **2023**, we will work with partners to improve the range and access of support for children with disabilities including Self-Directed Support.

Prevention and Independence

Throughout the life of the plan we will work to reduce activity at the hospital and when someone requires hospital ensure they get home quickly, maintain sector leading performance in reducing delayed discharge.

Digital Strategy

- By **2021** we will develop our Digital Strategy to support technology enabled care and self-management. This will include developing a preferred option for the SWIFT replacement recording system in Social Care.
- Use technology support LTC.

Transport

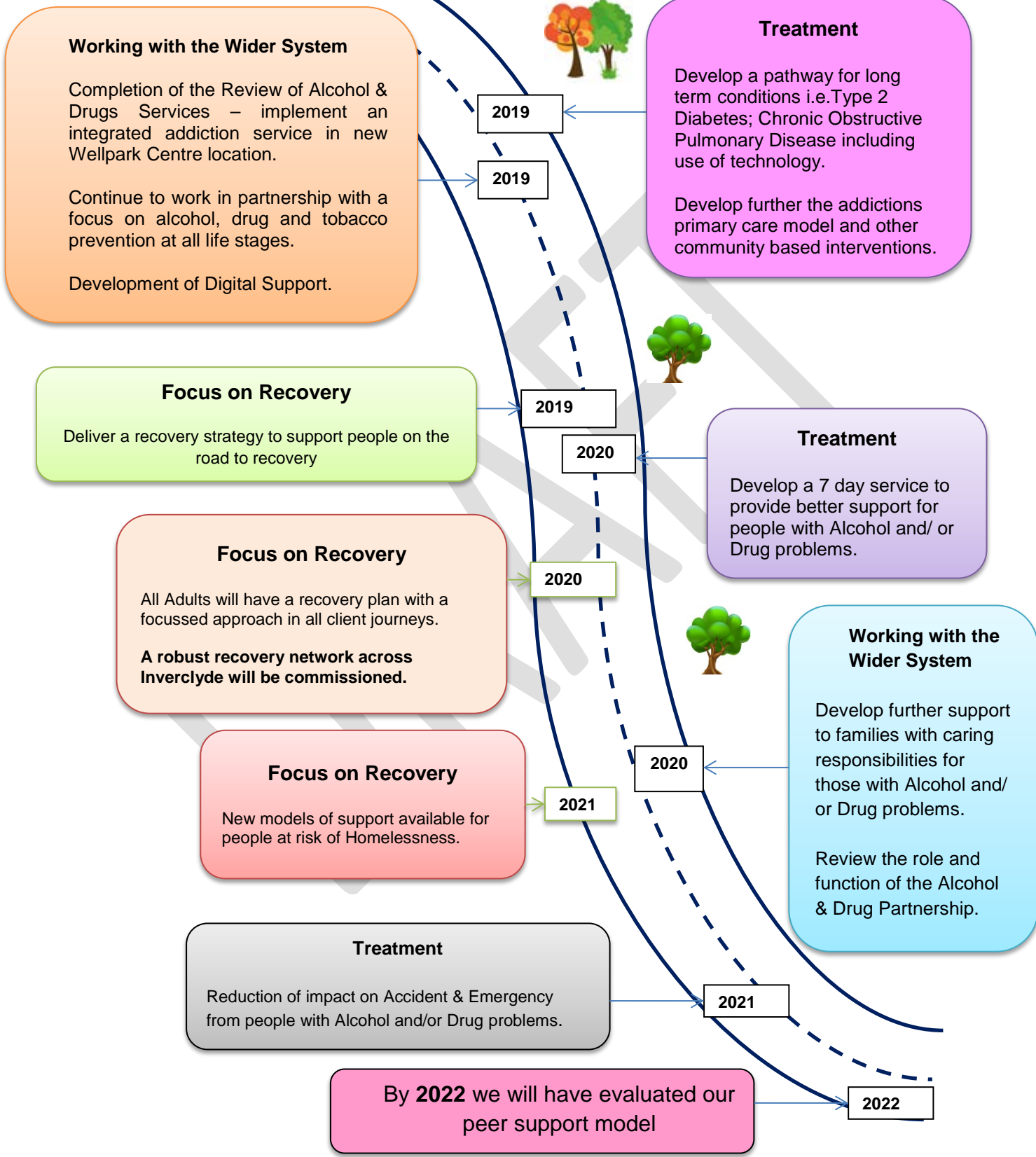
- By December **2019** we will have reviewed our community transport and introduced a new Transport Policy within the Learning Disability and Older people services.

Housing

- By **2019** we will have an agreed Housing Contribution Statement.
- In **2019** support housing provider to provide reablement model of care.
- By **2020** we will develop community support to reduce homelessness in Inverclyde.

Our Big Action 5 Roadmap

Together we will reduce the use of, and harm from alcohol, tobacco and drugs



BIG ACTION 5

Together we will reduce the use of, and harm from alcohol, tobacco and drugs

We will promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those affected to become more involved in their local community.

Our Strategic Needs Assessment demonstrates that Inverclyde has a number of particular challenges related to the use of alcohol, drugs and tobacco. Inverclyde has a long history of people affected by alcohol and drug use and our rates are higher than most of Scotland. For example Inverclyde has shorter life expectancy and a higher proportion of child protection registrations are due to parental drug and alcohol use.

These issues impact on all communities; from the wellbeing of children to the increased demand on our local services; and on the ability for those affected to contribute to the local economy and community. People with alcohol and drug problems are more likely to have persistent difficulties sustaining their own home. The consultation for the Strategic Plan highlighted that communities felt more had to be done to support families affected by alcohol and drugs. Our approach to tackling this requires actions across services and agencies including with the Community Planning Partnership. The multi-agency Alcohol and Drug Partnership (ADP) is responsible for developing strategic approaches to tackling these issues. The New National Framework for alcohol and drugs will help to support strategic direction of ADP and the focus on recovery across Inverclyde and measuring improvement for the people of Inverclyde.

There is work being undertaken across the wider system to support people with alcohol, and drug problems. Preventative and early intervention work includes education within schools and programmes for young people, and the provision of appropriate information to support and inform young people and families affected by drug and alcohol misuse.

In order to ensure we are meeting the complex needs of those affected, we are undertaking a review of alcohol and drug services to transform our service into a fully integrated and cohesive service which will best deliver appropriate models of treatment and recovery. This will enable a wider system of care to be developed by continuing our close working with a range of partners and developing new partnerships as required. This will build an inclusive network of support for the person affected; their family and the Inverclyde community.

From the initial part of the review we have identified the need to develop clearer pathways for people in to assessment and treatment and to access recovery supports both during and after treatment within our service. We have also identified gaps in access to support across 7 days, which impacts on where people can go to when they need urgent help, and the need for us to further develop support to families and carers.

People who have problems with drug and alcohol and tobacco use are more likely to experience other significant physical and mental health problems. The Strategic Needs Assessment identified that they are more alcohol, drug and chronic obstructive pulmonary disease (COPD) related hospital stays than in the rest of Scotland. Therefore we need to develop different pathways that can provide appropriate support to people to prevent deterioration in their health and avoid unnecessary hospital admissions.

The focus on recovery will be supported by the development of a wider recovery strategy, to extend support to people recovering from alcohol, drug use and mental ill health. This will need to include work with our partners and other agencies to address some of the barriers that people in recovery experience in accessing wider opportunities. People who currently use our services have told us that support from other people who have experienced these difficulties is very helpful and we will continue to develop approaches to peer support within this strategy.

As well as the focus on treatment and recovery services, we will continue to ensure prevention is prioritised and work with our partners and wider community to intervene early to support less people to become addicted to alcohol, drugs and tobacco.

Key deliverables:

Working with the Wider System

- In 2019 we will continue to work with partners to ensure our focus on alcohol, drug and tobacco prevention continues across all life stages, including developing digital support.
- In 2019 we will complete the review of alcohol and drugs and implement an integrated addiction services for Inverclyde, located within the Wellpark Centre.
- In 2020 we will review the role and function of the Alcohol and Drug Partnership to develop engagement with carers and those that use alcohol and drug services.
- In 2020 we will develop further support to families with caring responsibilities for those with alcohol and drug problems.

Ensure appropriate Treatment

- In 2019 we will develop further the addictions primary care model and other community based interventions
- In 2019 we will develop a pathway for those with long-term conditions COPD, including supporting use of technology.
- By 2020 we will work to develop a 7 day service to better support people with alcohol and drugs problems
- By 2021 we will reduce the impact on A&E from people with alcohol and drugs problems

Focus on Recovery

- In 2019 we will deliver a recovery strategy that outlines the vision to support people on the road to recovery
- By 2020 we will commission a robust recovery network across Inverclyde for people who need support to recover from illness.
- By the end of 2020 all adults will have a recovery plan in place to ensure a recovery focussed approach is at the forefront of all client journeys
- By 2021 new models of support will be available for people at risk of homelessness.
- By 2022 we have evaluated peer support model and considered its ability to roll out across the HSCP.

Our Big Action 6 Roadmap

We will build on the strengths of our people and our community

Supporting Our Staff

Review and develop our People Plan including succession plans for the future.

Develop promotional material for Inverclyde HSCP and partners to support recruitment and training.

Community Strengths

Scoping of our Community Assets will be completed.

Building up Capacity in the Community

Programme to create opportunities for people in communities to recognise social isolation and be able to act to reduce its impacts.

Evaluate the current models of peer support to inform our future approach to address stigma and peer-supported recovery.

Working with Your Voice and Community Voluntary Service (CVS), review social prescribing.

Evaluate the impact of Inverclyde Cares and Social Prescribing.

Building up Capacity in the Community

Evaluate our approach to Community Champions/Ambassadors and consider extending across communities.

Build on the 2 Proud 2 Care programme, to develop principles of coproduction for all services redesigns or planning.

Develop 'Inverclyde Cares' including delivering a Dementia, Carer and Autism friendly Inverclyde.

Compassionate Inverclyde will continue to develop services and support in the community and hospital.

Community Strengths

We will commit 1% of the budget provided to the HSCP from Council to participatory budgeting.

The New Greenock Health and Care Centre will be opened, creating a state of the art community asset.

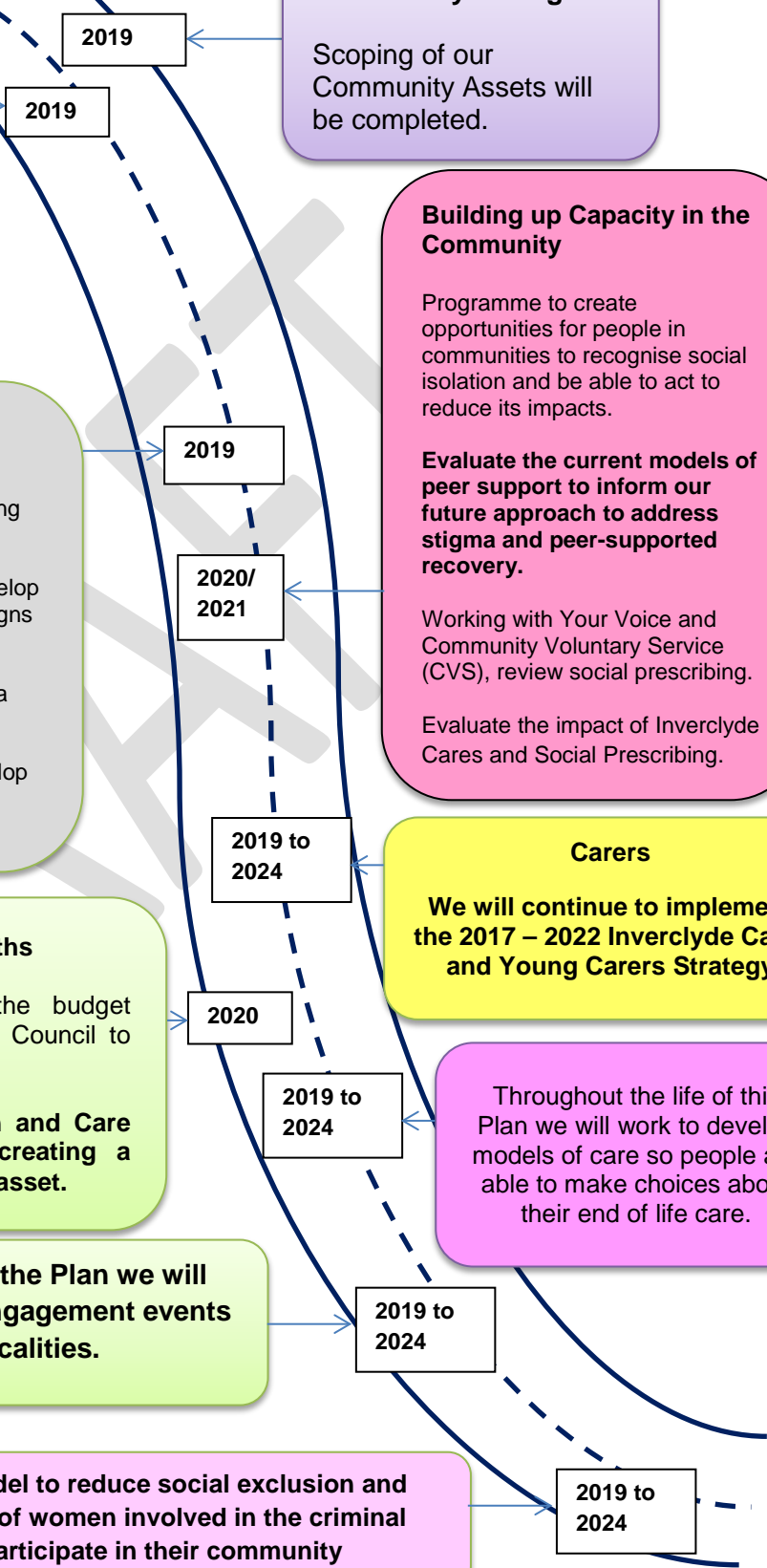
Carers

We will continue to implement the 2017 – 2022 Inverclyde Carer and Young Carers Strategy

Throughout the life of this Plan we will work to develop models of care so people are able to make choices about their end of life care.

Throughout the life of the Plan we will have a programme of engagement events within the 6 localities.

We are developing a model to reduce social exclusion and encourage participation of women involved in the criminal justice system to participate in their community



BIG ACTION 6

We will build on the strengths of our people and our community

We will build on our strengths this will include our staff, our carers, our volunteers and people within our community, as well as our technology and digital capabilities”

A Nurturing Inverclyde has been key to our HSCP success, whether that is our staff, carers or communities.

A shared desire to see Inverclyde thrive motivates us to work together, to build on our assets and develop communities that care for one another. Health and Social Care Services know that we cannot deliver everything for everyone. Social isolation or exclusion is common in society and impacts on people’s physical and mental health and wellbeing. It is a public health issue. The human relationships that people need can be developed by creating opportunities in communities to notice, to connect and to show kindness. ‘*Inverclyde Cares*’ will bring together different strands of work in communities to support and provide a better response to those who are lonely, vulnerable or excluded. We are therefore committed to further development of Compassionate Inverclyde and Dementia and Autism Friendly communities. Given the inherent strength of our communities, and the overwhelming comments during our engagement, we are also committed to working with communities to find ways of tackling stigma. We also want to work with communities and partners to further develop Social Prescribing – a way of finding community solutions to life problems that can affect physical or mental health.

We will continue to create opportunities so that people are able to support one another, and we will support Your Voice so that those with specific conditions or similar issues are able to spend time together. The underlying principle is that people in Inverclyde want to help one another and that can often be more effective than formal services.

Inverclyde Cares is the foundation on which we will support the development of community initiatives. These initiatives will support people at all stages in life providing a real opportunity for early help. Our Carers Centre and 3rd sector providers will also provide specific support to ensure carers get access to the help they need when they need it.

Inverclyde HSCP has a good track record in working with communities and young people to develop services. Over the next 5 years we will build on this and begin to design services with our communities for our communities, (this is known as coproduction). We know from the consultation that people – and in particular young people - want us to build a digital system that will allow them to access support online, for example. In response, we will ensure the Digital Strategy includes commitment to this action.

We recognise our duties to protect the health of our staff and to ensure that they have a safe working environment, so we will develop a Health & Safety Plan in collaboration with staff, and ensure that it is reviewed every year.

This is one way that we will demonstrate that the HSCP culture supports and values our staff. We are also keen to support and value the staff in services we commission. Our People Plan [here](#) outlines an ambitious programme to develop staff and plan for the future. Our market

facilitation plan gives opportunity for us to design services differently so that people are treated first and foremost as people rather than for their specific conditions.

Market Facilitation and Commissioning Plan links will be inserted once document has been uploaded onto the website

Key deliverables:

Building up capacity in the community:

- In **2019** we will develop 'Inverclyde Cares' including delivering a Dementia, Carer and Autism friendly Inverclyde. Compassionate Inverclyde will continue to develop by supporting people in the community and in hospital who are at the end of their life or lonely/isolated.
- We will continue to implement the 2017-22 Inverclyde's Carer and Young Carers Strategy to ensure that all support outlined in the Carers Act is available and easy to access.
- **Throughout 2019** we will build on the work of 2 Proud 2 Care, to develop principles of coproduction for all service redesigns or planning.
- In **2019** we will evaluate our approach to Community Champions / Ambassadors and consider extending this across communities.
- By **2020**, working with Your Voice and CVS, we will review social prescribing to ensure more people are linked to workers in GP practices and in the communities.
- By **2020** we will evaluate the current models of peer support to form our future approach to address stigma.
- By **2020** we will have a programme to create opportunities for people in communities to notice social isolation, and to be able to act positively and confidently to help reduce its impacts.
- By **2021** evaluate impact of Inverclyde Care's and social prescribing.

Community Strengths

- By **spring 2019** we will have scoped our Community Assets.
- By **2020** the New Greenock Health and Care Centre will be opened, which will provide a modern state of the art community asset.
- By **2020** we will commit 1% of the budget provided to the HSCP from the Council to participatory budget.
- We know that the factors that cause women to become involved in the criminal justice system are very likely to relate to multiple vulnerability. We are developing a model to reduce social exclusion and encourage participation in their own community.
- Throughout the life of this Plan we will work to develop models of care so that people are able to make choices about their end of life care.
- Throughout the life of the plan we will have a programme of engagement events within 6 localities

Supporting our staff

- In **2019** we will review and develop our People Plan to ensure that staff in HSCP are being supported and we have succession plans for the future.
- In **2019** we will have developed promotional material for Inverclyde HSCP and partners to support recruitment and training.
- In **2020** we will further develop our SVQ Centre.

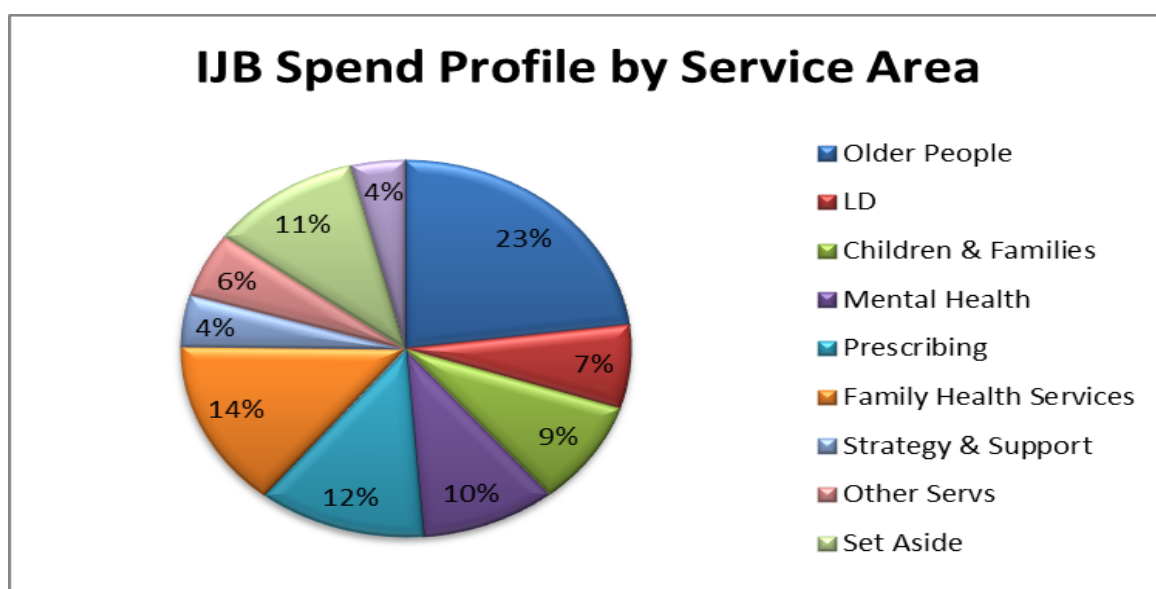
Throughout the lifetime of the plan we will work together to promote staff attendance and maintain Gold Healthy Working Lives initiatives.

Section 3

Health & Social Care Spend

PLEASE NOTE: FINAL FIGURES WILL BE INSERTED ONCE 19/20 BUDGET AGREED

The current Health & Social Care budget is split across services and care groups as follows:



The IJB is facing continued cost pressures in a number of areas including: mental health inpatient services; prescribing; care at home services for older people; learning disability and residential placements for Children.

The areas of key uncertainty for the HSCP include:-

- Impact of future Scottish Government funding levels for our partners;
- Pay Settlements and the impact of the decision to lift the pay cap on public sector pay;
- Demand led pressures particularly in the area of older people services but also for learning disability and children's services;
- Prescribing costs as a consequence of rising costs and short supply of drugs.

IJB Budget 2019/20 to 2023/24

The high level budget estimates for the IJB for next 5 years are based on assumed pressures around pay inflation, drug inflation, demographic and volume changes totalling around £xxxm, for the purpose of the plan these have been offset by a combination of anticipated funding uplifts and savings exercises to balance the budget going forward.

Key Budget Assumptions

Partner Contributions

- Health - the estimated Health contribution has been uplifted by 1.5% plus an additional sum for Pay Awards per annum. This is in line with recent uplifts from Scottish Government and the Health Board

- Council - the 2019/20 estimated contribution is based on the December 2018 budget letter from Scottish Government. The contribution for future years has maintained at the 2019/20 level as no further uplifts have been announced by Scottish Government at this stage

Pressures and Savings

- Pay Award pressures - £xm - estimated at 3% per annum for all staff
- Drug inflation pressures - £xm - based on an assumed 5% increase per annum based on the past two financial years.
- Demographic and Volume pressures - £xm - based on the additional costs around initiatives such as the Carers Act, Free Personal Care to Under 65's (Frank's Law), Living Wage etc. together with other anticipated cost pressures linked to this area
- Inflation - £xm - anticipated inflationary pressures on non-pay areas including the National Care Home Contract
- Savings - it is anticipated that additional funding or savings will be required to offset any resultant funding gap each year. Current estimate is £xxxm over the next 5 years

IJB Budget 2019/20 to 2023/24

The high level budget for the IJB over the life of the Strategic Plan, based on the above assumptions is as follows:

PLEASE NOTE: FINAL FIGURES WILL BE INSERTED ONCE 19/20 BUDGET AGREED

PARTNERSHIP FUNDING/SPEND ANALYSIS	Revised Budget*	Indicative Budgets				
	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
NHS Contribution to the IJB	86.3					
NHS Set Aside (notional)	16.4					
Council Contribution to the IJB	48.1					
HSCP NET INCOME	150.9	0.0	0.0	0.0	0.0	0.0
Social Care	64.8					
Health	69.6					
Anticipated Budget Pressures						
Additional Funding Requirement/Savings						
Set Aside (notional)	16.4					
HSCP NET EXPENDITURE	150.9	0.0	0.0	0.0	0.0	0.0
SURPLUS/(FUNDING GAP)	0	0	0	0	0	0

* Revised Budget As At P7 2018/19

Section 4

What will success look like and how will we know?

The Inverclyde Health & Social Care Partnership Strategic Plan (2019 – 2024) lays out our vision, our ambitions, and our aspirations for the next five years. These have been shaped in full partnership with our communities and other partners. The Plan provides a realistic blueprint for us to work together to deliver better outcomes for the people of Inverclyde. Delivery of effective and lasting transformation of Health and Social Care is central to Inverclyde's vision. This plan outlines a significant change in how we plan and deliver a range of services with partners, carers and those who use services. Health and Social Care integration brings great opportunity to work together to serve communities and individuals better.

Our engagement with communities told us that Inverclyde is a great place to live, but that there is more to do to improve people lives. People also told us that they recognise that some have better life chances and outcomes than others, and that the differences can be mitigated by taking decisive action. The views of our communities and staff chimed with our Strategic Needs Assessment, so we created six Big Actions.

Inverclyde is a very successful partnership due to strong collaborative working, high quality staff and high levels of engagement with our communities, which brings a genuine level of confidence that we will be able to deliver improved outcomes through the six Big Actions outlined in our Strategic Plan.

The Strategic Plan relates to everyone who lives in Inverclyde, and we have a number of additional plans which act as the foundation of the strategic plan. The Plan also sits comfortably alongside the Community Planning Partnership (Inverclyde Alliance) Local Outcome Improvement Plan, and the NHS Greater Glasgow and Clyde Moving Forward Together Strategy.

Each action has an implementation plan which sets out the specific details of what we will do and the targets we aim to achieve, with specific timescales. The Strategic Planning Group will monitor and report regularly to the IJB. By providing specific targets, we can be held to account by our communities and our Integration Joint Board (IJB), and we can also monitor the effectiveness of our actions.

The IJB will receive Annual Performance Reports providing accountability and strong governance. Regular reports will also be presented to the NHS Board and the Council, and, in addition, the Annual Performance Reports will be published on the HSCP and Council websites so that our communities can also take stock of our progress.

Although the Strategic Plan covers a period of five years, officers will work with communities and other partners to undertake a refresh of the Plan at the 3-year point, which will ensure that any new policies or emerging community priorities are taken into account, and that the Plan is updated accordingly. The success of the strategic plan will be judged on the differences and the improvements that we have made to the health and wellbeing of the people of Inverclyde, we know that success cannot be achieved alone - only by working together alongside our partners and communities will we be able to address inequalities and assist everyone to live active, healthy and fulfilling lives

Appendix 1 - Overview of how our big actions meet the national outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

Outcome		Big Action 1	Big Action 2	Big Action 3	Big Action 4	Big Action 5	Big Action 6
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X		X	X	
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.				X	X	X
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X		X			
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.				X	X	
5	Health and social care services contribute to reducing health inequalities.	X			X		
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.	X			X		X
7	People using health and social care services are safe from harm.	X	X	X	X	X	X
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.	X			X		X
9	Resources are used effectively and efficiently in the provision of health and social care services.	X		X			X
Children and Criminal Justice Outcomes							
1	Our children have the best start in life and are ready to succeed		X				X
2	Our young people are successful learners, confident individuals, effective contributors and responsible citizens		X				X
3	We have improved the life chances for children, young people and families at risk.		X				X
4	Community safety and public protection.	X		X			
5	The reduction of re-offending	X				X	
6	Social inclusion to support desistance from offending	X			X	X	

Appendix 2 - Overview of how our big actions meet Scotland's Public Health Priorities

Public Health Priority		Big Action 1	Big Action 2	Big Action 3	Big Action 4	Big Action 5	Big Action 6
1	A Scotland where we live in vibrant, healthy and safe places and communities.			x			
2	A Scotland where we flourish in our early years.		x				
3	A Scotland where we have good mental wellbeing.	x					
4	A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.					x	
5	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	x			x		
6	A Scotland where we eat well, have a healthy weight and are physically active.						x

Appendix 3 Document Links

Plan/Strategy/Policy	Link
Inverclyde HSCP Strategic Plan 2016 to 2019	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Review of the 2016/19 Strategic Plan	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Moving Forward Together	http://www.movingforwardtogetherqgc.org/
Inverclyde Local Outcome Improvement Plan	https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership/inverclyde-outcome-improvement-plan
Inverclyde Central Locality Profile	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Inverclyde East Locality Profile	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Inverclyde West Locality Profile	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Inverclyde Strategic Plan Strategic Needs Assessment 2019	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Inverclyde Children's Service Plan 2017	https://www.inverclyde.gov.uk/health-and-social-care/support-for-children-families/joint-childrens-services-planning
Full Strategic Plan Engagement and Consultation Report	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Summary Engagement and Consultation Report	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Realistic Medicine	https://www.nhsinform.scot/care-support-and-rights/nhs-services/using-the-nhs/realistic-medicine
Corporate Parenting Policy 2016 to 2019	https://www.inverclyde.gov.uk/health-and-social-care/support-for-children-families
Inverclyde People Plan 2017 to 2020	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan/inverclyde-hscp-people-plan
GIRFEC Practice Guidance Meeting the needs of Children, Young People and Families in Inverclyde: Getting it Right for Every Child Practice Guidance 2016	https://www.inverclyde.gov.uk/education-and-learning/girfec
Inverclyde Child Protection Committee Website	http://www.inverclydechildprotection.org/
Multi Agency Public Protection Arrangements (MAPPA)	https://www.inverclyde.gov.uk/health-and-social-care/multi-agency-public-protection-arrangements-mappa
Inverclyde Public Protection – Child Protection	https://www.inverclyde.gov.uk/health-and-social-care/public-protection

Adult Support and Protection	
National Community Justice Strategy	https://www.gov.scot/publications/national-strategy-community-justice/
Community Justice Outcome Improvement Plan 2017-2022	https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership/inverclyde-community-justice-partnership
The Keys to Life	https://keystolife.info/wp-content/uploads/2014/05/the-keys-to-life-full-version.pdf
Housing Contribution Statement	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
All Together Now (Alcohol & Drug Strategy)	https://www2.gov.scot/Topics/Health/Services/Alcohol/Strategy
Raising Scotland's Tobacco-free Generation	https://www.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/
Inverclyde Carer and Young Carer Strategy 2017 to 2022	https://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022
Inverclyde Market Facilitation & Commissioning Plan	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Not Sure Just Ask Campaign	https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-medicines/not-sure-just-ask/
Scotland's Digital Health & Care Strategy	https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/
Scotland's Public Health Priorities	https://www.gov.scot/publications/scotlands-public-health-priorities/
Inverclyde Child Protection Committee Website	http://www.inverclydechildprotection.org/
Scottish Universal Health Visiting Pathway	https://www2.gov.scot/Resource/0048/00487884.pdf
Adverse Childhood Experiences (ACEs)	http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces
Tackling the Attainment Gap by Preventing & Responding to ACEs	http://www.healthscotland.scot/publications/tackling-the-attainment-gap-by-preventing-and-responding-to-adverse-childhood-experiences
Inverclyde Active Living Strategy	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan/other-partnership-strategies
National Outcomes for Scotland	https://www2.gov.scot/About/Performance/scotPerforms/outcome
National Clinical Strategy for Scotland	https://www.gov.scot/publications/national-clinical-strategy-scotland/
Joint Strategic Commissioning Plan for Older People 2013 to 2023	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan/other-partnership-strategies
Autism Strategy Action Plan (10 Year Plan)	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan/other-partnership-strategies
Social Prescribing Resources	http://www.healthscotland.scot/publications/social-prescribing-resources
Choose the Right Service (Inverclyde)	https://www.inverclyde.gov.uk/health-and-social-care/health-services-health-improvement-

	wellbeing/choose-the-right-service
Mental Health Strategy 2017 to 2017	https://www.gov.scot/publications/mental-health-strategy-2017-2027/
Health and Care Experience Survey 2017/18	https://www.gov.scot/publications/health-care-experience-survey-2017-18-national-results/
Scotland's Suicide Prevention Action Plan (Every Life Matters)	https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/
The Healthcare Quality Strategy for Scotland (2010)	https://www2.gov.scot/resource/doc/311667/0098354.pdf
The 2020 Vision for Health and Social Care (2011)	https://www2.gov.scot/Resource/0042/00423188.pdf
Age, Home and Community: A Strategy for Housing Scotland's Older People 2012-2021	https://www.gov.scot/publications/age-home-community-strategy-housing-scotlands-older-people-2012-2021/
Health and Social Care Workforce Plan 2018	https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/
The Modern Outpatient Programme 2017 - 2020	https://www.gov.scot/publications/modern-outpatient-collabortaive-approach-2017-2020/
Palliative and End of Life Care by Integration Authorities 2018	https://www.gov.scot/binaries/content/documents/govscot/publications/guidance/2018/05/strategic-commissioning-palliative-end-life-care-integration-authorities/documents/00535146-pdf/00535146-pdf/govscot%3Adocument
Community Empowerment (Scotland) Act 2015	http://www.legislation.gov.uk/asp/2015/6
The New Care Standards Scotland	http://www.newcarestandards.scot/
The Health and Social Care Delivery Plan 2016	https://www.gov.scot/publications/health-social-care-delivery-plan/
Mental Health in Scotland: A 10 Year Vision	https://consult.gov.scot/mental-health-unit/mental-health-in-scotland-a-10-year-vision/user_uploads/440179_mental_p2.pdf
Primary Care Transformation Programme	https://www2.gov.scot/Topics/Health/Services/Primary-Care/Strategy-or-Primary-Care

Appendix 4

Implementation Plan

Big Action	How we will deliver our Big Action	In Year	Responsible Officer	National Outcomes Delivered

Inverclyde's SIX BIG ACTIONS

CHILDREN and YOUNG PEOPLE EDITION



powered by
young people



INVERCLYDE
HSCP
Health and Social
Care Partnership

NHS
Greater Glasgow
and Clyde

your
voice

During the **6 Big Actions Conversations**, 219 children and young people across Inverclyde identified eight key priorities and actions important to them:



Life skills education



Mental Health Support, self care and education



Inter-generational participation



Addiction: utilising people with lived experience as an educational resource



Recovery: celebrating and supporting recovering communities



Affordability and visibility of services / activities locally



Feeling Safe and Building Relationships



Compassion and Kindness

You said:

Relaxing is just as important as physical activity, it's not really something that's encouraged of people.

How to deal with stress and anxiety is missing in school, we have a lot of pressure.

Mental health, we need to know more, like where you go if you need help. We have a lack of knowledge of where the helpful services are for young people.

We should learn things like budgeting, mortgages, tax, cooking, paying bills etc.

We could work with services to help those in recovery, maybe create comfort boxes with things to help during recovery like messages of hope and encouragement on days they find tough

Better promotion of what clubs and hobbies there are for children and adults, and the prices

Look out for each other

Work on relationships and kindness in schools, this will help reduce bullying and build connections

Encourage young people to spend time with older people

Tell us about recovery, it's probably good for some young people to hear the good news of people getting off drugs, could be hope for some families

Have clubs for old people where young people can go and help

Bullying is an issue and how schools manage bullying - not really sure how to fix bullying

Get to know the community wardens and build trusting relationships

Real life stories have a greater impact, it creates empathy, reduces stigma and creates compassion, it also stays with you and will influence the choices you make

Get all schools involved in Compassionate Inverclyde

If people struggle keeping a house they need to be given help rather than kicking them out and making their situation worse

Give homeless people better support and help getting jobs

Opportunities for young people to support old people with digital skills, maybe help them facetime family members abroad or connect with friends locally



We listened:

WE WILL:

- Develop a plan of how we support people with mental health distress.
- **Support our workers to learn and train how to recognise young people with mental health issues and ways in which they can support them.**
- Develop support for families where parents/carers experience poor mental health and may have alcohol/drug addiction.
- **Look at the whole of Scotland and its identified needs regarding mental health and use the information/guidance to improve our own services locally.**
- Talk about ways of being healthy and keeping active for children right through to older people, and encourage local people to live healthier lifestyles.
- **Raise awareness about keeping safe online and when using digital devices.**
- Look at ways that we can support people find and keep houses.
- **Look at ways we can support people to aid recovery and help them get back into their community and live their lives.**
- Work together with services and communities to help people make better choices in relation to Drugs, Alcohol and Tobacco.
- **Continue to develop 'Compassionate Inverclyde' services in the community and our hospital.**
- Raise awareness of people being lonely and isolated, and look at what we have in Inverclyde that can help people who are lonely and give them places to go and groups to join.
- **Look at ways to improve how bullying is dealt with in schools and how we should respond.**



Thank you to all the young people who participated in the consultation and informed this engagement!

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۔

 Inverclyde Health & Social Care Partnership, Hector McNeil House, 7-8 Clyde Square, Greenock PA15 1NB



01475 715365



Strategic.Comm@inverclyde.gov.uk

Report To:	Health & Social Care Committee	Date:	28 February 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN/22/19/AP/LA
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Alan Puckrin	Contact No:	01475 712223
Subject:	Proposed Contribution to the IJB 2019/20		

1.0 PURPOSE

- 1.1 The purpose of this report is to seek Committee support for the contribution from Inverclyde Council to the Inverclyde IJB for 2019/20 subject to the final 2019/20 Budget decisions due to be taken by the Council on the 21 March, 2019.

2.0 SUMMARY

- 2.1 Each year the Council is required to advise the IJB of its proposed contribution for the forthcoming financial year and thereafter the IJB arrive at a decision as to whether to accept this contribution. If the contribution is agreed by the IJB then a "direction" is issued to the Council which thereafter delegates a budget back to the Council for delivery of the IJB outcomes.
- 2.2 As part of the 2019/20 draft Revenue Budget Settlement from the Scottish Government £160 million of extra funding was allocated for both new specific initiatives but also a general sum in recognition of continued pressures within the social care system from both a cost and demand perspective. The settlement specified that each Councils share of the £160 million new funding should be added to the recurring 2018/19 Revenue Budget as a minimum when determining Council contributions to IJBs in 2019/20.
- 2.3 To simply follow the Scottish Government requirement would have increased the Council funding gap by approximately £1.85 million which given the scale of the financial challenges facing the Council would have a hugely detrimental impact on the other 2 Directorates of the Council and the services they deliver. Therefore officers in Finance and the Social Care have been examining ways by which the Council can comply with the Government requirement whilst minimising the extra pressure on Council budgets.
- 2.4 If the Council were to ultimately agree to the proposal in Appendix 1 then it can be seen that there are still significant extra sums which will be allocated to IJB via the Council for Free Personal Care for the under 65's, extra school counselling support and the Carers Act plus an unallocated sum to meet ongoing demand and demographic pressures within the HSCP.
- 2.5 Any decision regarding the Councils contribution to the IJB in 2019/20 will be ultimately dependant on the final savings decisions taken by the Council on 21 March, 2019 but the support from the Health & Social Care Committee to the proposals in section 5.3 would assist the overall decision making process. Officers will be able to work through the figures and be in a position to demonstrate to the Scottish Government that the Council has complied with the requirements set out in the Local Government Settlement.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Committee note the significant extra funding allocated to Councils to be spent on Social Care as part of the 2019/20 Budget but also note the condition attached.
- 3.2 It is recommended that the Committee support the proposals set out in the 5.3 and illustrated in Appendix 1 to mitigate the impact elsewhere in the Council Budget arising from the conditions set by the Scottish Government.
- 3.3 It is recommended that the Committee agree that the Corporate Director, Inverclyde & Social Care Partnership engage with the IJB regarding the draft proposals subject to the final decision of the Council on 21 March 2019.

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

- 4.1 As part of the overall budget approval the Council will require to agree the proposed contribution to Inverclyde IJB for 2019/20 thereafter the IJB will require to approve its 2019/20 Budget and within that the contribution it requires from the Council. The Chief Officer, Inverclyde HSCP and the Chief Financial Officers of both the Council and the IJB have been working closely together to ensure that the budget process runs as smoothly as possible and this is even more relevant given the likely proximity of the Budget setting day to the start of the next financial year.
- 4.2 The draft Local Government Finance Settlement received in December 2018 allocated significant extra funding of £160 million to Councils to be spent on a combination of new policy initiatives e.g. Carers Act and Free Personal Care for the under 65s but also allocated a sum for general demographic and demand pressures. This extra funding however was conditional on the fact that Council contributions to IJBs must be no less than the 2018/19 recurring Budget plus the Councils share of this extra sum which in the case of Inverclyde is approximately £2.75 million.

5.0 PROPOSALS

- 5.1 Were the Council to simply add £2.75 million to the existing 2018/19 Revenue Budget then it would increase further the significant funding gap which the Council is currently facing and mean that the full funding gap has to be closed by the remaining two Directorates. As such Officers are proposing a number of actions which will reduce the impact elsewhere on the Council's Budget. This will still comply with the Scottish Government requirements and give the Inverclyde IJB a level of funding which is appropriate in the context of the overall Local Government Settlement.
- 5.2 Appendix 1 provides a summary of the overall calculation which, subject to clarification of the final Local Government Settlement, Pay Award and savings demonstrates that the Council has met the requirement of the Scottish Government.
- 5.3 The specific proposals are set out below and it is requested that the Committee support for the proposed treatment as follows:
 - a) **2019/20 Non Pay inflation** – It is proposed that no further funding is allocated by the Council towards the non-pay inflation pressures and that these will all be met from the extra £2.75 million funding. It is estimated that these costs will be somewhere between £750,000 and £850,000. The largest single item within this will be the National Care Home contract annual uplift with the increase in Provider rates for the Living Wage forming another substantial sum.
 - b) **2019/20 Pay Inflation** – The Council has previously committed to meet the full cost of the 2018/19 Pay Award and it is proposed that this commitment is honoured albeit the current offer is well in excess of the amount envisaged when the Council entered into this commitment. It is however proposed that the 2019/20 Pay Award including the Living Wage uplift is met from within the £2.75 million extra funding allocated to the HSCP. In the event that the Pay Award is in excess of the current 3% offer then it is proposed that this is also contained by the HSCP.
 - c) **Approved Savings** – The full year effect of a number of savings agreed in March 2018 are due to be delivered in 2019/20. For the purpose of calculating the 2018/19 recurring budget it is proposed that these sums are removed as the decision to take these pre dated the December 2018 Scottish Government Draft Local Government Settlement for 2019/20. In the same way it is proposed that other efficiencies/savings decisions taken prior to the December 2018 Draft Budget announcement are also excluded when calculating the recurring the 2018/19 Budget.
 - d) **Pay and Grading Model** – It is proposed that the impact of the implementation of the pay and grading model (on the assumption that it is implemented in 2019/20) is met by the Council rather than the £2.75 million extra funding.

- e) **2019/20 New Savings** – No decision has been taken on further savings to be made by the HSCP in 2019/20 and presently there are 3 savings totalling £249,000 which Members are considering. The impact of any of these savings being taken will need to be factored into the calculation prior to demonstrating to the Scottish Government that the Council has added the full £2.75 million onto the 2018/19 recurring revenue budget.

5.4 Overall it can be seen from Appendix 1 that on the basis that the proposals in the above paragraph are approved then this leaves approximately £254,000 of unallocated recurring funding for the IJB to meet additional pressures/demand.

6.0 IMPLICATIONS

6.1 Finance

The proposals in this paper have been considered by the Members Budget Working Group on 28 January who support the proposals in 5.3. In the event that these proposals were not agreed then the funding gap and the pressure on the other two Directorates would increase commensurately.

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 (If Applicable)	Other Comments
Revenue Budget	Pay Inflation		(805)		Reduction in the Councils Pay Inflation allowance for 2019/20.
	Non-Pay Inflation		(497)		Reduction in the Councils non-pay inflation allowance for 2019/20.

6.2 Legal

There is a specific statutory requirement which has to be complied with by the Council in respect of providing funding to the IJB and the proposals within this report will meet that requirement.

6.3 Human Resources

There are no HR implications arising from this report.

6.4 Equalities

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.

6.5 Repopulation

There are no are no repopulation issues arising from this report.

7.0 CONSULTATIONS

7.1 In preparing this report the Chief Officer Inverclyde HSCP and the 2 Chief Financial Officers have worked closely together on an open book basis. All 3 Officers would recommend the proposals within this report for approval. In addition the MBWG and CMT support the proposals in this report.

8.0 LIST OF BACKGROUND PAPERS

8.1 None

2019/20 Council Contribution to the IJB

1/ <u>Minimum contribution per Government conditions</u>		
	£000	Comments
2018/19 Budget	48,154	Before 2018/19 Pay Award
less: Savings Agreed March 2018	(973)	Not recurring spend in 18/19
Savings Agreed November 2018	(187)	Not recurring spend in 18/19
add: Estimated share of £160 million	2754	
2019/20 minimum contribution	<u>49,748</u>	
2/ <u>2019/20 Contribution, current position</u>		
	£000	Comments
2019/20 Base Budget	47,206	Before 18/19 Pay Award
add: FPC Under 65 (£30 million)	516	Yet to be confirmed
School Counselling (£12 million)	206	Yet to be confirmed
Carers Act (£10 million)	172	
3% Pay Award	805	To be agreed by TUs
Non-Pay Inflation Allowance	800	Estimate based on 18/19
Unallocated balance	254	Balance of £1.859 million
	<u>49,959</u>	
add: Share of Pay & Grading Costs	200	Estimate - to be confirmed
	<u>50,159</u>	
less: 3% Charges increase	(20)	
Feb P&R Adjustment	(19)	Allocate current costs to Under 65 monies
2019/20 savings	(249)	(Note c)
Advice Services EMR Funding	88	
	<u>49,959</u>	

Note - £49.959 million represents an increase of:

- a) 3.75% on 2018/19 Budget
- b) 6.3% increase on 2018/19 Recurring Budget (£46.994m)
- c) Maximum savings that Members are considering.

AP/LA
4/2/19

Report To: Health and Social Care Committee **Date:** 28 February 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** SW/22/2019/HW

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

Subject: Updating of the Contract Management Framework

1.0 PURPOSE

- 1.1 The purpose of this report is for the Health and Social Care Committee to approve the updated draft Contract Management Framework.

2.0 SUMMARY

- 2.1 The previous Contract Management Framework was completed in 2009 and described the roles and responsibilities the service performed in relation to the Supporting People Programme, Contractual and Commissioning arrangements and included Social Work Complaints. It therefore required updating to reflect the redesign of the current service.
- 2.2 The operational responsibility for the Contract Management Framework lies within the Quality and Development Strategic Commissioning Team.
- 2.3 The updated Contract Management Framework reflects current legislative and policy requirements whilst making best use of the resources within the Strategic Commissioning Team.

3.0 RECOMMENDATIONS

- 3.1 That the Inverclyde Health and Social Care Committee members approve the attached Contract Management Framework and the roles and responsibilities performed by the current service.

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde Health & Social Care Partnership (HSCP) covers the full range of community health and social care services. The HSCP comprises children and adult health and social care services, specialist adult and children's services, fostering and adoption services, public protection, commissioned social care services, health improvement and inequalities services, advice services, criminal justice, homelessness and a wide range of support services.
- 4.2 The responsibility for the HSCP Contract Management Framework sits within the Strategy and Support Services, Quality and Development Service, Strategic Commissioning Team.
- 4.3 Inverclyde HSCP Contract Management Framework outlines the responsibilities of strategic commissioning, contract management staff, care managers and providers in carrying out continuous evaluation of purchased service. The Contract Management Framework details the approach taken to effectively manage purchased care and support services across all client groups. This document provides an overview of the key aspects of the Contract Management Framework (CMF).
- 4.4 The CMF document refers to any monitoring that takes place in relation to contractual terms and conditions, framework terms, grant funded letters, service level agreements and services purchased for individuals under any Councils special terms and conditions.
- 4.5 The CMF covers the following areas:
- Contracts and Grants
 - Principles of the framework
 - Provider Monitoring Returns
 - Risk Assessment Tool and Guidance
 - Monitoring Guidance
 - The Contract Monitoring of Services
 - Service Manager and Care Manager Involvement
 - Significant Event Notifications
 - The Contract Master List
 - Governance of External Providers
- 4.6 The process for each area noted above can be found in the relevant sections of the CMF document attached.

5.0 IMPLICATIONS

5.1 FINANCE

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

5.2 N/A

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
✓	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.

REPOPULATION

5.5 The HSCP Joint Commissioning Strategies take into account demographic trends to inform current and future plans for services for the people of Inverclyde.

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 BACKGROUND PAPERS

7.1 Draft Contract Management Framework



Inverclyde Health & Social Care Partnership

Contract Management Framework:

Strategic Commissioning Service

January 2019

For copies or more information contact:

Strategic Commissioning Team
Quality & Development Service

Hector McNeil House

7-8 Clyde Square

Greenock PA15 1NB

Or email:

strategic.comm@inverclyde.gov.uk

CONTENT	PAGE
1. BACKGROUND	3
2. CONTRACTS AND GRANTS	3
3. GUIDING PRINCIPLES OF THE CONTRACT MANAGEMENT FRAMEWORK	4
4. SERVICE PROVIDER MONITORING RETURNS	5
5. RISK ASSESSMENT TOOL AND GUIDANCE	6
6. MONITORING TOOL GUIDANCE	7
7. MONITORING OF SERVICE PROVIDERS	7
8. SERVICE MANAGER AND CARE MANAGER INVOLVEMENT	13
9. SIGNIFICANT EVENT NOTIFICATIONS	13
10. CONTRACT MASTER LIST	14
11. GOVERNANCE OF EXTERNAL PROVIDERS	14
12. CONTRACT MANAGEMENT FRAMEWORK SUMMARY	15
13. FURTHER INFORMATION	16
APPENDICES	
Appendix 1 Example of Grant Letter	17
Appendix 2 4 Weekly/Monthly/Quarterly Monitoring Return Template	19
Appendix 3 Risk Assessment Matrix Guidance Template	20
Appendix 4 Contract Monitoring Framework Guidance & Monitoring Tool Guidance	21
Appendix 5 Monitoring Process Flowchart	47
Appendix 6 Review Briefing Report	48
Appendix 7 Significant Event Notification Template	50
Appendix 8 External Organisations Governance Matrix	52
Appendix 9 Inverclyde HSCP Governance Reporting Template Summary	54
Appendix 10 Contract Management Framework Summary	55

1. Background

- 1.1. Inverclyde Health & Social Care Partnership (HSCP) covers the full range of community health and social care services. The HSCP comprises children and adult health and social care services, specialist adult and children's services, fostering and adoption services, public protection, commissioned social care services, health improvement and inequalities services, advice services, criminal justice, homelessness and a wide range of support services. The Strategic Commissioning Service, within the Strategic and Support Head of Service Area, is a support service, encompassing strategic and operational planning and performance monitoring, contract monitoring, procurement, commissioning, people involvement and strategic partnerships, information systems, workforce development and quality assurance. The purpose of the Strategic Commissioning Service is to respond to the needs of operational services in delivering their requirements and aims to be a responsive, customer led service to provide strategic and developmental support across the HSCP.
- 1.2. The responsibility for the HSCP Contract Management Framework sits within the Strategy and Support Services, Quality and Development Service, Strategic Commissioning Team.
- 1.3. Inverclyde Health & Social Care Partnership Contract Management Framework outlines the responsibilities of strategic commissioning, contract management staff, care managers and providers in carrying out continuous evaluation of purchased service. The Contract Management Framework details the approach taken to effectively manage purchased care and support services across all client groups. This document provides an overview of the key aspects of the Contract Management Framework.
- 1.4. Any reference to contract monitoring throughout this document refers to any monitoring that takes place in relation to contractual terms and conditions, framework terms, grant funded letters, service level agreements and services purchased for individuals under any Councils special terms and conditions.

2. Contracts and Grants

- 2.1. Contracts – a contract is essentially a legally enforceable agreement between parties under which the provider/organisation provides services in return for payment.
- 2.2. Contractual arrangements must adhere to best value taking account of the procurement regulations and standing financial arrangements of Inverclyde Council and NHS GGC.
- 2.3. A service contract will generally contain:
 - 2.3.1. An obligation requiring the provider/organisation to provide services.
 - 2.3.2. An obligation requiring the public authority to pay for that service provision.
 - 2.3.3. Provision dealing with rights to terminate the contract.
 - 2.3.4. Provisions relating to breach of contract and liabilities.
 - 2.3.5. Contract provisions dealing with matters such as variation of terms, waiver of rights, subcontracting, law governing the contract and the forum for disputes.
- 2.4. A Grant – can be described as a payment made by a public authority in exercise of a statutory power. The grant award is often on the condition that spending the funding is awarded in a particular manner or for particular services/tasks/outcomes to be delivered.

- 2.5. Grant funding allocations to organisations/providers are considered annually and open for providers/organisations to apply for. They are allocated as a one off grant payment on a yearly basis. If staff are in any doubt as to whether funding to an organisation/provider should be grant funded or a tendered contract they should seek advice from the Council's Legal Services.
- 2.6. Commissioners seeking to allocate a grant to providers/organisations should seek the approval of the appropriate Head of Service, Procurement Manager and or Inverclyde Council Legal Services to ensure procurement regulations are being adhered to.
- 2.7. The Strategic Commissioning Team will be responsible for the preparation, recording and tracking of the Grant Letter to be issued to the provider/organisation.
- 2.8. The Commissioning Officer should advise the Strategic Commissioning Team of the amount of funding and what is expected to be provided for example the service/tasks/outcomes to be included in the Grant Letter to the provider/organisation.
- 2.9. The Grant Letter should be signed off by the appropriate Head of Service and sent to the provider. A copy of the Grant Letter can be found at (Appendix 1).
- 2.10. Any grant to a provider will be added to the Contract Master List and subject to any monitoring or governance processes carried out by the Council or Inverclyde HSCP.

3. Guiding Principles of the Contract Management Framework

3.1. The Contract Management Framework is designed to:

- Focus resources where they are required most to promote Health and Wellbeing across services and in our communities.
- Allow for early identification and addressing of issues, concerns, risks, centred on preventative, anticipatory care with a focus on recovery, rehabilitation and re-ablement, leading to greater independence.
- Collect and record more structured and consistent information across care groups
- Collect and record qualitative and quantitative data to support benchmarking, planning, delivery, change and commissioning
- Improve approaches to quality assurance and quality improvements across all internal and external contracted HSCP services.
- Adhere to best value taking account of the procurement regulations and standing financial arrangements of Inverclyde Council and NHS GGC
- Allow autonomy for service managers in how they conduct contract management activity and follow up on the outcomes of unannounced and announced contract monitoring/monitoring visits.
- Promote more robust monitoring of financial and governance arrangements with service providers
- Allow service provider contract monitoring/monitoring to be conducted in a standardised format, with frequency determined by level of risk.
- Promote best practice in all areas to inform options appraisal and decision making.

3.2. This approach is in line with Inverclyde HSCP Strategic Plan 2016 – 2019 and Inverclyde HSCP's 10-Year Commissioning Strategy. For more information on the Strategic Plan and the Commissioning Strategy, click : [here](#)

3.3. Although the focus of the Contract Management Framework is on services purchased from external providers, it is intended that this framework could also be applied to the monitoring of Inverclyde HSCP's own directly-provided services.

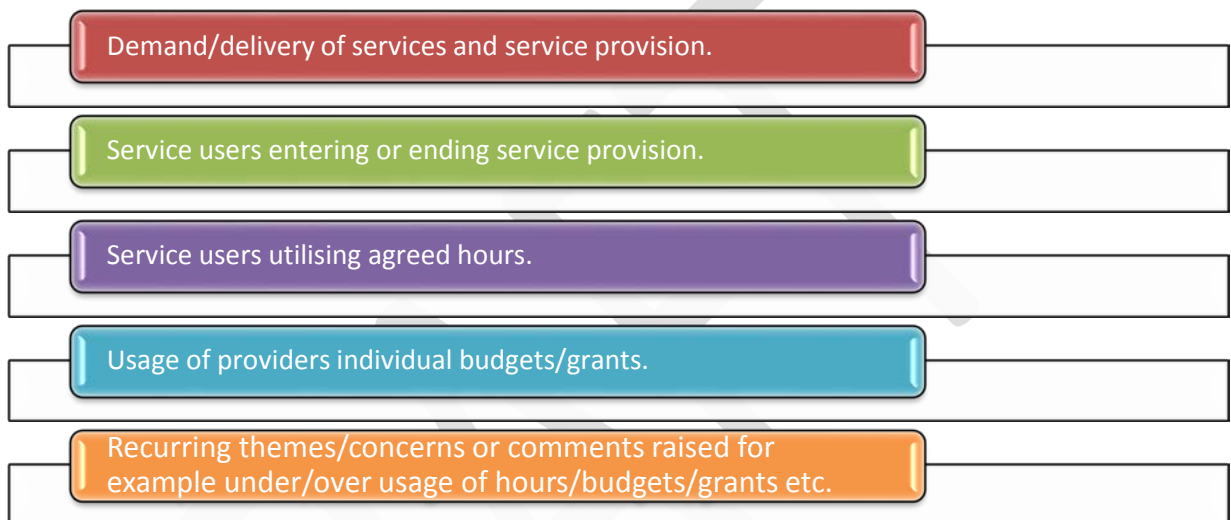
4. Service Provider Monitoring Returns

4.1. Service Provider Monitoring returns (Appendix 2) is the term used to describe the gathering and analysis of a core set of information on individual, locality and externally based services. Within the Contract Management Framework, this consists of the Provider's 4 Weekly, Monthly or Quarterly Monitoring Returns and routine monitoring sessions, the frequency and extent of which is determined by previous monitoring activity and analysis of risk (Appendix 3). Service provider monitoring activity is recorded in an agreed format/template between the Provider and the Strategic Commissioning Officer.

4.2. All providers of purchased services are required to provide monitoring data as noted above. This is submitted via the 4 weekly/monthly/quarterly return, which represents the minimum level of monitoring. Providers are issued a prompt email reminder to complete their 4 weekly/monthly/quarterly return by the Strategic Commissioning Team at the end of each reporting period if they fail to submit a return. For monthly returns these should be submitted retrospectively for the previous month at the beginning of the following month. For quarterly returns the dates are outlined in the table below:

Quarter	Reporting Period	Month of Submission
1st Quarter	1st April to 30th June	July
2nd Quarter	1st July to 30th September	October
3rd Quarter	1st October to 31st December	January
4th Quarter	1st January to 31st March	April

- 4.3. Data submitted by providers is recorded and analysed by the Strategic Commissioning Team at the end of each reporting period, and is then distributed to service managers to use as part of their ongoing intelligence of services.
- 4.4. Along with a 4 weekly/monthly/quarterly breakdown of information submitted by providers, service managers are also provided with details of provision of service, statistical data and any themes or concerns being repeatedly raised within the monitoring.
- 4.5. The 4 Weekly/Monthly/Quarterly Monitoring return is designed to act as a trigger for areas of concern to be raised by service managers with service providers. The type of information captured in the 4 weekly/monthly/quarterly return includes the following:



- 4.6. The 4 Weekly/Monthly/Quarterly monitoring returns will be recorded and discussed with providers at governance meetings, however if the returns suggests an area of immediate concern this will be discussed with the provider at the earliest opportunity. Depending on the severity of the concern(s) raised, it may be appropriate for the Strategic Commissioning Team to discuss the issue with the relevant Service Manager and / or consider conducting a monitoring visit to the provider's establishment.
- 4.7. A copy of the general 4 weekly/monthly/quarterly monitoring return template can be found in (Appendix 2).

5. Risk Assessment Tool and Guidance

- 5.1. For social care services the cost of failure is high in terms of the impact on people's lives and the reputation of the HSCP, therefore consideration of risk and level of involvement with the contract monitoring process will be proportionate. The HSCP have developed a risk assessment tool and guidance to support the prioritisation of monitoring by identifying the services within the high, medium and low risk ranges in a transparent and equitable basis.
- 5.2. Each contract will be assigned a level of risk, which will determine the frequency of routine monitoring activity. Nine factors are considered: Quality of Infrastructure, Management and Staffing, Annual Spend, Service Specification/Contract Position, Evidence from Routine Monitoring, Evidence from External Sources, Service Type/Client Risk, Strategic Fit and Financial Assessment.
- 5.3. On completion of the risk assessment paperwork a risk scoring and risk percentage are calculated, highlighting the level of support and monitoring required. High Risk Monitoring is required to be completed every 12 months, medium risk monitoring is to be completed every 18 months and low risk monitoring is to be completed within 2 years (Appendix 3).

6. Monitoring Tool Guidance

- 6.1. The Contract Monitoring tool and accompanying guidance is intended to be an aid for the Monitoring Officer(s) whilst carrying out a monitoring visit of a contracted service.
- 6.2. Examples of monitoring indicators (aspects of a service that can be monitored, and the kind of issues that might be looked at and considered), are included in this document. It should be used to inform the process of completing the subsequent monitoring report (Appendix 4).
- 6.3. In general the monitoring of social care and support services is not intended to replicate the regulatory inspection processes of the Care Inspectorate, and in populating the 'monitoring tool' or 'draft report' template the focus should be on looking at a range of issues without going into great detail.
- 6.4. The intention is to form a general view of how the service is being provided, whether it is meeting the 'service users' needs, and whether it is 'contract compliant', rather than create a detailed analysis of the service provider's operation.

7. Monitoring of Service Providers and Guidance

- 7.1. The monitoring process flowchart (Appendix 5). This flowchart gives an overview of the roles and responsibilities of the Strategic Commissioning Team staff in relation to the monitoring process.
- 7.2. A key objective of service provider monitoring is to gain insight into and an understanding of the work service providers are doing on our behalf. This understanding can be best achieved through a balance of observation and formal processes.
- 7.3. Inverclyde HSCP welcomes a flexible approach to monitoring service providers. Monitoring activity is typically structured to occur yearly to eighteen months, although it is

recognised that monitoring activity is a constantly evolving process of assessing risk and the level of monitoring required each year will vary per service provider.

- 7.4. All monitoring of services must be completed using the monitoring guidance, which offers examples of the types of issues which may be reviewed and the types of information which may be considered as part of the monitoring themes. (Appendix 4) for more information.
- 7.5. Monitoring visits are where an Officer of the Strategic Commissioning Team will carry out a visit to the providers' premises and engage in observation and discussion with the provider in a series of themes designed to assess the ability of the provider to deliver the services which are being purchased.
- 7.6. Theme's for observation and discussion at monitoring visits are not mandatory but rather decisions as to the areas covered should be made based on; professional judgement; previous recommendations or requirements, action planning; concerns, emerging issues and will include the reviewing of outcomes for individuals. Duplication of the Care Inspectorate remit should be avoided.
- 7.7. The frequency of monitoring visits will be determined by an assessment of risk and subsequent risk rating, as well as by decisions made during the course of any previous monitoring or review activity.
- 7.8. Strategic Commissioning Officers will be responsible for the preparation of a monitoring report on completion of the monitoring visit. The monitoring report will be issued in draft format to the provider for comment. Changes to the draft report will be agreed between the provider and the Strategic Commissioning Officer, when agreed the final report will be formally issued to the provider, Team Leads and Service Managers responsible for the monitored service.
- 7.9. The risk assessment rating will be reviewed and updated as required.
- 7.10. All monitoring visits should be recorded on the tracking template.
- 7.11. Optional activity - Throughout the life of a contract a range of additional activity **MAY** take place in relation to service providers, which should be recorded on the tracking template and a report produced if appropriate. This includes, but is not limited to:

Monitoring visit due to concerns or issues reported. This can be an unannounced visit at any time of the day or night.

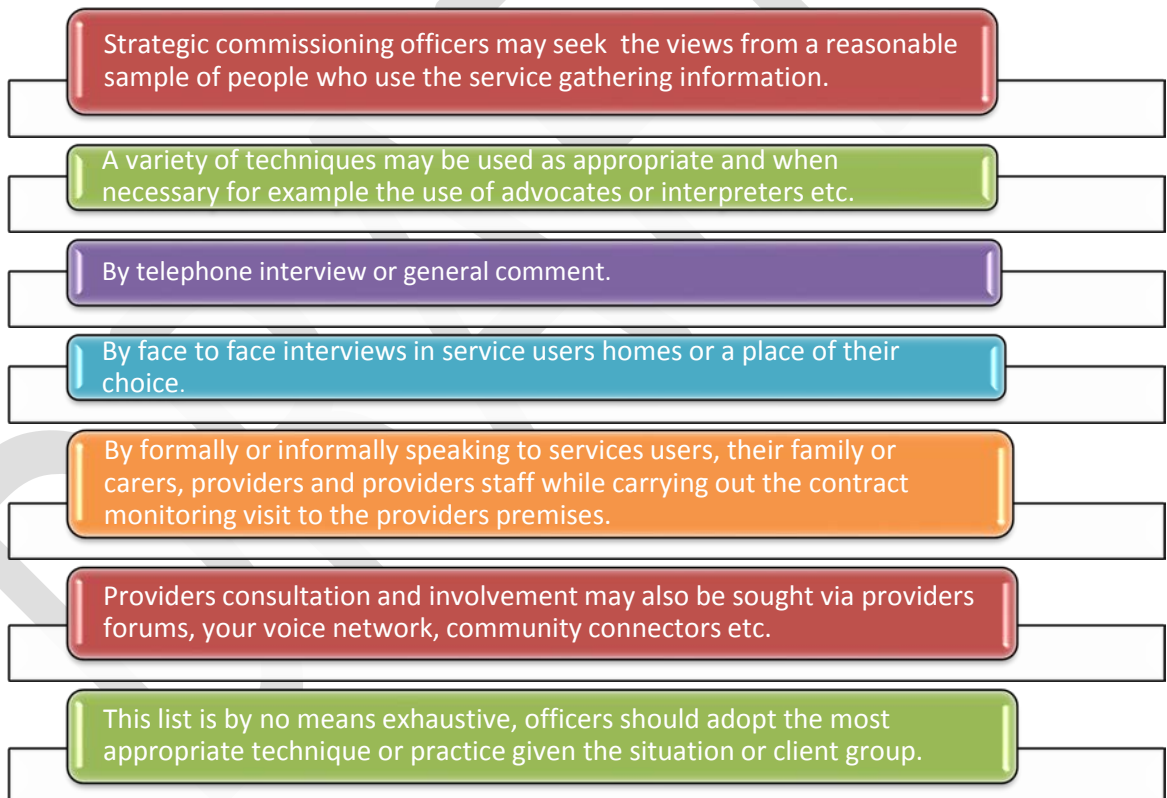
Review of a service to ascertain the performance of the Service being delivered, the model of service and compliance with HSCP's strategic objectives and outcomes.

7.12. **Announced Monitoring Visits** - Monitoring of service providers will occur both on an announced and unannounced basis. The process for monitoring providers is essentially the same regardless of whether the monitoring has been announced following mandatory timescales or whether an unannounced visit has been requested in response to a specific issue arising or as a result of strategic priorities.

7.13. **Consultation and Involvement** - The success of any model of service delivery should be measured ultimately on the difference it makes to the lives of people and how it meets identified outcomes. It is therefore vital that the views of all stakeholders, providers, providers' staff and the people who use the service and their families/carers are sought.

7.14. Service users can comment on the quality of the services they receive, contribute ideas or opinions for improvements and future developments to ensure that services are delivered in the way that meets individual needs.

7.15. Provider and service user consultation and involvement as part of the contract monitoring process can be done in a variety of ways:



7.16. **Unannounced Monitoring Visits** - There may be occasions where it is necessary to conduct a service provider monitoring visit which has **not been planned** in advance, due to specific significant issues which have arisen or in order to reflect strategic priorities within the HSCP. In such circumstances the process is exactly the same as in clause 7.11 and the same report template should be used. Unannounced visits were concerns may have been raised will be carried out at any time of day or night, or may incur multiple visits to a providers premises.

7.17. Examples of some of the reasons an unannounced monitoring visit may be required include, but are not limited to:

Receipt of complaint(s) or patterns/trends which suggest dissatisfaction with a service.

Services where there are significant performance concerns, such as staff turnover, staff absence, the level of serious incidents.

Where significant concerns are raised about a service by services users or their representatives, care managers, the media, the public etc.

Breakdown of the service, which would potentially have significant budgetary impact or requirement for reconfiguration.

Where Inverclyde HSCP is notified of serious concerns held by another interested party, such as the Care Inspectorate or other local authorities.

Where the model of service no longer complies with Inverclyde HSCP's strategic or service objectives.

Where changes to legislation affect existing arrangements or the providers ability to provide a service.

Services where there are a large number of voids over a sustained period, which may suggest that the type of service no longer meets the needs of service users

Services that have not been reviewed by Inverclyde HSCP for five years or more.

Services where the Provider is allegedly in breach of the terms and conditions of the contract.

Where changes in the service affects its overall cost, leading to concerns about the viability or cost of the service.

7.18. Scope and Content of the Review process (Contract, SLA, Grant Funded)

7.19. The purpose of the review process is to:

- ascertain the performance of the service being delivered and the contribution towards the agreed outcomes of relevant contracts.
- enable commissioners to reach a decision regarding the nature of any ongoing involvement with the service provider.
- identify areas of action or improvement required (if appropriate).

7.20. The above will be reflected in a review requirement, recommendation or an action required by either the service provider, Commissioner or the Strategic Commissioning Officer to progress.

7.21. Any actions, requirements or recommendations, will include the name of the person's responsible to take forward and agreed timescales.

7.22. The Review Briefing Report will be shared with all relevant stakeholders, including the providers representatives (if appropriate) on completion. Decisions regarding whether draft review findings should be shared with providers as a means to progress the review are made at the discretion of the Strategic Commissioning Officer and Commissioners responsible for the review visit.

7.23. If a review of the service has been carried out a review briefing note (Appendix 6) will be completed and sent to Service Managers and Heads of Service to enable them to make informed decisions regarding future involvement with the service provider.

7.24. Any review visits to a service provider will be recorded on the monitoring tracking template.

7.25. The following are areas of consideration for review of a service:

Area	Considerations
Background	Background to the service(s).
Demand	Is there a demand for the service? Will the service be able to meet future demand?
Delivery of Service	How well is the service delivering their agreed outcomes?
Comparative Cost / Quality	Analysis of spending levels on the service against measured outcomes and other indicators of quality (including scope for reclamation of surpluses or notice of efficiencies achieved by the provider through, for example, reduction of staff costs)?
Financial Viability	Is the service vulnerable to any financial risks that may affect future service delivery?

Provision of Services	Is the model of service provision still appropriate and required?
Contract Compliance	Does the service continue to meet the requirements of the contract / grant and service specification? Do changes need to be made to the contract or service specification to reflect the current practice model or service delivery?
Accreditation, Registration and Training	Do staff and management hold the appropriate qualifications and standards? Has the service provider met all the criteria expected of Inverclyde HSCP (e.g. accreditation to the Restricted Standing List; registration with Care Inspectorate)?
Service User Feedback	Analysis of service user feedback demonstrated by providers.
Care Inspectorate Activity	Analysis of reports from the Care Inspectorate and issues arising from these.
External Reports	Analysis of reports from any relevant external bodies
Strategic Relevance	Does the service provided contribute to delivery of Social Work Services strategic aims and objectives? Is action needed to bring service delivery more in line with strategic priorities?
Community Benefits	Has the service delivered on any community benefits (if appropriate).
Notice Period or Penalties	Consideration given to any notice period to end contract/service and if penalties may apply.
Review Performance Information or Analysis of Service Data	Analyse any service data received and any performance information.

8. Service Manager and Care Manager Involvement

- 8.1. Service Managers and Care Managers have distinct but equally crucial roles in ensuring that service users receive high quality services. Contract Management ensures that services purchased from the independent and voluntary sectors meet the objectives of Inverclyde HSCP, while Care Management ensures that services remain relevant and responsive to the needs of individual service users. Neither the contract management role nor the care management role can be undertaken in isolation, and so effective communication is essential.
- 8.2. Service Managers and Care managers should be able to access details of contractual arrangements and service specifications for purchased services as required, and should be able to access advice from care teams around particular services when necessary.
- 8.3. Service Managers and Care Managers may be asked to provide feedback about particular providers to assist with monitoring or reviewing of service and/or parent providers as part of the consultation process of the monitoring process.
- 8.4. **Service Manager and Care Manager Concerns Process (Contractual Concerns)**
- 8.5. Service Managers and Care Managers must be aware that any concerns they have about services received by individuals under their care may have implications for other service users, and there is therefore a need to share information about concerns and issues whenever they arise.
- 8.6. Concerns can arise at any point in the lifetime of a contract. These concerns must be shared by service managers and care managers with the Strategic Commissioning Team or Duty Service Managers, whichever is applicable.
- 8.7. The contract Service Manager or Duty Service Manager has the responsibility for ensuring the appropriate action or investigation is progressed.
- 8.8. After receipt of a concern the Strategic Commissioning Team must consider if the provider offers a service across multiple care groups/areas. If this is the case, the Strategic Commissioning Officer will assist to alert any other contract managers/local authorities who have responsibility for these services as soon as possible. All contract managers involved with these services should then be included in any correspondence and developments resulting from the service concern.
- 8.9. In addition, if a provider offers services across multiple care groups the Strategic Commissioning Officer will consult all the significant event logs across the care groups relevant to that provider. This will give the Strategic Commissioning Officer and the Service Manager an overall picture of emerging issues, risks and concerns regarding that provider.

9. Significant Event / Notification Submissions

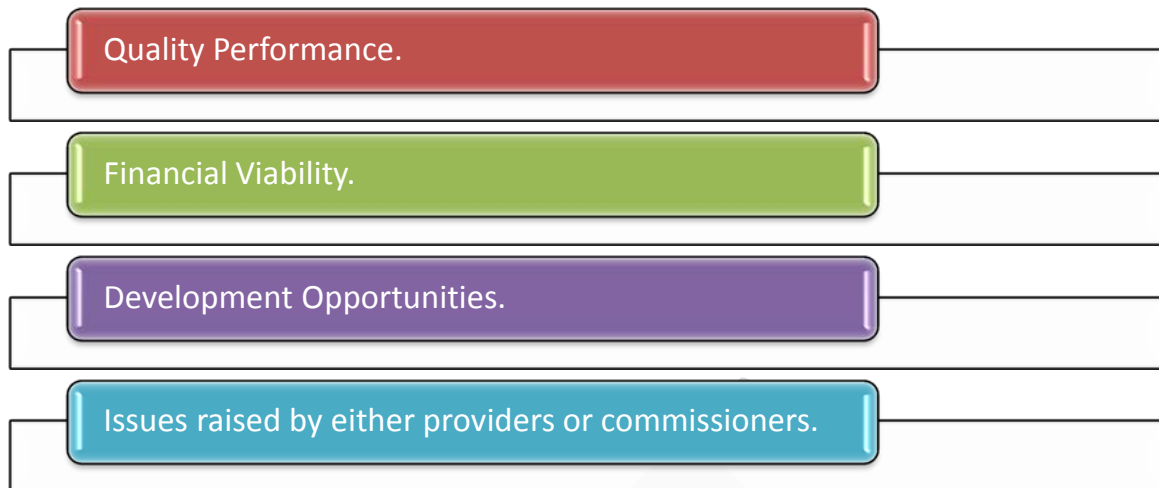
- 9.1. A significant event notification template (Appendix 7) should be completed by the provider in line with contractual, service specifications or framework requirements.

10. Contract Master List

- 10.1. A key component of the Contract Management Framework is the maintenance of the **Contract Master List**, the database of all purchased services. The Strategic Commissioning Team is responsible for the recording and maintenance of the Contract Master List in line with business requirements.
- 10.2. The Contract Master List contains details and key information about services purchased by the HSCP and the Council.
- 10.3. There are also services on the Contract Master List which do not require to be formally contract managed, for example because they are services which reside within other local authorities and which are therefore subject to contract management arrangements elsewhere.

11. Governance of External Providers

- 11.1. In May 2011, the Council approved a risk based approach to the governance of those external organisations with which the Council had a significant financial relationship. In June 2011 the Audit Commission published a report which highlights good practice and governance when delivering services through Arm's Length External Organisations (ALEO).
- 11.2. As part of the Council's approved framework, reports for relevant organisations are presented to the relevant Service Committee throughout the year giving updates and assurances in terms of performance and governance.
- 11.3. The Council's approach to the governance of external organisations produces detailed reports to the HSCP and IJB Committees.
- 11.4. A matrix is used to appraise the level of governance required (Appendix 8).
- 11.5. The HSCP governance arrangements were established to ensure that contracted services maintain quality service provision, meet financial governance requirements and providers are an active partner in the strategic commissioning cycle.
- 11.6. HSCP Provider Governance meetings are planned, scheduled and arranged by the HSCP Strategic Commissioning Team and chaired by the commissioners responsible for specific HSCP service areas. The purpose of these meetings is to facilitate dialogue between the Provider and the HSCP, centred on:



- 11.7. Finance Officers attend meetings as necessary where concerns have been raised around the financial stability of the organisation through a Dun and Bradstreet credit reference search.
- 11.8. A significant element of the meeting is to consider the delivery and quality of externally contracted services. It allows a focused review of performance, quality and compliance, and the sharing and exchanging of new developments in an open and transparent way by both providers and commissioners.
- 11.9. Information provided by the Strategic Commissioning Team includes Care Inspectorate Grading's; Contract Monitoring status as well as concerns received by the provider organisation.
- 11.10. The Strategic Commissioning Team have the responsibility to manage the HSCP external provider governance programme, including the provision of regular governance reporting to the HSCP and IJB Committees.
- 11.11. The Governance information is subject to mandatory reporting as per Inverclyde Council's governance of external organisations policy (Appendix 9).

12. Contract Management Framework Summary

- 12.1. A contract management framework summary has been created for each monitoring stage and consists of the What, When, Who, How and Where each stage is recorded. It also includes the frequency of the activity, what is considered at each stage and how it is reported (Appendix 10).

13. Further Information

For further information on any subject covered within this document, contact the Strategic Commissioning Team on 01475 715375.

Appendix 1 – Example of Grant Letter

Appendix 2 – 4 Weekly/Monthly/Quarterly Monitoring Return Template

Appendix 3 – Risk Assessment Matrix Guidance Template

Appendix 4 – Contract Monitoring Framework Guidance & Monitoring Tool Guidance

Appendix 5 – Monitoring Process Flowchart

Appendix 6 – Review Briefing Report Template

Appendix 7 – Significant Event Notification Template

Appendix 8 – External Organisations Governance Matrix

Appendix 9 – Inverclyde HSCP Governance Reporting Template

Appendix 10 – Contract Management Framework Summary

Appendix 1 Example Grant Letter

Health and Social Care Partnership
Corporate Director: Louise Long



Our Ref: Grant Letter

Your Ref:

Date:

Hector McNeil House
7-8 Clyde Square
Greenock
PA15 1NB
Tel: 01475 715365

ADDRESS

Dear ,

Grant Funding for –

I am pleased to advise you of your Organisation's allocation for Financial Year 20xx/xx (1st April 20xx to 31st March 20xx)

This Grant shall constitute the entire Agreement between the Council and the Provider with respect to the provision of the service and supersedes all prior oral or written agreements, understandings or undertakings between the Council and the Provider relative to the service.

It is anticipated that work towards the following outputs will be achieved during the 20XX/XX financial year:

Achieving the following outcomes:

-

For the current financial year you are required to submit monthly monitoring information to, Strategic Commissioning Officer and follow the procedure below for claiming payments;

FORM 1 Claim Form

Submitted in the first instance to your Commissioning Officer including appropriate claim period and amount requested.

FORM 2 Monitoring Form

This gives details of the previous quarter's expenditure and explains any variances. This should be submitted with Form 1.

Submission Timescales

APRIL 20XX Form 1 should be submitted to the Strategic Commissioning Officer requesting 1st quarter payment. Also submit Form 2, which should indicate expenditure for the 4th quarter of the previous year.

JULY 20XX Forms 1 & 2 to be submitted to the Commissioning Officer requesting 2nd quarter payment.

OCTOBER 20XX Audited Statement of Accounts for previous financial year must be submitted to the Corporate Finance Team, Inverclyde Council, Municipal Buildings Clyde Square Greenock PA15 1LZ and copied to the HSCP Strategic Commissioning Officer as soon after the 31st March 20XX, and prior to payment of 3rd quarter. Where accounts information is consolidated within a set of group accounts then an extract of account detailing our funding and associated expenditure must be provided and certified by your auditors. Please note that if you have submitted this information as part of the Council's Governance of External Organisations you are not required to submit the same information as part of this monitoring process.

A six monthly statement of expenditure should be provided together with Form 1 & 2 to the Strategic Commissioning Officer requesting 3rd quarter payment.

It would be of assistance, at this point in the financial year, if you would also provide an estimated outturn of expenditure. This will allow us to record any possible variations in your allocation. This should include any planned expenditure which would not be reflected in your six monthly statement.

JANUARY 20XX Forms 1 & 2 submitted to the Strategic Commissioning Officer requesting 4th quarter payment.

Your assistance in adhering to the above procedure would be greatly appreciated as failure to do so may result in delayed payment.

Should you require any further information, please contact your Strategic Commissioning Officer or HSCP Finance 01475 71XXXX.

Yours sincerely

Head of Service

Appendix 2 – 4 Weekly/Monthly/Quarterly Monitoring Return Template

Provider Use:

Name of Provider: _____

Service Address: _____

Signed: _____

Date: _____

INVERCLYDE HSCP

Health & Social Care Partnership

SERVICE MONITORING FORM

(ACTIVITY LEVELS)

Strategic Commissioning Team
7-8 Clyde Square, Greenock PA15 1NB

Date Received: _____

Certified Correct _____

EXAMPLE ONLY

PLEASE NOTE THAT THIS FORM MUST BE COMPLETED FOR EVERY SERVICE USER TO ENSURE CONTINUITY OF PAYMENTS

4 Weekly/Monthly/Quarterly PERIOD: FROM: _____ TO: _____

ANNUAL CONTRACT CAPACITY:- _____

CONTRACT CAPACITY:- _____

HOURLY UNIT COST :- _____

NAME & ADDRESS OF SERVICE USER	DATE ENTERED SERVICE	DATE LEFT SERVICE (Include reason for leaving) i.e.	CONTRACTED HOURS PER Monitoring Period	UNIT COST	CONTRACT COST PER FORTNIGHT	BREAK IN SERVICE i.e. (Hospital, Illness, Holiday)	ACTUAL SERVICE DELIVERED PER	ACTUAL COST OF SERVICE PER Monitoring Period

Appendix 3 – Risk Assessment Matrix Guidance Template

Service Provider Risk Assessment: Contract Monitoring Level									
- Select a number from 1 to 5 to indicate the level of relevance for each risk area to the provider in question (5 being relevant, 1 being of very little relevance). By default all risk areas have a relevance rating of 5, but can be reduced as									
- Select a level of risk from 1 to 5 (5 being the highest) which best represents the provider's position. Use the indicators to guide your decision.									
- The overall Risk Rating is then calculated (Relevance of Risk multiplied by Level of Risk).									
- The total score based on all Risk Ratings is calculated automatically.									
		Risk Level Indicators							
Risk Area	Relevance of Risk Area	1	2	3	4	5	Level of Risk	Risk Rating	
Quality of Infrastructure	5	National organisation; experienced in service area	Local service; well established and known to SWS as well organised service	Out of area but known, OR local service, not well established but known to be well organised.	Local service, established but not well known, or known to be poorly organised. OR National organisation, not experienced in service area.	Out of area and not known, OR local service, not well established and not known		0	
Management and Staffing	5	Competent management and well trained staff	Competent management but largely untrained staff	No knowledge of local management and staff competence but competent senior management	Weaknesses in management or staffing identified but provider has a plan in place to address them.	No knowledge of management and/or staff competence OR Weaknesses in management or staffing identified and no plan in place to address them.		0	
Annual Spend	5	Under £100k	£101k > £200k	£201k > £500k	£501k > £750k	£751k+		0	
Service Specification/ Contract Position	5	Contract/service spec' in place clearly outlining service requirements and obligations of provider	Contract/service spec' in place, but needs updated	No contract or service spec' in place, but well established positive service relationship evident	Contract/service spec' in place, but problematic working relationship evident	No contract or service spec' in place and problematic working relationship evident		0	
Evidence From Routine Monitoring	5	Service always completes on time. No issues raised in monitoring.	Service occasionally late completing monitoring but never misses a submission. Only slight issues raised through monitoring.	Service regularly late completing Monitoring OR has missed 1 submission in the past year. Only slight issues raised through monitoring.	Service always late completing monitoring OR has missed 2 - 3 submissions in the past year. Issues of concern raised through monitoring.	Service has not submitted any monitoring returns in the past year OR is not requested to monitoring returns.		0	
Evidence From External Sources	5	Care Inspectorate scores of 6 for care and support and staffing, mgt and leadership. Service users, care managers, other LAs have raised no concerns about service	Care Inspectorate scores of 5 for care and support and staffing, mgt and leadership. Service users, care managers, other LAs may have raised slight concerns about service but which the service has addressed / is addressing.	Care Inspectorate scores of 4 for care and support and staffing, mgt and leadership. Service users, care managers, other LAs may have raised slight concerns about service which have not been addressed.	Care Inspectorate scores of 3 for care and support and staffing, mgt and leadership. Service users, care managers, other LAs may have raised significant concerns about service but which the service has addressed / is addressing.	Care Inspectorate scores of 2 or 1 for care and support and staffing, mgt and leadership. Service users, care managers, other LAs may have raised significant concerns about service which have not been addressed.		0	
Service Type / Client Risk	5	Support and/or advice only	Low levels of social care and clients unable to self-advocate	Low levels of social care and clients unable to self-advocate	High level of social care provided in client's home	High level of social care provided in group living or registered setting		0	
Strategic Fit	5	Service model clearly fits with SWS strategic priorities	Service model largely fits with SWS strategic priorities	Service in process of modernising in order to fit SWS strategic priorities	Service model not aligned with SWS strategic priorities, but provider willing to change / modernise	Service model not aligned with SWS strategic priorities, provider not willing or unable to change / modernise		0	
Financial Assessment	5	Finance colleagues have no concerns about service and / or parent organisation		Finance colleagues have some concerns about service and / or parent organisation .		Finance colleagues have significant concerns about service and / or parent organisation and requested further information.		0	
Officers Intelligence	5	No concerns about service and / or parent organisation		Some concerns about service and/or parent organisation		Significant concern about service or parent organisation		0	
								0	
								Risk Percentage	0.00%
Risk Scoring: 13 to 74 = LOW 75 to 124 = MEDIUM 125 to 225 = HIGH									



Inverclyde Health and Social Care Partnership

Guidance

Generic Monitoring Tool & Monitoring Indicators

Table of Contents

1.	Contract Monitoring Guidance	23
2.	MONITORING INDICATORS	24
3.	Generic Monitoring Tool	31
4.	Care/Support Service Monitoring Report (1)	35
5.	Care/Support Service Monitoring Report (2)	41

1. Contract Monitoring Guidance

The generic monitoring tool or draft report template (copies attached) is intended to be an aid for the Monitoring Officer(s) whilst carrying out a monitoring visit, and can be used to inform the process of completing the subsequent Monitoring Report.

The format of the 'tool' is designed to allow the Monitoring Officer to decide on the aspects of a service that are to be looked at, and to then identify specific outcomes/objectives/standards that are relevant to that.

Outcomes / Objectives can be found in the Service Specification or in the absence of a specification by consultation with the principal commissioner of the particular service.

New Health and Social Care Standards (for registered services) can be found on the Care Inspectorate website and will be used from 1st April 2018.

The Monitoring Officer should insert the relevant outcomes/objectives/standards into the 'monitoring tool' or 'draft report' template, and then consider what 'indicators' need to be considered in carrying out the monitoring process.

Examples of monitoring indicators (aspects of a service that can be monitored, and the kind of issues that might be looked at and considered), are included in this document.

In general the monitoring of social care and support services is not intended to replicate the regulatory inspection processes of the Care Inspectorate, and in populating the 'monitoring tool' or 'draft report' template the focus should be on looking at a range of issues without going into great detail the intention is to form a general view of how the service is being provided, whether it is meeting the service users' needs, and whether it is 'contract compliant', rather than create a detailed analysis of the service provider's operation.

Where monitoring is being carried out in response to a specific identified concern, or a serious concern is identified during a routine monitoring process, a more detailed analysis of the service, or a particular aspect of the service, will be appropriate.

The documentation (Monitoring Tool and Monitoring Report) has been drafted on the premise that no more than six specific outcomes/objectives/standards will be looked at this is felt to be the optimum number to obtain an overview of a service, but additional ones may be added if that is felt to be appropriate.

The monitoring process is designed to allow monitoring officers autonomy and maximum flexibility in planning the focus and detail of a monitoring exercise; the Strategic Commissioning Officer will provide advice and support as required.

2. Monitoring Indicators

Under each of the headings (below) there are suggestions about what you might consider/look at when carrying out a monitoring exercise; these are not exhaustive, but nor is it expected or intended that each and every suggestion is always used they are intended as guidance only to assist the Monitoring Officer in planning how and what to monitor.

9 Organisational / Management

- Significant organisational change since the last full monitoring
- Change in management structure/personnel
- Staff turnover

10 Services Provided

- Service(s) provided accord(s) with the contract and Care Inspectorate registration requirements (if appropriate).

11 Record Keeping

Where relevant to the service:

a) Care / Support plans:

- Pro-forma are accurate and complete
- Service user/child or young person identification and contact information (**eg GP, NoK, medication etc**)
- Assessments of need, and if appropriate risk assessments
- Care / Support plan reflects service users'/child or young person's needs, and identifies hours/type of service
- Care / Support plan reflects service user/child or young person's choice, preferences, and negotiation of routines
- Care / Support plan / Progress Notes / Service Diaries regularly evaluated and updated
- Care / Support plan signed and dated by appropriate staff
- Review outcomes/decisions cross refer to the Care / Support plan
- Issues cross refer to review documentation
- Has a service agreement or residency agreement been signed; does this conflict with the contract
- Is the writing legible in all documents

Children's Services

- Legislative Reports prepared in relation to:
 - Children's Hearings.
 - Formal Reviews.
 - On-going Assessment.
 - Multi-Agency Planning Process.
 - Child's Plan/Wellbeing Assessment/Transition Plan/Pathway Plan/Co-ordinated Support Plan and any other plans required by process or system.
 - Assessment and Placement matching documentation (if appropriate)
 - Transitioning and Permanence Planning Process documentation.

b) Accidents / Incidents/Management in an Emergency:

- Accurately recorded
- Appropriate people notified timeously (**eg Inverclyde HSCP, Care Inspectorate, NoK**)
- Records detail of future preventative action
- Outcomes detailed

c) Agreements:

- Appropriate occupancy agreement signed/dated

- Appropriate tenancy agreement signed/dated
- Appropriate support agreement signed/dated
- Legal status confirmed for child or young person with appropriate placement documentation.

d) **Service Delivery (Home Care / Supported Living)**

- Evidence of service delivered (**hours/type of service delivered**)
- Evidence of identified outcomes being met (**e.g. GIRFEC, Keys to Life, IADP Principles**)

Children's Services

- Additional support hours recorded
- Support and Education outcomes being progressed.
- Out of Area placements, Health and Education arrangements in place.
- Principles, values and objectives best practice (Changing Life Report, NRCCI Higher Aspirations, Brighter Futures)

Service User Finances

- Formal procedures for handling service users/young person's finances
- Monies are secure and lockfast
- Records of monies kept on the premises are accurate (**e.g. in, out, balance, countersigned**)
- Money kept on the premises is within acceptable limits (**e.g. instant access to funds sufficient to meet two weeks expenses per client**)

Care Home Only

- Has home opted out of operating under Part 4 Adults with Incapacity Act? (**If Yes check Registration Certificate**)
- Service users have their own interest bearing bank account (**over £500**)
- Residents' personal allowance cannot be used to purchase care
- Residents' personal allowance cannot be used to purchase basic toiletries

Care Reviews

- Care reviews conducted in accordance with health and social care standards requirements (**6 monthly reviews**)
- Inverclyde HSCP Care Management is invited to attend (if appropriate).
- Review reports are produced
- Minutes are distributed to all appropriate people
- Review decisions cross refer to the care plan
- Children and young person's reviews conducted in accordance with legislative requirements and actions followed up.

Service Access / Termination Issues/Absences and Unauthorised Absences

- Nomination/Discharge procedure operates in accordance with the contract/service/ residency agreement
- Current occupancy (**residential**) or level of service uptake (**floating support**)
- Procedure for periods of absence.
- Children and young people's absconsions recorded and reported appropriately.
- Absconsion or missing person policy in place with appropriate routes to follow up.

Care Homes Only

- Home notifies Council timeously of issues that might lead to termination
- Procedure for periods of absence (**6 weeks hospitalisation, 2 weeks for Free Personal Care. Deceased – immediate notification**)

Complaints Procedures

- Complaints procedure meets contractual requirements
- Complaints procedure is displayed / or available.
- HSCP complaints procedure is displayed / available

- Complaints are accurately recorded with details of outcomes
 - Number of complaints recorded since the last monitoring visit?
 - Significant complaints are notified to the Council
 - Any complaints recorded by Care Inspectorate (**check website**)
- 8. Medication Procedures**
- Medicines are appropriately ordered, stored, administered and disposed of
 - Records are accurate, up to date and complete
 - Formal procedures for the prompting/administration of medication are in place
 - Care staff are appropriately qualified/trained
- 9 Outcomes**
- Outcomes specific to service user/child or young person identified in care/support plan
 - Outcomes are linked to assessments/review decisions/Child's Plan/Wellbeing Assessment/Transition Plan/Pathway Plan/Co-ordinated Support Plan and any other plans required by process or system.
 - Outcomes are linked to SHANARRI wellbeing indicators.
 - Children and young people's Education outcomes are linked to curriculum of excellence or appropriate recognised course or award.
- 10 Policies and Procedures**
- Adequate and relevant policies and procedures in place
- 11 Confidentiality**
- Confidentiality policy
 - Staff are aware of their responsibilities in relation to confidentiality (part of induction)
 - Third party consent to allow the Council access to service user and staff information
- 12 Inspection Reports**
- Care Inspectorate
 - Health and Safety (including fire safety)
 - Any previous monitoring reports or internal reports
 - HMIE Education Scotland/Joint Children's Inspection Reports.
 - Any other external bodies
- 13 Brochure/Information Pack**
- brochure/information pack complies with health and social care standards requirements
 - Publicity material acknowledges Inverclyde Council? (**specific contracts only**)
 - costs detailed in brochure
- 14 Insurance**
- Insurance cover is present and up to date
 - Building (**residential only**)
 - Contents (**residential only**)
 - Public liability (**min £10m**) Malpractice/Professional Liability – this is usually included only if the staff members are administering medication and is an add on to the public liability, but yes, this should have a minimum limit of £5m.
 - Public Liability – it's only Care Homes that are asked to carry a minimum limit of £10m, all other direct care providers are asked to have a minimum limit of £5m.
 - Sexual Abuse and Molestation Insurance – again I would have thought that this would be an add on to the public liability, with a minimum limit of £5m.
 - Service User's Effects – this would only apply to Care Homes. The Service User should have their own contents insurance, and if it were considered that an item has been damaged by a staff member, or has gone missing due to a dishonest act, this should be covered by the public liability insurance.

- Products Liability – will the contractor be providing the client with meals, or any aids & adaptations? If so, then this insurance would be required and it's usually a minimum of £2m requested.
- Employee liability (**min £10m**) as advised, the minimum legal requirement is a £5m limit.
- Motor vehicle (**where appropriate - check driving license/mot**)
- All appropriate medical insurances

The above are only recommendations; it is the Service's decision what insurance they want a provider to have in place. These are also the minimum requirements we would recommend, the majority of providers will probably have higher levels in place already.

Children's Services Residential Framework

- Third party liability to a minimum indemnity limit of £5 million;
- Where the Provider will carry out activities such as nursing care, first aid, administration of prescribed drugs or medicines and administration of drugs or medicines available without prescription, the Provider will require evidencing an extension with the Provider's public liability cover in relation to the risk of any errors or omissions in delivering this type of service.
- Where required, employer's liability to a minimum indemnity limit of £5 million. Where the Provider is exempt from this requirement, e.g. as a 'sole trader', then this must be confirmed by the Provider;
- Where a vehicle is used in the delivery of Service, statutory third party motor vehicle liability insurance to a minimum indemnity of £5 million.
- Professional indemnity to a minimum indemnity of £2 million.

Fostering and Continuing Care Framework

- Third Party liability to a minimum indemnity limit of £5 million
- Where required, employer's liability to a minimum indemnity limit of £10 million each occurrence
- Where a vehicle is used in the delivery of the Service, statutory third party motor vehicle liability insurance to a minimum indemnity of £5 million each occurrence;
- Professional indemnity to a minimum indemnity of £5 million each and every claim or in the aggregate, but where in the aggregate a minimum of one automatic reinstatement of the limit to be provided in each insurance year.

The Provider shall provide clear guidance to their Foster Carers on their relevant insurance requirements as Foster Carers and shall ensure and record that their Foster Carers:

- Hold and have informed their household insurance providers that they will be providing Foster Care;
- Hold and can evidence that they maintain third party liability insurance cover to a minimum indemnity of £1 million each occurrence; and
- Hold and maintain household insurances including building (where relevant) and contents insurance as an owner or tenant.
- Hold and maintain appropriate motor insurance, and make their insurers aware they are Foster Carers and use the vehicle to transport Children and Young People in their care.
- Therapy shall only be carried out by suitably qualified and insured professionals, which are registered by/with the appropriate professional body/bodies and conform to all requirements laid down by such body/bodies.
- In respect of any holidays in the UK involving an overnight stay, and for any trips or holidays abroad, sufficient travel and related insurances are in place for the Child or Young Person with an insurance carrier registered in the UK to underwrite such policies.

Secure Care

- Employers Liability to a minimum indemnity of £5 million.
- Public Liability including treatment risk and/or Administration of Medicines £20 million.
- Medical Malpractice to a minimum indemnity of £10 million.
- Motor Vehicle to a minimum indemnity of £5 million.
- Professional Indemnity to a minimum of £2 million.

Adventure Activities

- Any service user/child or young person engaging in any adventure activities, the adventure activity should be registered with the appropriate licensing authority.

15 Staffing

- Staff personnel records
- Staff turnover
- SSSC Registrations

a) **Recruitment**

- Completed application form (**check gaps in service**)
- Criminal convictions declaration
- Two written references
- Written record (where verbal references have been taken)
- Copies of training certificates and qualifications
- Disclosures (date issued/received/type/number/post applied for, recruitment decision, risk assessment (where appropriate))
- Third party consent to allow the Council access to all information
- Other info (job description, contracts etc)
- Overseas recruited employees or volunteers are appropriately vetted and registered.

b) **Training**

- Valid training certificates
- Appropriate induction (**includes whistleblowing**)
- Mandatory training and training tailored to meet the needs of the service users/children or young people
- All training regularly refreshed (**check against set timescales**)
- Training records up-to-date
- Are trainers appropriately qualified

Care Home Only

- Confirmation that care staff qualification levels comply with Care Inspectorate and CoSLA requirements. (**NB based on contracted staff hours**)
- Confirmation that manager is registered with SSSC or is registered with another body (e.g NMC) and is undertaking/has a suitable management award.

All Other Services

- State numbers of staff completed and currently undertaking SVQ 2, 3, 4 and % of staff trained who are involved in direct care/support.
- Staff involved with delivering services to children and young people have appropriate training for complexity of need of the placements.

c) **Support and Service Levels**

- Staffing levels are adequate to meet the needs of the service (**Care Inspectorate levels are being met where required**)
- Rotas/timesheets/work schedules (**home care/supported living – request 3 months then spot check**)
- Staff supervision/appraisals/one to one's.
- Staff meetings
- Children and Young People's Rights
- Interface with other services or agencies.

16 Health & Social Care Standards. My Support, my life

- Environment (**free from risk; clean; odour free; good decorative order**)
- Possessions (**inventories; laundry system; clothing labels**)
- Food (**daily menu; choices in all meals; support with meals; drinks/snacks available; special diets e.g. fortified/blended/diabetic**)
- Activities (**social events; outings; organised activities**)

- Dignity and Privacy (**use of names; door locks; bathing processes; assistance with dressing**)
- Choice (**getting up; going to bed; meal times; participation in activities**)
- Safety (**risk assessments; use of technology**)
- Realising potential (**education opportunities; socialisation; training in life skills**)
- Equality and Diversity (**recognition of issues; staff training; equal opportunities policy**)

Outcomes

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

Principles

- Dignity and Respect,
- Compassion
- Be Included
- Responsive Care and Support
- Wellbeing

17 Service Delivery

- Service outcomes
- Summary of consultation processes - service user, staff member and purchaser questionnaires
- Summary of service spec requirements

18 Consultations

- Care Manager feedback
- Providers staff feedback
- Service User feedback
- Service User family feedback
- Any other stakeholder feedback

19 National Outcomes for Scotland

1. We live in a Scotland that is the most attractive place for doing business in Europe.
2. We realise our full economic potential with more and better employment opportunities for our people.
3. We are better educated, more skilled and more successful, renowned for our research and innovation.
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
5. Our children have the best start in life and are ready to succeed.
6. We live longer, healthier lives.
7. We have tackled the significant inequalities in Scottish society.
8. We have improved the life chances for children, young people and families at risk.
9. We live our lives safe from crime, disorder and danger.
10. We live in well-designed, sustainable places where we are able to access the amenities and services we need.
11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
12. We value and enjoy our built and natural environment and protect it and enhance it for future generations.
13. We take pride in a strong, fair and inclusive national identity.
14. We reduce the local and global environmental impact of our consumption and production.
15. Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.
16. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

20 Local Outcomes from Inverclyde HSCP Strategic Plan

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.

Inverclyde HSCP Strategic Commissioning themes are:

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



Inverclyde Health and Social Care Partnership

3 Generic Monitoring Tool

Name of Service /Resource: _____

Type of Service: _____

Date of Monitoring: _____

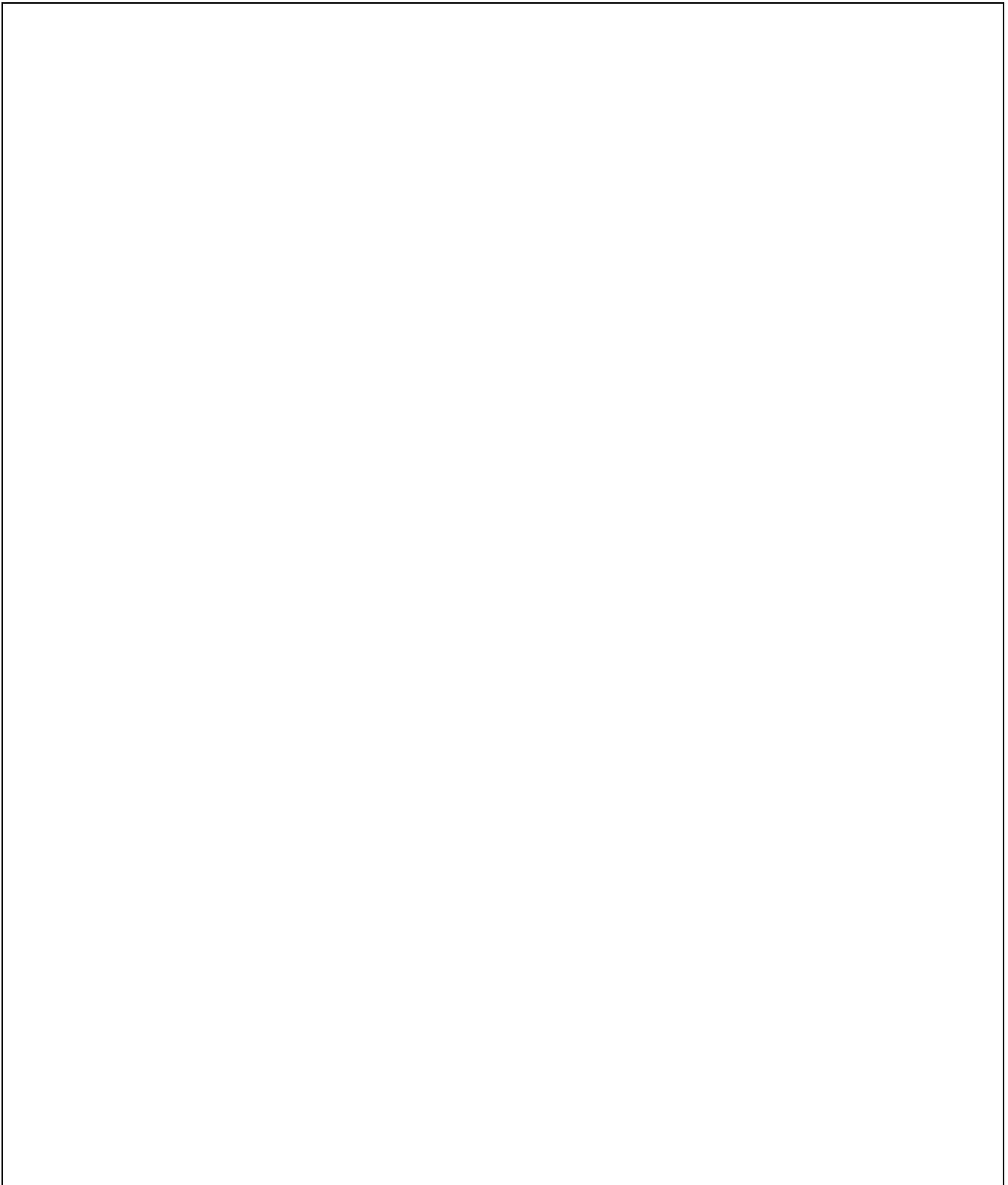
Type of Contract: _____

Annual Value: _____

Monitoring Officer(s): _____

(N.B. Please consult the 'Monitoring Guidance' when completing this pro-forma)

Previous Monitoring Issues



Contract outcomes/ objectives/standards

A) Outcome/Objective/Standard

Insert details of outcome/objective/standard.

Monitoring Indicators

Insert details of indicators

Monitoring Officer Comments

Service Provider Comments

Monitoring Officer - General Comment



Inverclyde Health & Social Care Partnership

3. Care/Support Service Monitoring Report (1)

(NAME OF PROVIDER)

Contents	Page
Part 1: Contractual Overview	
Part 2: Monitoring Process	
Part 3: Contractual Clauses & Monitoring Findings	
Part 4: Outcome & Recommendations	

Part 1: Contractual Overview

Resource Address:	
Proprietor Details:	
Type of Resource:	
Contract Type:	
Contract Monitoring Officer:	
Contract Dates:	Commence: Terminate:
Annual Spend:	£
Manager:	
Contact Details:	Telephone: Fax: E-mail:

Part 2: Monitoring Process

Reviewing Officer(s):	1) 2)
------------------------------	----------

Date of Monitoring Visit:	
----------------------------------	--

Focus of Monitoring Visit:	(a) (b) (c) (d)
-----------------------------------	--------------------------

Date of Previous Monitoring Visit(s):	
--	--

Outstanding Issues from previous formal monitoring visit:	
--	--

Complaints Received since last formal monitoring visit:	.
--	---

Previous Monitoring Priority	
-------------------------------------	--

Part 3: Contractual Clauses & Monitoring Findings

A)

Contract Clause –																															
Monitoring Findings																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="8" style="padding: 2px;"><i>'Getting it Right for Every Child, Citizen and Community in Inverclyde'</i></td> </tr> <tr> <td style="padding: 2px;">Safe</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">Healthy</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">Active</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">Nurtured</td> <td style="padding: 2px; text-align: center;">✓</td> </tr> <tr> <td style="padding: 2px;">Achieving</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">Responsible</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">Respected</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">Included</td> <td style="padding: 2px; text-align: center;">✓</td> </tr> </table>								<i>'Getting it Right for Every Child, Citizen and Community in Inverclyde'</i>								Safe	✓	Healthy	✓	Active	✓	Nurtured	✓	Achieving	✓	Responsible	✓	Respected	✓	Included	✓
<i>'Getting it Right for Every Child, Citizen and Community in Inverclyde'</i>																															
Safe	✓	Healthy	✓	Active	✓	Nurtured	✓																								
Achieving	✓	Responsible	✓	Respected	✓	Included	✓																								

B)

Contractual Clause	
Monitoring Findings	

F) Service User/Family Feedback

--

G) Service Provider Comment

--

Part 4: Outcomes & Recommendations

H) Overview

--

I) Conclusion

--

G) Recommendations

--

H) Future Monitoring Priority

--

	Signed:	Date:
Strategic Commissioning Officer		
Strategic Commissioning Support Officer		

Inverclyde Health & Social Care Partnership

4. Care/Support Service Monitoring Report (2)

Name of Provider

Date

National Outcomes:

Insert appropriate national outcome

Contents

Page

Part 1: Contractual Overview

Part 2: Monitoring Process

Part 3: Contractual Clauses/Monitoring Findings/Consultations

Part 4: Overview & Recommendations

Part 1: Contractual Overview

Resource Address:		Proprietor Details:	
--------------------------	--	----------------------------	--

Type of Resource:	Care Inspectorate registration:				
	Care Inspectorate Grades:				
	Date	Quality of Care & Support	Quality of the Environment	Quality of Staffing	Quality of Man & Leadership

Contract Type:	
-----------------------	--

Contract Monitoring Officer:	
Service Manager	

Contract Dates:	
------------------------	--

Annual Spend:	
----------------------	--

Manager:	
-----------------	--

Contact Details:	Tel: Email:
-------------------------	----------------

Part 2: Monitoring Process

Reviewing Officer(s):	1) 2)
------------------------------	----------

Date of Monitoring Visit:	
----------------------------------	--

Focus of Monitoring Visit:	1)
-----------------------------------	----

	2) 3) 4)
--	----------------

Date of Previous Monitoring Visit(s):	
--	--

Outstanding Issues from previous formal monitoring visit:	
--	--

Complaints Received since last formal monitoring visit:	
--	--

Previous Monitoring Priority	
-------------------------------------	--

Part 3: Contractual Clauses & Monitoring Findings

1)															
Monitoring Findings															
<i>“Getting it Right For Every Child”</i>															
Safe		Healthy		Achieving		Nurtured		Active		Respected		Responsible		Included	

2)															
Monitoring Findings															
<i>“Getting it Right For Every Child”</i>															
Safe		Healthy		Achieving		Nurtured		Active		Respected		Responsible		Included	

3)															
Monitoring Findings															
<i>“Getting it Right For Every Child”</i>															
Safe		Healthy		Achieving		Nurtured		Active		Respected		Responsible		Included	

Part 4: Overview & Recommendations

Overview

Conclusion

Recommendations
1.

Future Monitoring Priority

	Signed:	Date:

Appendix 5

Monitoring Process

From the Monitoring Tracking Template, the Strategic Commissioning Support Officer will review which providers are due a Monitoring visit, then, agree with Strategic Commissioning officer, plan, agree and schedule the Monitoring Visit date with the Provider and diarise.

Frequency of Monitoring visits will depend on the Risk Matrix from the Contract Management Framework. (Appendix 2)

A Desktop Review and gathering of information will be carried out by the Strategic Commissioning Support Officer. (This will include previous monitoring reports, outstanding actions, CI reports, significant event info, Risk Assessment outcome, Insurance, etc).

Sample consultations to be decided, prepared and sent. (Service users /stakeholders /carers/family)
Any additional hours/services being purchased identified.

The Strategic Commissioning Officer will identify areas of focus for the monitoring visit.

The Strategic Commissioning Support Officer will populate the Draft Monitoring Report/Monitoring Tool Template (as appropriate) with the Contractual clauses/outcomes/indicators for the identified focus areas.

+
Prepare Monitoring Visit paperwork/ electronic pack.

Monitoring Visit

- Introductions and plan day with the Provider
- Review of outstanding actions/concerns
- Review of identified focus areas
- Observations/Walk around
- Consultations/Provider/Staff/Service User/Family/Carers
- General feedback at end to Provider

Post visit. The Strategic Commissioning Support Officer to type up notes/scan documents (if required) and file in the provider's electronic path.

The Strategic Commissioning Officer will draft monitoring report and submit to Team Lead for review.

Copy of Draft Report to Service Provider for comment and return within 14 days.

- Letter and proforma. Proforma to be signed by Provider and returned.
- Update draft report with any agreed provider comments.

Final Report to Provider with copy saved in the provider's path.

- Final report letter.
- Update appropriate tracking.
- Share final report with appropriate Service Managers and Team Leads.

Meeting/To:	Author:	Date:
Agenda Item:	Topic/Issue Title:	
What is the Issue?		
Overview of Service		
Resource Address		
Type of Resource		
Contract Type		
Commissioning Theme(s)		
Contract Monitoring Officer		
Budget Holder/Commissioner		
Contract Dates		
Annual Spend		
Services Contact		
Contact Details		
Example of areas and considerations to be used when reviewing a service.		
Area	Considerations	
Background	Background to the service(s).	
Demand	Is there a demand for the service? Will the service be able to meet future demand?	
Delivery of Service	How well is the service delivering their agreed outcomes?	
Comparative Cost / Quality	Analysis of spending levels on the service against measured outcomes and other indicators of quality (including scope for reclamation of surpluses or notice of efficiencies achieved by the provider through, for example, reduction of staff costs)?	
Financial Viability	Is the service vulnerable to any financial risks that may affect future service delivery?	
Provision of Services	Is the model of service provision still appropriate and required?	
Contract Compliance	Does the service continue to meet the requirements of the contract / grant and service specification? Do changes need to be made to the contract or service specification to reflect the current practice model or service delivery?	
Accreditation, Registration and Training	Do staff and management hold the appropriate qualifications and standards? Has the service provider met all the criteria expected of Inverclyde HSCP (e.g. accreditation to the Restricted Standing List; registration with Care Inspectorate)?	
Service User Feedback	Analysis of service user feedback demonstrated by providers.	
Care Inspectorate Activity	Analysis of reports from the Care Inspectorate and issues arising from these.	

External Reports	Analysis of reports from any relevant external bodies
Strategic Relevance	Does the service provided contribute to delivery of Social Work Services strategic aims and objectives? Is action needed to bring service delivery more in line with strategic priorities?
Community Benefits	Has the service delivered on any community benefits (if appropriate).
Notice Period or Penalties	Consideration given to any notice period to end contract/service and if penalties may apply.
Review Performance Information or Analysis of Service Data	Analyse any service data received and any performance information.


Conclusion:

Decision Required:

What are the risks:

What action has been agreed:

Appendix 7 – Significant Event Notification Template 1

		<p align="center">NOTIFICATION OF SIGNIFICANT EVENTS (Notified within 3 working days / immediately if it is a serious incident)</p>		<p align="center">DATE</p>	
SERVICE DETAILS					
DETAILS OF EVENT					
Name(s) of Service User(s) or Child involved:		Date(s) of Birth:	Admission Date(s):	Date and Time of Incident:	
Location of event:					
Name(s) and designation of Staff Involved:					
Name(s) and designation of Witness:					
Name of allocated Care Manager:					
NATURE OF NOTIFICATION (Please tick as appropriate)					
A	The death of any Service User, including the circumstance of his or her death.				
B	The outbreak in the Service of any infectious disease, which in the opinion of any registered Medical Practitioner attending the persons in the Service, is sufficiently serious to be so notified.				
C	Any serious injury to a service user.				
D	Serious illness of a service user in a Service that does not provide Nursing Care.				
E	Any event in the Service, which adversely affects the well-being or safety of any service user. (Including Incidents of Aggression/ Breakdown of Equipment & Falls)				
F	Any theft or burglary within the Service.				
G	Any allegation of misconduct by the registered person or any persons who work at the Service. (Has Adult Protection/Child Protection been considered?)				
H	Medication Error				
I	Any Incident/ accident where medical treatment is sought. (including admission or return from hospital as an in-patient)				
J	Any significant incident or Police activity, including allegation or evidence of abuse relating to the service user or the care of the service user				
K	Maladministration of, or fraud related to the Service Users funds or property or serious loss or damage to the service users property.				
Only Relating to Children's Services					
L	Any permanent change in the person responsible for an overview of the care of the child or young person				
M	Significant changes in the child or young person's needs or circumstances including exclusion from school.				
N	Formal complaints in respect of any aspect of the child or young person's care, subject to the consent of the child or young person and or their representative.				
O	Unplanned absence of the child or young person from the placement.				

ACTION TAKEN: (By whom and timescales for completion).

<p>GP Called: YES/ NO Time:</p> <p>Emergency services called: YES/ NO Time:</p> <p>Injury Sustained: YES/ NO Detail:</p>	<p>Relatives informed: YES / NO List names, dates and time:</p>	<p>Other Persons Notified: YES / NO List names, date and time</p>
---	---	---

ACTIONS TO BE TAKEN TO PREVENT FURTHER OCCURRENCE:

--

NOTIFICATIONS MADE:

Organisation	Date & Time	Name of Person Contacted
Inverclyde HSCP		
Care Inspectorate		E-notification made Yes/ No
Mental Welfare Commission		
Adult Protection		
Child Protection		
Advocacy		

DESCRIPTION OF EVENT

--

Report completed by:	Designation:	Date:
----------------------	--------------	-------

SEND COMPLETED REPORT TO:
Strategic Commissioning Team, Hector McNeil House, 7-8 Clyde Square, Greenock, PA15 1NB or email to strategic.comm@inverclyde.gov.uk

Appendix 8 External Organisations Governance Matrix

1. <u>Annual Payment to the organisation (Ex VAT)</u>	<u>Points</u>
Payment over £250,000	6
Payment £50,000 to £250,000	4
Payment £20,000 to £49,999	2
Payment £19,999 and below	Exclude
2. <u>Proportion of turnover funded by the Council</u>	<u>Points</u>
51% to 100%	8
26% to 50%	6
10% to 25%	4
Below 10%	2
3. <u>Nature of Payment to the organisation</u>	<u>Points</u>
Grant – No SLA	8
Grant – With SLA	6
Commissioned – No Tender	6
Tendered	4
4. <u>Council Representation at Meetings</u>	<u>Points</u>
Member of Board	6
No Council Presence	4
Officers attendance allowed	2

Appendix 8 cont'd

Points

22 plus points actions to be followed:

- a) Annual Accounts received by Service and reviewed by Finance.
- b) Briefing prepared where appropriate for Council Board Member in advance of any Board Meetings.
- c) Minutes circulated by attendee to Corporate Director, Head of Service, Finance and Procurement.
- d) Half yearly documented Governance meetings with organisations.
- e) Annual Committee report covering performance and quality issues.
- f) The Council identify, review and monitor specific governance, finance and performance indicators which will give early warning of any potential problems and acts accordingly.
- g) Evidence that risks associated with these organisations are considered as part of the Service/Directorate risk register.
- h) Contingency Plans are in place within the service to ensure continuity of service delivery if the agreement ends.
- i) Where services are delivered through ALEO's, the Council has well-developed and sound based strategy for the delivery of services which is linked to the wider Council's strategic objective and priorities.

20 – 16 points actions to be followed:

- a) As above.
- b) Optional.
- c) Optional.
- d) Annual documented Governance meetings.
- e) As above.
- f) As above.

Under 16 Points

- a) No Action.

Note: 1. The above are the minimum requirements however, Services may decide on more frequent meetings/reporting based on specific risks or intelligence.

Appendix 9 – Inverclyde HSCP Governance Reporting Template

INVERCLYDE HSCP GOVERNANCE REPORTING

NAME OF SERVICE

			CARE INSPECTORATE DATE OF INSPECTION/QUALITY THEMES/GRADES *							
PROVIDER (Contract Info)	SPEND (FINANCIAL YEAR)	NUMBER OF PLACES UTILISED BETWEEN (INSERT REPORTING PERIOD DATES)	DATE OF INSPECTION	CARE & SUPPORT	ENVIRONMENT	STAFFING	MANAGEMENT/ LEADERSHIP	CONTRACT MONITORING STATUS & GOVERNANCE UPDATE	HSCP COMMISSIONING PRIORITIES	DATE OF NEXT GOVERNANCE MEETING
Section 1. Mandatory Reporting per Governance of External Organisation Policy										

* Care Inspectorate Grading Summary	6 - Excellent
The Care Inspectorate do not inspect all themes at each Inspection.	5 - Very Good
	4 - Good
	3 - Adequate
	2 - Weak
	1 - Unsatisfactory

Appendix 10 – Contract Management Framework Summary

Monitoring Stage	What is it for?	When is it done?	Who is involved?	What is considered?	How is it reported?	How/where is it recorded?
Monthly & Quarterly Service Provider Returns	To capture routine monitoring of Service Providers.	Monthly or quarterly depending on agreed arrangement with the service provider.	The Strategic Commissioning Team, Service Providers and Service Managers.	Demand, delivery of service, utilisation of hours/grant/budget. Recurring themes or concerns.	Completed monitoring template submitted by the provider. Report to Service Manager if concerns highlighted.	Master template on I:\SASS\QandD\Commissioning\Admin\Monitoring
Significant Events	To capture service provider incidents/accidents including death of a service user, serious injury, medication errors etc.	Service Provider should submit within 3 days of incident/accident.	The Strategic Commissioning Team, Service Providers and Service Managers.	The severity of the event, recurring themes, concerns and comments.	The significant event template, monthly summary report to Service Manager.	Significant event tracking template on I:\SASS\QandD\Commissioning\Admin\SignificantEventTracking2017
Announced Monitoring of Service Providers	To review the performance of Service Providers in relation to service delivery and meeting agreed outcomes for service users.	At least once per year.	The Strategic Commissioning Team, Service Providers and Service Managers. Team Leads may also carry out joint monitoring with Commissioning Officer.	Service provision, administration, outcomes, finances, staffing, care plans, medication, reviews, service objectives and consultations etc.	Preparation of a Monitoring Report and an Action Plan (if applicable).	Providers path on I:\SASS\QandD\Commissioning\Providers
Unannounced Monitoring of Service Providers	To review the performance of Service Providers in relation to service delivery and meeting agreed outcomes for service users.	When required in relation to issues which give cause for concern.	The Strategic Commissioning Team, Service Providers and Service Managers. Team Leads may also carry out joint monitoring with Commissioning Officer.	As above, however an unannounced visit will focus on the issue(s) of concern identified.	Preparation of a Monitoring Report and an Action Plan (if applicable).	Providers path on I:\SASS\QandD\Commissioning\Providers
Review of Service Providers	To review the performance of the Service being delivered the model of service and compliance with HSCP's strategic objectives.	At least once in the lifetime of the contractual / grant terms of the contract, usually in the final year.	The Strategic Commissioning Team, Service Providers and Service Managers.	Service provision, outcomes, strategic or service objectives, budgetary impact or requirement for reconfiguration.	Preparation of a Monitoring Report and Briefing Paper to Head of Service.	Providers path on I:\SASS\QandD\Commissioning\Providers
Contract Master List	List of Providers whom the HSCP purchases services from.	At least once per year.	The Strategic Commissioning Team and Financial Services.	Service Providers, contractual terms, cost and type of Service.	Contractual spend reported via Governance Reporting.	Template on I:\SASS\QandD\Commissioning\Contracts\ContractMasterList\ContractMasterList17-18
Governance of External Providers	To ensure that contracted services maintain quality service provision, meet financial governance requirements and providers are an active partner in the strategic commissioning cycle. The process creates consistency and transparency across services.	Six monthly or yearly depending on governance matrix.	The Strategic Commissioning Team, Financial Services, Service Providers and Service Managers.	Quality of Service, Providers audited accounts review, development of the service, concerns or issues, SSSC registration of staff, challenges facing the organisation, Board Minutes, working relationships and monitoring.	Completion of Governance Notes/Minute of meeting.	Governance path I:\SASS\QandD\Commissioning\Governance\ProviderGovernance Minutes

Green – Ongoing Activity Purple – Annual Activity Grey – Per Contract Renewal Activity.

Report To:	Health and Social Committee	Date:	28 February 019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership	Report No:	SW/20/2019/DG
Contact Officer:	Deborah Gillespie Head of Service Mental Health, Addictions and Homelessness	Contact No:	01475 715284
Subject:	Rapid Rehousing Transition Plan		

1.0 PURPOSE

- 1.1 The purpose of this report is to present the first iteration of the Rapid Rehousing Transition Plan (RRTP) to the Health & Social Care Committee for noting and to inform Committee of progress on its development.

2.0 SUMMARY

- 2.1 On 28 June 2018 the Scottish Government wrote to Local Authorities reiterating their intention to end homelessness in Scotland; and their intention to take forward the recommendations from the Homeless and Rough Sleeping Action Report, published in May 2018.
- 2.2 This includes a specific action for Local Authorities to produce a Rapid Rehousing Transition Plan [RRTP], with an expectation that each Local Authority will develop their plans in collaboration over a planned and costed phase of 5 years (2019-20 to 2023-24). The first iteration of this requires to be submitted to the Scottish Government Homelessness Team by 31 December 2018. RRTPs will then be an integral part of the Strategic Housing Investment Plan (SHIP) and be reviewed annually as part of the SHIP process.
- 2.3 A final fully costed plan requires to be completed for implementation from April 2019. The process for submission of the final plan is currently under consideration by the Scottish Government and CoSLA.
- 2.4 Inverclyde has recently concluded a review of the provision of temporary accommodation within Inverclyde, which provides a strong basis for the development of the RRTP locally.
- 2.5 The RRTP will be reviewed annually as part of the SHIP process, reflected in the LHS, and fully integrated into Health & Social Care Partnership strategic plans; separate guidance is expected from the Scottish Government on how this will be done. Separately delivery of the plan will be reported through the Health and Social Care Committee and the IJB as homelessness services are delivered by the HSCP.
- 2.6 The Committee should note that the Plan was agreed at the Environment and Regeneration Committee on 17 January 2019 and will moving forward be reported through the SHIP and LHS. The first draft of the RRTP has now been submitted to the Scottish Government and the Council is currently waiting for feedback and comments.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee:
1. notes the first draft of the Rapid Rehousing Transition Plan (RRTP);
 2. notes that the first draft of the RRTP was approved by the Environment & Regeneration Committee in January 2019 and has been submitted to the Scottish Government; and
 3. notes that future reporting of the RRTP will be through the Strategic Housing Investment Plan (SHIP) and Local Housing Strategy (LHS) and that the final version and annual reviews of the RRTP as part of the SHIP process will be presented to the Environment & Regeneration Committee for approval and the Health and Social Care Committee for noting.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The final recommendations of the Scottish Government's Homelessness and Rough Sleeping Action Group [HARSAG] were published in June 2018. They recommended that:

- Homelessness should be resolved through effective prevention where possible
- Homeless applicants should be rapidly resettled in a permanent housing solution
- Homeless applicants should have access to the widest range of housing options
- Temporary accommodation should only be used as a stop gap
- Effective support should be available from day one to enable the homeless households to sustain their tenancy
- Supported accommodation should be available for that small minority of applicants who are not able to sustain their own tenancy at the present time.

4.2 The Rapid Rehousing Transition Plan (RRTP) is a new planning framework for local authorities and their partners to transition to a rapid rehousing approach, to address these recommendations. Each Local Authority is required to develop a plan in collaboration demonstrating how they will move to a rapid rehousing model over a maximum term of five years. The plan needs to show not only how the homeless demand will be rapidly rehoused, but also how any backlog of demand from homeless households currently in temporary accommodation will be permanently housed.

4.3 To support local authorities to develop a Housing First and Rapid Rehousing approach, £21m has been allocated from the £50m 'Ending Homelessness Together' fund for 2018-23, along with a contribution from funding for addictions services of £1.5m over the first two years. Guidance including a toolkit to assist in the production of the RRTPs was published on 29 June. The Scottish Government intend to distribute up to £2 million between local authorities in this financial year, with a minimum of £30,000 per local authority, to support capacity to develop the plan.

4.4 The Scottish Government will allocate the remaining £19m based on the first submission of RRTPs at the end of December, and will be based on the content of the submission. The focus therefore requires to be on what is required to enable the delivery of the plan.

4.5 The plan must demonstrate a clear vision with phasing and costing for the changes required over the five year period (2019-20 to 2023-24). The initial iteration of the plan attached as Appendix 1 will be considered by the Scottish Government Homelessness Team to offer evaluation and feedback to enable further refinement of the RRTP where this is required.

Appendix
1

4.6 The finalised RRTP is required to be completed for implementation from April 2019. The Scottish Government and CoSLA will finalise the process for this in consultation with local authorities, and will confirm this after submission of the initial plan in December 2018. This will also require submission of an EQIA in relation to the plan.

4.7 RRTPs will sit within the Community Planning Partners wider strategic planning framework of the Local Outcome Improvement Framework and the Local Housing Strategy. RRTPs will then be an integral part of the Strategic Housing Investment Plan (SHIP) and be reviewed annually as part of the SHIP process. The Scottish Government will use the Plans to both assess progress towards the 5-year vision of Rapid Rehousing, and assist the allocation of resources for local authorities and their partners to reach their rapid rehousing transition.

4.8 The recently concluded review of temporary accommodation within Inverclyde placed the authority and partners in a strong position to present a plan within the timescales required. The review identified three key areas of focus which align with the requirements of rapid rehousing:

- Implementation of a collaborative and proactive Housing Options Model across all housing providers and third sector agencies who meet the needs of homeless households in Inverclyde

- Recommission the temporary accommodation model in partnership with RSL's
- Implement a rapid resettlement model to address the gap in supported accommodation.

- 4.9 As this work has arisen as the temporary accommodation review for Homelessness provision was concluding the HSCP has continued to take a lead in this. The existing working group [from the review of temporary accommodation] identified three areas of focus: development of the vision for a rapid rehousing model; completion of the rapid rehousing transition toolkit based on updating the data and information analysis already undertaken through the review to support the plan and including financial modelling; and a workshop for the local authority, HSCP and partners to develop stakeholder engagement with the plan.
- 4.10 The HSCP has led the work to develop the RRTP for Inverclyde in collaboration with Housing Strategy, and the Housing Partnership Group which includes wider RSL and third sector partners. In terms of future governance of the plan it is intended that the RRTP will report through the Strategic Housing Investment Plan and through the Local Housing Strategy. The delivery of the plan through the Homelessness Service and the wider HSCP and partners will separately report through the Health and Social Care Committee and the Integrated Joint Board.
- 4.11 Given the RRTP is part of the Strategic Housing Investment Plan it was reported to the Environment and Regeneration Committee on 17 January 2019. As part of the ongoing monitoring it will be reviewed within SHIP and reported to the Environment and Regeneration Committee. Given the close links with the Homelessness Service it is presented to the Health and Social Care Committee for noting.

5.0 IMPLICATIONS

Finance

5.1 Financial Implications:

There are no financial implications at this stage. Funding for elements of the plan which will require additional resource will be discussed with the Scottish Government prior to the submission of the final RRTP in April 2019.

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

Legal

- 5.2 No implications

Human Resources

5.3 No implications

Equalities

5.4 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 <input type="checkbox"/> required.

The final RRTP will require a full EQIA as it is completed.

Repopulation

5.5 No implications

6.0 CONSULTATIONS

6.1 The Corporate Management Team has approved the RRTP.

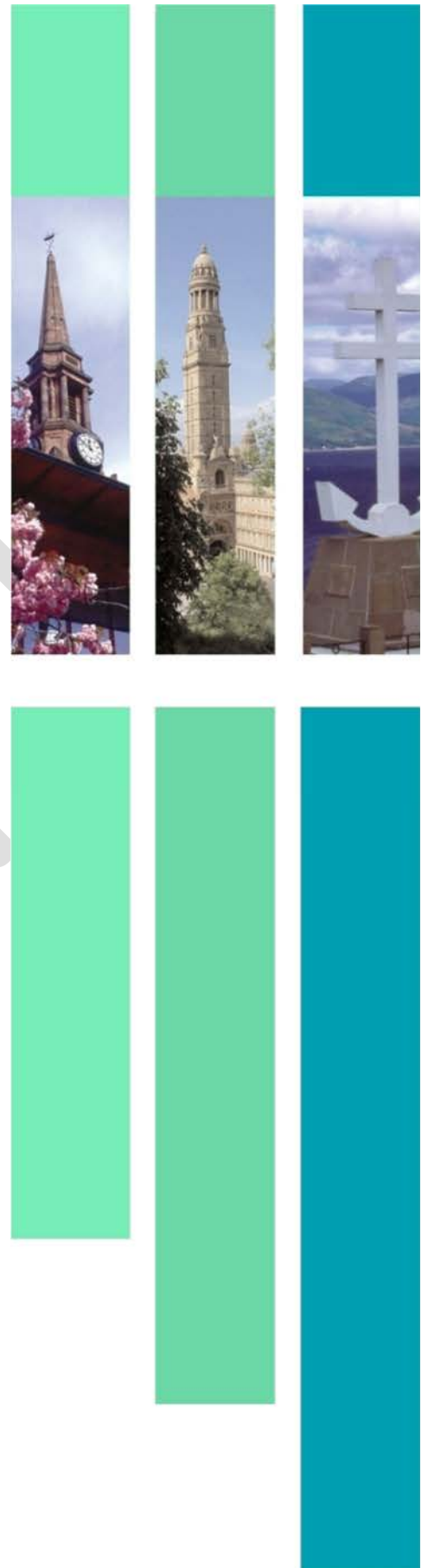
7.0 LIST OF BACKGROUND PAPERS

7.1 None

Inverclyde
council

Rapid Rehousing Transition Plan

December 2018



Contents

Introduction	2
Housing market and homelessness context in Inverclyde .	3
Rapid Rehousing Baseline Position.....	6
5-year vision to Achieve Rapid Rehousing	8
Identifying support needs to enable rapid rehousing	9
Rapid Rehousing Plan	13
Our Vision:	14
Stakeholder Engagement	15
Summary Action Plan	17
Resource Action Plan.....	22

Introduction

The Homelessness and Rough Sleeping Action Group (HARSAG) was set up by Scottish Government in October 2017 to produce short and long-term solutions to end homelessness and rough sleeping. Led by best evidence, the cornerstone of recommendations to address homelessness is a transition to a Rapid Rehousing approach utilising a Housing First model where necessary.

Rapid rehousing utilises a housing led approach for rehousing people who have experienced homelessness, making sure they reach a settled housing option as quickly as possible, with time spent in temporary accommodation reduced to a minimum. Where people require temporary accommodation it should be mainstream housing, furnished and within a community location which minimises disruption to their daily lives.

The Housing First model works on the premise that a safe, secure, settled home is the best base for recovery for people who face multiple disadvantages beyond housing including childhood and early years trauma; domestic abuse; mental ill health; addictions; and time spent in local authority care or prison. It offers personalised, open-ended, flexible support for people to help end their experience of homelessness and address their wider needs. The model separates the provision of housing and support, offers choice and control to tenants and works to the principles of harm reduction.

Those who are homeless and for whom rapid rehousing or Housing First would not yet be suitable (either because they do not want to move into mainstream accommodation, or because they have such a severe set of needs that they cannot safely be rehoused in mainstream accommodation) should be provided with accommodation that deals with their particular needs with the required specialist support. For this smaller group, specialist units within a psychologically informed environment are most suitable.

On 28th June 2018 the Scottish Government wrote to Local Authorities (LA) reiterating their intention to end homelessness in Scotland; and expressing their intention to take forward the recommendations from the Homeless and Rough Sleeping Action Group (HARSAG), published in May 2018.

This includes a specific action for LAs to produce a Rapid Rehousing Transition Plan (RRTP), with an expectation that each authority will develop their plans in collaboration over a planned and costed phase of 5 years (2019-20 to 2023-24). RRTPs will be fully integrated into Health and Social Care Partnership strategic plans, reflected in the Local Housing Strategy (LHS), and reviewed annually as part of the Strategic Housing Investment Programme (SHIP) process.

To transition to a rapid rehousing approach, Inverclyde will re-assess the balance and accessibility of available housing and support options. This responsibility lies with Registered Social Landlords (RSLs), Inverclyde Health and Social Care Partnership (HSCP), Inverclyde Council, and all parts of the public sector responsible for supporting vulnerable people.

Those with complex support needs often fail to sustain tenancies, leading to repeat presentations to the Homelessness service. Without the appropriate support this cycle will

continue. To address this, Inverclyde Council and partners began reviewing our temporary accommodation provision model in 2017.

The Homelessness service in Inverclyde lies under the directorate of the HSCP who have set up a RRTP working group with members from across HSCP, RSLs, Housing Strategy, Commissioning and Finance to discuss implementing the HARSAG recommendations and producing the RRTP.

The Rapid Rehousing Transition Plan is designed to be a working tool which:

- Sets out the local housing market and homelessness context in Inverclyde;
- Provides the baseline position of temporary accommodation supply;
- Sets out Inverclyde's 5-year vision for temporary accommodation supply;
- Identifies support needs to enable rapid rehousing;
- Details the actions required to achieve our vision for temporary accommodation supply and settled housing options for homeless households; and
- Provides a rapid rehousing resource plan required to deliver the plan and evidence the co-ownership and resourcing of the Plan with wider partners.

The Scottish Government will use the Plans to assess progress towards the 5-year vision of rapid rehousing and assist in the allocation of resources for LAs and their partners to reach their rapid rehousing transition to a system of ensuring homeless households are able to secure appropriate settled accommodation.

The housing market and homelessness context in Inverclyde

There are an estimated 37,650 households in Inverclyde. The population of Inverclyde has suffered a steady decline from 101,182 in 1981 to 79,860 in 2014, with a loss of over 21,322 people. The population is projected to continue to decrease from 78,461 in 2016 to 65,014 in 2036 (627 per year) and the number of households is projected to decline at a rate of 145 per year from 37,299 in 2012 to 33,666 in 2037. Inverclyde also had the smallest household growth across the whole of Scotland in the last decade.

Owner occupation is the largest housing sector in Inverclyde (63%), though the number of houses both in absolute and relative terms has decreased. The social rented sector accounts for 27% and the private rented sector (PRS) comprises 10% of the stock in Inverclyde. Recent large-scale demolition programmes to eliminate poor quality, older stock are largely complete and the affordable housing development programme continues to restructure the area and add to existing stock levels.

Following a stock transfer in 2007, Inverclyde Council no longer has housing to rent. Ownership and management of the former council housing stock was transferred to River Clyde Homes and Cloch Housing Association at that time. At present, households seeking access to social housing can choose to register through River Clyde Homes and the Inverclyde Common Housing Register (ICHR) which includes Cloch Housing Association, Oak Tree Housing Association, Larkfield Housing Association and Sanctuary Scotland.

The social rented sector's capacity to respond to demand is dependent on the number of properties available to let each year. There were 462 re-lets across Inverclyde in 2015/16, representing a turnover of around 10% on average. The greatest pressure is for smaller one bedroom properties at 20.1 applicants per property however there is below average pressure for bedsits (0.1), 2 bed (4.6) and 3 bed (5.6) properties. These figures illustrate that the overall pattern of unmet need is associated variously with supply issues, location suitability, demand pressures and shortfalls in specific property types and sizes.

Between 2005 and 2015, the PRS doubled and now represents around 10% of all dwellings in Inverclyde. It now plays an important role for a variety of different households including households who cannot access mortgages and for whom the deposit required to purchase a property remains a constraint.

Local affordability analysis shows rents are significantly higher in the PRS than for social rented properties, this makes the PRS unaffordable for a significant proportion of lower income households. Increasingly, problems such as poorly maintained and managed properties are being found in the PRS. The poor condition of some PRS stock can be attributed to the stock profile: pre-1919 tenements are linked to poor energy efficiency and issues of disrepair.

For the Renfrewshire/ Inverclyde broad market area, analysis shows a trend of increasing PRS rents from 2010-2017, which is the same for Scotland as a whole. Between 2016/17, the Renfrewshire/ Inverclyde area has seen an increase in rent for all bedroom sizes, with the exception of 1 bedroom properties. 2 bedroom properties saw an increase of 2.8%, with 3 bedroom property rents having a more moderate increase of 1.3%. Most significantly, 4 bedroom properties increased by 31.4%, which was higher than the average for Scotland as a whole¹.

1 bedroom Properties	2010	2016	2017	2010-17 Change	2016-17 Change
Renfrew/Inverclyde	£374	£392	£387	3.3%	-1.3%
Scotland	£436	£482	£501	15%	4%

2 bedroom properties	2010	2016	2017	2010-17 Change	2016-17 Change
Renfrew/Inverclyde	£473	£494	£508	7.3%	2.8%
Scotland	£536	£616	£642	19.9%	4.4%

3 bedroom properties	2010	2016	2017	2010-17 Change	2016-17 Change
Renfrew/Inverclyde	£612	£643	£652	6.5%	1.3%
Scotland	£679	£753	£787	15.9%	4.6%

¹ Private Sector Rents Statistics, Scotland, 2010-2017

4 bedroom properties	2010	2016	2017	2010-17 Change	2016-17 Change
Renfrew/Inverclyde	£834	£1,015	£1,095	31.4%	8%
Scotland	£959	£1,089	£1,143	19.2%	4.9%

Inverclyde has an average household income of £21,600, which is lower than the Scottish average of £26,700². This indicates that there are affordability issues, which is reflected by Scottish Index of Multiple Deprivation (SIMD) data as 14 of the 5% most deprived datazones in Scotland are located within Inverclyde. Affordability analysis shows that PRS rents are unaffordable for a significant proportion of lower income households.

The Clydeplan Housing Need and Demand Assessment (HNDA), 2015 received 'Robust and Credible' status from the Scottish Government Centre for Housing Market Analysis in 2015. It covers Inverclyde and provides the main strategic evidence on housing need and demand over the next five years and beyond. It has also informed development of the proposed Local Development Plan (LDP).

The HNDA estimates the number of additional homes required within Inverclyde by tenure over the lifetime of the LHS. This information, combined with housing market trends analysis and local pressure analysis has provided a clear understanding of housing need across the authority.

HNDA 2015 indicates that there is a net housing need of approximately 120 for Social Rented Sector/Below Market Rent and Private Sector housing. However, the HNDA process does not fully quantify the impacts of poor quality and lower demand housing and the subsequent need for replacement of existing housing stock. As a result, other evidence was considered to provide a more nuanced and realistic estimate of future new build requirements.

The LHS 2017-2022 sets out Housing Supply Targets (HST) for private and affordable housing and the SHIP establishes priorities to achieve the affordable HST and related outcomes, as set out in the LHS. Considering all determining factors, it was calculated that a realistic and deliverable HST for Inverclyde would be 90 affordable units and 170 private sector units per annum over the lifetime of the LHS.

Inverclyde is one of the few LA areas which have a population that is projected to decrease, however the annual HST reflects the continued need to replace poor quality and unsuitable stock.

The core purpose of the SHIP is to set out the investment priorities for affordable housing over a five year period which are consistent with and achieve the outcomes set out in the Inverclyde Local Housing Strategy (LHS) 2017-22. It is developed in partnership with RSLs, the Inverclyde HSCP, Planning and Property Services.

² Scottish Household Condition Survey

166 homes for social rent have been provided utilising Scottish Government grant from 2015-2017. The Scottish Government's Affordable Housing Supply Programme (AHSP) has committed £3 billion to fund the delivery of new affordable homes nationally over a 5 year period. At least £31.982m will be made available in Inverclyde to support the development of affordable housing from 2018/19 to 2020/21, with 918 proposed new homes by April 2024.

Rapid Rehousing Baseline Position

Factor	Measure		
	<u>2015/16</u>	<u>2016-17</u>	<u>2017/18</u>
Total presentation and homeless applications	Presentations: 740 Applications: 244	Presentations: 778 Applications: 236	Presentations: 888 Applications: 191
Open homeless cases as at 31st March	101		
Total households who said they slept rough at least once in the last 3 months (self-reporting)	15		
Total households living in temporary accommodation at 31st March	Households in TA: 50 Households with children/pregnancy in TA: 5 Change on 16/17: -67% No. children in TA: 15 Change on 16/17: -25%		
Average length of stay in temporary accommodation	<ul style="list-style-type: none"> • 22 weeks the current length of stay in temporary accommodation before an offer of settled accommodation is made • 8 weeks The current length of stay in hostel accommodation in Inverclyde • 52 weeks Target length of stay for customer who needs support to build independent living skills to achieve a settled outcome 		

There has been a significant decrease in the number of homeless applications in Inverclyde in recent years, however the proportion of applicants found to be homeless or threatened with homelessness has increased. Across Scotland, 5% of applicants were assessed as intentionally homeless. In Inverclyde, there was an increase in the number of applicants assessed as intentionally homeless from 2012/13 after the abolition of priority need.

Overall the number of Section 5 Referrals received by RSLs was slightly less in 2017/18, but the overall acceptance rate of Section 5 Referrals has decreased. This can be as a result of stock pressures for some RSLs. Larkfield for example, has minimal stock turnover and a greater number of larger properties; this is not conducive to housing the homeless applicant profile in Inverclyde which is predominantly single males. For other RSLs, low acceptance

can be attributed to the number of repeat applications from people who have significant support needs and whose tenancies have failed in the past due to unmet support needs.

	2016/17			2017/2018		
	No. of S5 received	No. of S5 relets	Acceptance rate	No of S5 received	No of S5 re lets	Acceptance rate
RCH	68	55	80%	70	33	47%
Cloch	26	7	27%	24	12	50%
OT	32	20	63%	23	15	65%
Larkfield	6	0	0	9	2	22%
Total	132	82	62%	126	62	49%

The social rented sector is the biggest sector for rehousing homeless applicants; only 10 people were rehoused in the PRS in 2017/18. The social sector is expected to remain the largest sector for rehousing homeless applicants in Inverclyde. A recent report commissioned by Social Bite on behalf of HARSAG calculated that the proportion of social lets to meet all homeless need would need to increase from 11% at present, to 25%. However it is envisioned that PRS lets will increase with future engagement and through the use of the deposit guarantee scheme where appropriate.

	Proportional increase in lets across sectors to meet annual new demand and backlog (%)	Proportion of all social lets to homeless IF social rent was to meet ALL homeless need (%)
Scotland	45	52
Inverclyde	103	25

(Indigo Housing on behalf of Social Bite)

5-year vision to Achieve Rapid Rehousing

Working with Arneil Johnston, we calculated the current costs of running the homelessness service and the projected costs when we transition to a rapid rehousing model. The table below summarises the annual cost of delivering the existing homeless services in Inverclyde.

Homeless Service	Current Cost
Inverclyde Centre (Net Rental Income)	-£163k
Inverclyde Centre Accommodation based staff	£350k
Dispersed Accommodation	£90k
B&B	£6.5K
Casework Team	£371K
Support Services	£295k
Payments to Other Bodies	£7.1k
Total Costs	£957k

Inverclyde Homeless Service cost

The proposed 5 year financial resource plan to transition to a Rapid Rehousing model is summarised in the table below.

Rapid rehousing costs	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Rapid rehousing Co-ordinator	58,000	58,000	58,000	58,000	58,000	290,000
Rapid rehousing Support officer	30,000	30,000	30,000			90,000
Training		37,500				37,500
Planning Research	20,000					20,000
Interim Housing		94,433	176,910	130,241	124,839	526,423
Housing First	157,600	469,540	635,620	723,024	579,180	2,564,964
Total requirement	265,600	689,473	900,530	911,265	762,019	3,528,887

Rapid Housing Costs

The table above illustrates that our calculations project a requirement for an investment of £3.5 million over the 5 year period to support the delivery of Rapid Housing in Inverclyde. This averages at £705k per annum.

Investment is required to transform our approach to homelessness. The configuration of service within Inverclyde currently does not provide the optimum environment within which we can deliver a new model. At the end point we anticipate that the existing resources will be used differently, the full extent of this is still to be explored.

The investment in this plan will deliver the following:

- A movement and shift in resources in temporary accommodation from accommodation based support to person centred support
- Reduce transition and length of stay in temporary accommodation
- Allow transition from accommodation-based support services to flexible, person centred provision which moves from temporary to settled accommodation and remains there for as long as the client needs it
- Maximise access to statutory services

Identifying support needs to enable rapid rehousing

Overall support needs analysis has revealed that the majority of people experiencing homelessness in Inverclyde have little or no support needs. Transitioning to rapid rehousing requires the rejection of ‘tenancy ready’ language and culture, however addressing this shift will be challenging as the Inverclyde homeless population has significant levels of specialist support needs which cause repeated tenancy breakdown and re-engagement with the Homelessness service.

Detailed support analysis from the Temporary Accommodation Review 2016/17 shows that Inverclyde’s homeless challenges are primarily the result of complex support needs. Without appropriate support this cycle will continue and the number of people with continued engagement with the Homelessness service will increase.

Per cent of clients	Level of support need
15%	<i>Homelessness could be prevented or resolved without the need for temporary accommodation</i>
43%	<i>No or low level support needs – could transition to a settled housing position very quickly</i>
12%	<i>Moderate – high support needs: independent living skills would enable positive sustainment outcomes</i>
10%	<i>Hostel dweller: chaotic behaviour necessitates need for on-site supervision. Limited engagement</i>
14%	<i>Habitual repeater: most complex and disadvantaged unlikely to sustain any form of tenancy on a long term basis</i>
6%	<i>Very complex needs: require specialist supported accommodation options</i>

The 2016/17 analysis shows that 58% of all clients who presented at the homeless service could access settled accommodation quickly with little or no support requirements. This means that the need for temporary accommodation could be reduced overtime with improved access to suitable RSL properties and dispersed temporary accommodation being converted into a permanent tenancy.

It is expected that in Scotland there will be a reduction in the volume of temporary accommodation and a reduction in the length of stay in temporary accommodation as people are rehoused into settled housing. This is also the aspiration of Inverclyde, as those who are in dispersed temporary accommodation with little or no support needs should be moved to settled accommodation, which will expand the potential for housing options models with support.

It is estimated that the most significant challenges will be around responding to, and supporting the group with ‘Moderate – high support needs, where independent living skills would enable positive sustainment outcomes’. This group are in the middle of the homeless support needs scale identified in Inverclyde. Establishing a sustained and positive outcome for this group will be effected by their varied needs as a group and previous experience shows that they are the least likely to engage with support services.

It is locally understood that those who have very complex needs require specialist supported accommodation to break the cycle of repeat homelessness. For more complex, habitual homeless applicants it is also about responding to the driving factors behind a homeless application, however solutions for those who have moderate needs are not as clear. It is vital moving forward that the response is person centred, flexible and with a clear mapped out support process that reduces once the person is settled and needs have been addressed.

In recent years an improved Housing Options process has been developed locally and the number of people proceeding to homeless applications in Inverclyde has fallen dramatically. This is matched by the availability of accessible housing stock in the area. Inverclyde is fortunate in its supply of housing stock; however it is clear that those who have experienced homelessness have significant needs that supersede housing. Moving forward work must be done around housing related support and responding to individual needs.

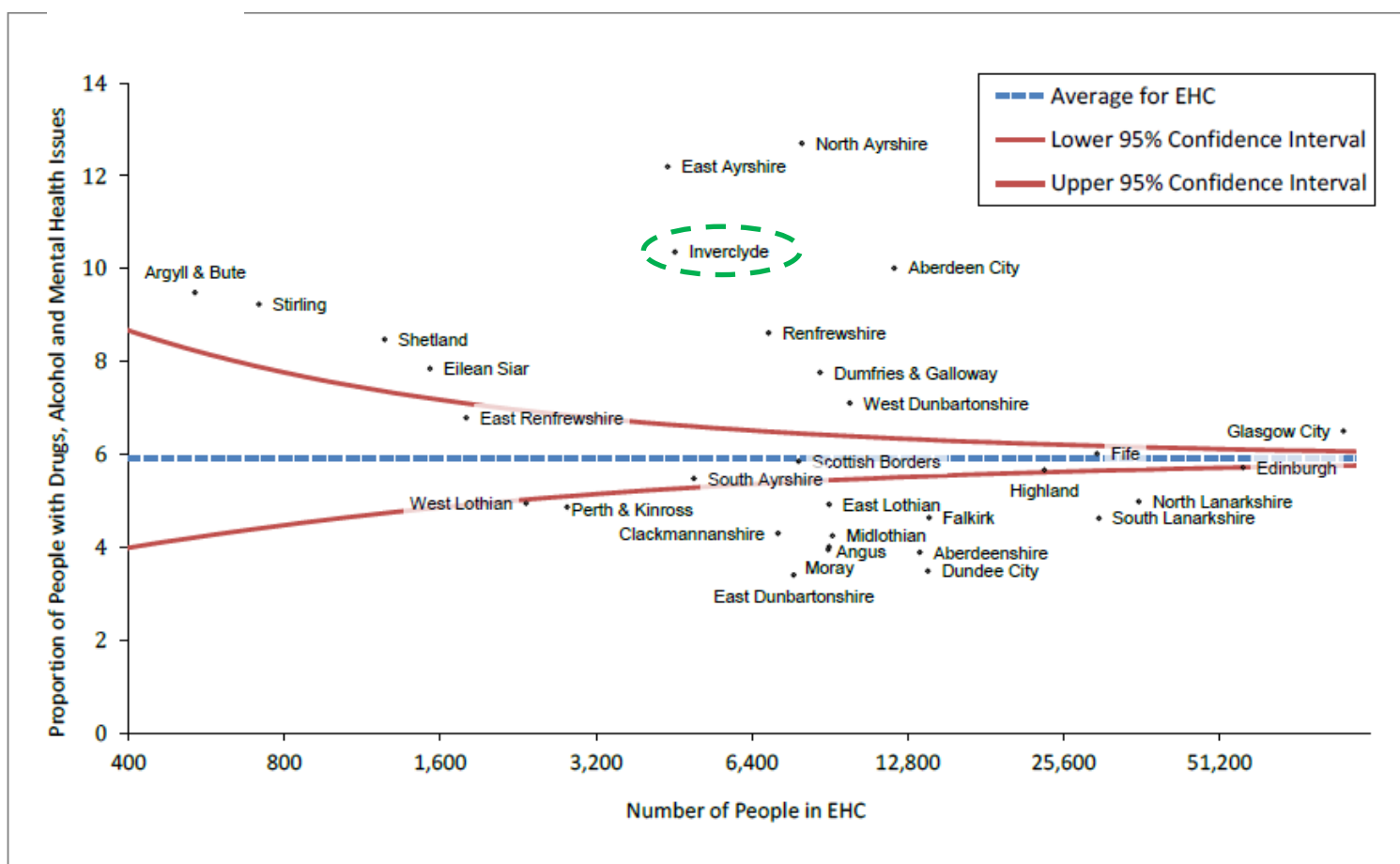
Analysis from 2017-18 highlighted the continued trend from 2016/17 that a significant proportion (47%) of people who made homeless applications had low level support needs, such as basic housing management or a requirement for assistance with independent living.

Specialist Need	Per cent of homeless applications
Learning Disability	6%
Physical Disability	11%
Medical Condition	21%
Drug or Alcohol Dependency	24%
Basic Housing Management/Independent living Skills/Housing Support	47%
Mental Health Problem	49%

Currently the Health and Social Care Partnership is developing a cohesive and integrated approach to people with multiple needs relating to mental health and addictions. We will be investigating the opportunities which this provides linking in additional investment from the mental health strategy and ADP additional funding.

A significant number of those who presented as homeless 2017/18 had a mental health problem (49%) or a drug/alcohol dependency (24%). Recent Scottish Government research confirmed the extent of support requirements in Inverclyde in comparison to the rest of Scotland through the unique research that matched homelessness and health datasets at a nation level for the first time. The research showed that Inverclyde has the third highest proportion of homeless people with drug, alcohol and mental health issues in Scotland³.

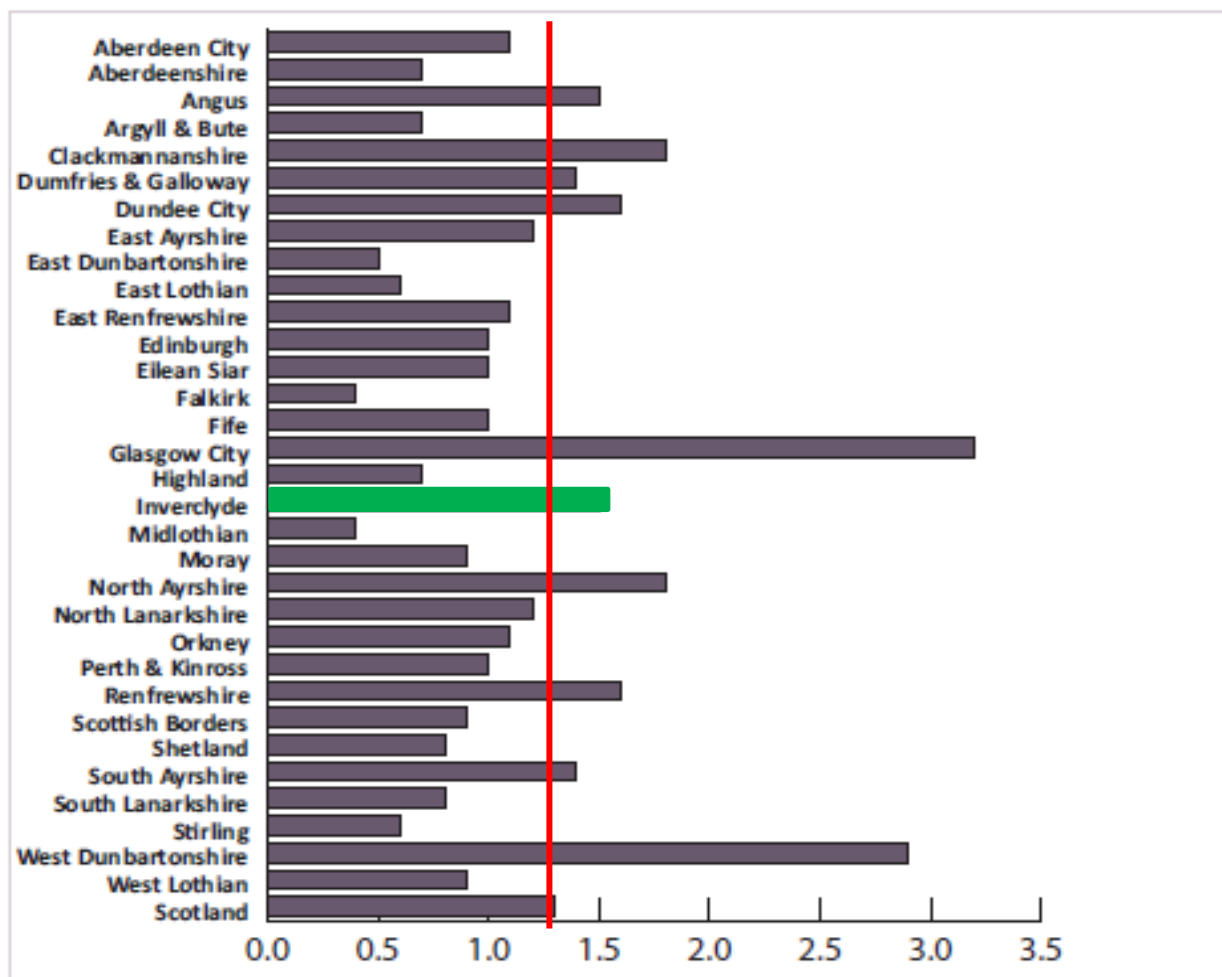
Proportion of people in the Cohort with Drug, Alcohol-Related and Mental Health Issue by LA



³ <https://www.gov.scot/Resource/0053/00536908.pdf>

With regards to Severe and Multiple Disadvantage (SMD) Inverclyde ranks in the top quartile, however in terms of overall incidence of homelessness Inverclyde is comparatively lower than the case for Scotland. The support needs of people presenting to homelessness services in Inverclyde are significant and not currently fully met by existing service provision.

SMD per 1000 of Population by Local Authority Area



Overall, responding to the additional support needs of those who present as homeless is the biggest challenge in Inverclyde. Analysis over the last 2 years has exposed that the homelessness problem in Inverclyde should be framed from a mental health and addictions

perspective, as it is clear that people have more specialist requirements above their housing need . In the case of homelessness in Inverclyde, housing is not the primary issue but rather, providing the right support, at the right time and for the right length is the ultimate driver for reducing homelessness.

Rapid Rehousing Plan

Inverclyde HSCP operates the homelessness service in Inverclyde. Housing consultants, Arneil Johnston were commissioned in April 2017 to undertake detailed work to inform the development of a strategy for the future provision of temporary accommodation and develop options for the range of accommodation solutions which best meet the needs of our local population. The temporary accommodation review provided key information on the composition of our current temporary accommodation:

Inverclyde Temporary Accommodation composition

Temporary Accommodation Requirement across Inverclyde	83 units
Current stock	60 units
Oversupply of hostel units	14 units
Undersupply of 1 bedroom units	33 units
Oversupply of 4-5 bedroom units	22 units
Net shortfall of supported accommodation units	13 units
Areas most in need of additional Temporary Accommodation	Inverkip and Port Glasgow

A shortfall of 23 housing units was identified in the initial 'baseline' year. There are imbalances in both size and location of the stock with an oversupply of 4-5 bedroom units and hostel accommodation, and an undersupply of 1 bedroom units. The review identified three key areas of focus which align with the requirements of rapid rehousing:

- Implementation of a collaborative and proactive Housing Options Model across all housing providers and third sector agencies who meet the needs of homeless households in Inverclyde;
- Recommission the temporary accommodation model in partnership with RSLs; and
- Implement a rapid resettlement model to address the gap in supported accommodation

The Scottish Government requirement for each LA to present a plan detailing how they will transition to a rapid rehousing with Housing First approach dovetailed with the conclusion of our temporary accommodation review. The existing working group (from the review of temporary accommodation) met to develop our strategy and identified three areas of focus:

- Development of the vision for a rapid rehousing model;
- Completion of the rapid rehousing transition toolkit based on updating the data and information analysis already undertaken through the review to support the plan and including financial modelling; and
- A workshop for the local authority, HSCP and RSL partners to develop stakeholder engagement with the plan.

The RRTP working group discussed what our vision for rapid rehousing in Inverclyde should be. Our vision succinctly echoes the objective of a transition to a rapid rehousing approach for Inverclyde:

Our Vision:

“To reduce the need for temporary accommodation by enabling homeless households to access settled accommodation quickly and with the right support to achieve housing sustainment”

The Transition Tool (excel spreadsheet) supplied with the Scottish Government RRTP guidance was utilised to gather relevant data in a systematic way, and to populate key indicators for local analysis. The tool informed a subsequent 5 year action plan which identified 5 high level objectives and prescribed proposed actions over a five year period to help to realise our goals:

Objective 1 - Reduce the need for temporary accommodation by preventing homelessness

The prevention approach does not require housing or support. We will assess homelessness prevention models implemented by LSVT landlords to design a more effective Inverclyde Housing Options model. This collaborative and proactive Housing Options model will be implemented across RSLs, Third Sector partners, and named contacts in Health and Social Work services. We will develop common tools including needs assessment; introduce consent to share and referral pathways enabling proactive intervention; and provide training and skills transfer on risk and prevention. *Around 15% of recent homeless applicants would benefit from this method.*

Objective 2 - Enable service users with no/low support needs to access settled housing quickly

This is effectively the rapid rehousing element of our plan, housing is the main requirement for this client group, with little or no support required.

We will define annually revised targets of allocations to homeless households to reduce length of stay by roughly 50% from 22 weeks to 12 weeks in 5 years by developing combined allocations policy and nomination agreements amongst our RSLs to increase the number of homes allocated to homeless households with no or low support needs. We will build SHIP assumptions on per cent of allocations to homeless households and discuss with our RSL partners how to eliminate the backlog of homeless households awaiting settled accommodation. *Around 42% of recent homeless applicants would benefit from this method.*

Objective 3 - Develop interim housing options which enable independent living and housing sustainment

The client group which would most benefit from this objective have moderate to high support needs. Independent living skills would enable positive sustainment outcomes.

We will design an interim accommodation model in partnership with RSLs and the HSCP to target this specific client group. We will consider the number of units and the average length of stay required to transition to settled accommodation. The wrap around support model for this client group may be best delivered through core and cluster housing options and we will assess a development funding model allied with a business plan and commissioning model to supply this. *Around 12% of recent homeless applicants could benefit from this method.*

Objective 4 - Investigate a Housing First model which enables the most excluded service users to achieve housing sustainment

Two client groups would benefit from this housing first approach: current or previous hostel dwellers who exhibit chaotic behaviour which necessitates a need for on-site supervision; and the habitual homeless applicants who display complex needs, are disadvantaged and unlikely to sustain any form of tenancy on a long term basis.

We will work in partnership to design our Inverclyde Housing First model and investigate the efficacy of the current hostel provision, the Inverclyde Centre in developing this. We will investigate developing a 'strategic needs' group within RSL Allocations Policies to enable housing led approach. This may require recruiting or appointing a dedicated support team and our multi-agency working group will ensure the most efficient access to the most appropriate (statutory) wrap around support services. *Around 24% of recent homeless applicants could benefit from this method.*

Objective 5 - Enable service users who need specialist supported housing to access commissioned HSCP services

The client group which would benefit most from this approach are those with very complex needs who should not be considered homeless applicants as they require specialist supported accommodation options. *Around 6% of recent homeless applicants require specialist supported accommodation.*

Our working group will evidence need for specialist supported accommodation to the HSCP Resource Group, and capacity within commissioned resources will be identified to meet evidenced need for specialist accommodation. A personal housing plan process will be developed in partnership with the HSCP Resource Group and we will identify opportunities in the SHIP planning process to meet evidenced need for specialist accommodation.

Stakeholder Engagement

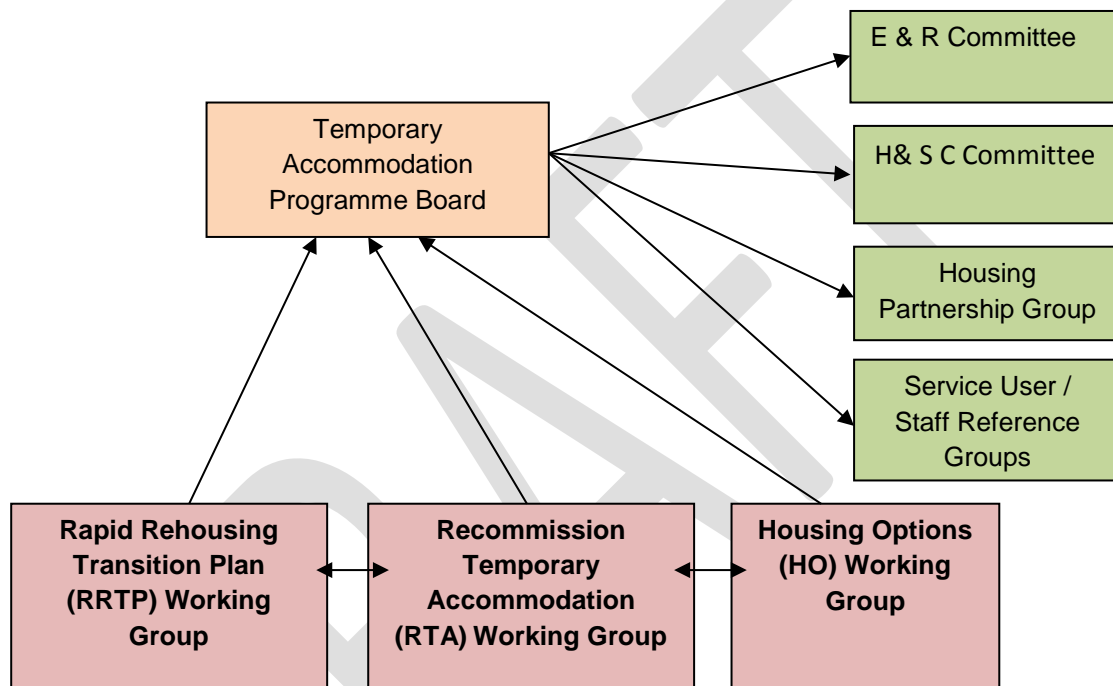
In December 2018, Inverclyde Council, HSCP and local RSLs gathered at a stakeholder workshop to discuss progress and seek agreement that the proposed actions would achieve the vision of '*reducing time spent in and the need for temporary accommodation by enabling homeless households to access settled accommodation quickly and with the right support to achieve housing sustainment*'.

General agreement was reached on the vision and proposed actions, and the workshop generated interesting discussion and proposed further ideas of how best we can transition to a rapid rehousing approach. These included: reinstating the homelessness service and RSL case conferencing, providing additional mental health and addictions training for RSL staff,

establishing a Deposit Guarantee Scheme and better engagement with anti-social behavioural colleagues.

Aligning with the vision, the proposed action plan and outputs from the workshop will form the next steps and all stakeholders will be invited to participate in the working groups which will shape and steer our plan going forward. Continued partnership working is essential to deliver on the vision for rapid rehousing across Inverclyde, which will be achieved through three distinct but inter-related work streams. It is suggested that each of the three work streams will help inform the remit of separate working groups.

RRTP governance arrangements



The HSCP has led the work to develop the RRTP for Inverclyde in collaboration with Housing Strategy, and the Housing Partnership Group which includes wider RSL and third sector partners. Moving forward, our partners will continue to work collaboratively to develop, implement and resource the plan.

In terms of future governance of the plan the RRTP will report to the Environment and Regeneration Committee through the Strategic Housing Investment Plan and the Local Housing Strategy. The delivery of the plan through the Homelessness Service and the wider HSCP and partners will separately report through the Health and Social Care Committee and the Integrated Joint Board and be fully integrated into Health and Social Care Partnership strategic plans.

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Summary Action Plan

	Year 1	Year 2	Year 3	Year 4	Year 5
Objective 1 - To reduce the need for temporary accommodation by preventing homelessness	Assess homelessness prevention models implemented by LSVT landlords to design Inverclyde Housing Options model	Housing options model implemented across Inverclyde partners	Housing options model implemented across Inverclyde partners	Projected increases in service demand as a result of service improvement: 5% per annum	Projected improvement in prevention rate reduces service demand by a further 5% per annum
	Implement a collaborative & proactive Housing Options model across RSLs, Third Sector partners, named contacts in Health and Social Work services by: -Training and skills transfer on risk and prevention -Developing common tools including needs assessment -Consent to share and referral pathways enabling proactive intervention	Projected increases in service demand as a result of welfare reform: 5% per annum	Projected increases in service demand as a result of welfare reform: 5% per annum	Projected improvement in prevention rate reduces service demand by 5% per annum	
		Projected improvement in prevention rate reduces service demand by 5% per annum	Projected improvement in prevention rate reduces service demand by 5% per annum		

	Year 1	Year 2	Year 3	Year 4	Year 5
Objective 2 - To enable service users with no/low support needs to access settled housing quickly	Define % annual target of allocations to homeless households to reduce length of stay by 50% in 5 years	Reduce the length of stay in temporary accommodation for those with no or low support needs by 4 weeks by incrementally increasing the % allocation to homeless households	Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 4 weeks by incrementally increasing the % allocation to homeless households	Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 4 weeks by incrementally increasing the % allocation to homeless households	Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 2 weeks by incrementally increasing the % allocation to homeless households
	Build SHIP assumptions on % allocations to homeless households				
	Develop the allocations policy & nomination agreements to increase the number of homes allocated to homeless households with no or low support needs	Baseline assumption: length of stay in dispersed accommodation: 22 weeks	Baseline assumption: length of stay in dispersed accommodation: 18 weeks	Baseline assumption: length of stay in dispersed accommodation: 14 weeks	Baseline assumption: length of stay in dispersed accommodation: 12 weeks
Negotiate agreement with RSL's on how to eliminate the backlog of homeless households awaiting settled Accommodation					

	Year 1	Year 2	Year 3	Year 4	Year 5
Objective 3 - To develop interim housing options which enable housing sustainment & independent living	Design interim accommodation model in partnership with RSLs & the HSCP including: - <ul style="list-style-type: none"> - Target client group (12% with moderate to high support needs, approx. 24 service users) - Number of units/length of stay to transition to settled accommodation - Wrap around support model including core & cluster options - Development funding model - Business plan - Commissioning model 	Commission and develop Phase 1 'core' element of interim accommodation resource (up to 10-12 units)	Commission and develop Phase 2 'cluster' element of interim accommodation resource (up to 6-8 units)	Review requirement for interim &/or supported accommodation resources in context of Housing First evaluation evidence	Review requirement for interim &/or supported accommodation resources in context of Housing First evaluation evidence
		Identify Homelessness service users in moderate-high support needs category	Identify Homelessness service users in moderate-high support needs category	Calculate length of stay to enable efficient transition to settled accommodation as part of structured support planning process	Calculate length of stay to enable efficient transition to settled accommodation as part of structured support planning process
		Within provision, develop 1-2 units that can be used as direct access accommodation aligned to emergency service model		Commission and develop Phase 3 'cluster' element of interim accommodation resource (up to 6-8 units depending on evidenced need)	Commission and develop Phase 3 'cluster' element of interim accommodation resource (up to 6-8 units depending on evidenced need)

	Year 1	Year 2	Year 3	Year 4	Year 5	
Objective 4- Investigate a Housing First model which enables the most excluded service users to achieve housing sustainment	Investigate efficacy of Inverclyde Centre in development of Housing First model	Develop Phase 1 & 2 of the Housing First model (up to 16 units per annum)	Develop Phase 1 & 2 of the Housing First model (up to 16 units per annum)	Develop Phase 3 of the Housing First model (up to 16 units per annum)	Develop mainstream funding framework for Housing First via the LHS and Strategic Commissioning Plan	
	Design Inverclyde Housing First model in partnership with RSLs & the HSCP Inc.: - Target client group [24% habitual repeaters/chaotic hostel users] - Developing a 'strategic needs' group within RSL Allocations Policies to enable a housing led approach - Recruiting/appointing a dedicated support team - Building multi-agency working group to enable access to (statutory) wrap around support services	Develop case conferencing/management arrangements Consider the long term future of the use of the Inverclyde Centre; and reconfigure the service based on a Housing First model	Develop case conferencing/management arrangements	Build outcome evaluation framework and evidence impact of preventative investment		
			Identify Homelessness service users in direct access/hostel chaotic categories			
			Identify Homelessness service users in direct access/hostel chaotic categories		Share with HSCP & Community Planning Partners to build funding mechanism	

	Year 1	Year 2	Year 3	Year 4	Year 5
Objective 5 - To enable service users who need specialist supported housing to access commissioned HSCP services	Evidence need for specialist supported accommodation to HSCP Resource Group	Identify service users with complex needs requiring a different type of service.	Identify service users with complex needs requiring a different type of service.	Identify service users with complex needs requiring a different type of service.	Develop SHIP & SCP planning frameworks to ensure that emerging particular housing needs are addressed by housing and care planning funding programmes
	Target client group (6% specialist support accommodation)			Ensure SHIP framework makes contribution to meeting unmet need for supported accommodation	
	Develop personal housing plan process in partnership HSCP Resource Group			Ensure SCP framework makes contribution to meeting unmet need for supported accommodation	
	Identify opportunities in SHIP planning process to meet evidenced need for specialist accommodation				
	Identify capacity within commissioned resources to meet evidenced need for specialist accommodation				

Resource Plan

Objective	Resource Bid	Details	Resource Bid
To reduce the need for Temporary Accommodation by preventing homelessness	Rapid Rehousing Coordinator	Co-Ordinator post to facilitate the successful implementation of Rapid rehousing and co-ordinate the the HSPC resource group. 1 FTE @ £58k	Year 1-5 - £58k per annum
	Rapid Rehousing support officer	Provide support to the rapid rehousing coordinator and support with analysis on prevention and early intervention opportunities FTE post at £40k (Gross Costs). 1 FTE @£30K	£30k per annum (Years 1-3)
To enable service users with no or low support needs to access settled housing quickly	N/A	The modelling work undertaken by Arneil Johnston indicates that by year 4 less dispersed units will be required. The plan assumes that with proactive management of dispersed units with RSLs delivering a 5% void rate, the units will reduce over time and net expenditure will also reduce.	Within existing resources.
To develop interim housing options which enable housing sustainment and independent living	Interim Accommodation: Development funding planning research	In year 1 the proposal is to design interim accommodation model in partnership with RSLs and the HSCP, in order to implement this successfully research will require to be undertaken in order to ensure that the model delivers the required outcomes and is cost effective.	£20k research budget
	Commission and develop phase 1 core element of interim accommodation (12 units) and phase 2 cluster element interim accommodation (8 units)	By exploring options around locally operating RSLs providing and managing properties, with the Housing Management element being met through rents (Housing Benefit) we anticipate an additional support resource being required.	Year 1 - £00k Year 2- £94k Year 3- £176k Year 4 - £130k Year 5- £124k

	Assessment, Support and accommodation-based staff training and registration with SSSC.	<p>Provide training and awareness raising to housing support workers to upskill and improve knowledge statutory service related knowledge (addictions, mental health, complex physical health services)</p> <p>Training allowance of £1,500 for 25 members of staff (casework, accommodation based and support staff)</p> <p>Costs are based on SVQ3 training costs of £1,500 per person.</p>	Year 2 - £37,500
Investigate a Housing First model which enables the most excluded service users to achieve housing sustainment and consider the long term future of the Inverclyde Centre	Implementing Housing First	To deliver Housing First to habitual repeaters/chaotic hostel users [24%] over the 5-year planning period.	Year 1 - £157k Year 2- £469k Year 3- £635k Year 4 - £723k Year 5- £579k

DRAFT

Report To: Health and Social Care Committee **Date:** 28 February 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership **Report No:** SW/16/2019/AS

Contact Officer: Allen Stevenson
Head of Health and Community
Care
Inverclyde Health and Social Care
Partnership **Contact No:** 01475 715283

Subject: Social Isolation and Older Adults

1.0 PURPOSE

- 1.1 The purpose of the report is to provide an overview of the work between HSCP and partners to address the impact of social isolation on older adults.
- 1.2 The report has been completed with input from Your Voice, Inverclyde Council for Voluntary Services, Compassionate Inverclyde, Inverclyde Carers Centre and Alzheimer Scotland.

2.0 SUMMARY

- 2.1 There is increasing recognition of social isolation and loneliness as major social and health issues that can have a significant detrimental impact on a person's physical and mental wellbeing.
- 2.2 In January 2018 the Scottish Government launched a consultation on an ambitious plan to address the issues presented by loneliness and social isolation in Scotland.
- 2.3 We are in a positive position in Inverclyde in that there is a strong identification with local communities and Inverclyde as a whole. The sense of community and wish to support neighbours and friends, as demonstrated by the response to the severe weather in March 2018, is replicated on a daily basis by individuals on a personal level or as part of a supportive group.
- 2.4 There is a wide range of diverse activities available in Inverclyde for older adults. These range from increasing physical activity to social groups around common interests or concerns, many appeal to individual interests.

Many are accessed with no necessity for support other than wide advertising and signposting by 'helping agencies'. For individuals who require greater levels of support we have provision to enable this using Your Voice and Inverclyde Carers Centre whilst for those who cannot access activities without personal care there are more formal day services.

- 2.5 The HSCP has just launched its Strategic Plan for 2019-2024 and is committed to "Improving Lives", and the vision is underpinned by 6 "Big Actions". One action is to build on the existing strengths of people and communities in Inverclyde to create opportunities for people in communities to recognise social isolation and be able to act to reduce its impacts

- 2.6 Alongside partners there are a range of initiatives, both longstanding and being developed, that offer to support older adults to address issues of loneliness and isolation. These includes advice and support about accessing social activities to provision of Day Service which provides direct personal care and support to people who would otherwise not be able to engage in such activities.
- 2.7 This paper does not list all services that are available in Inverclyde but identifies key features of the work in this area.

3.0 RECOMMENDATIONS

- 3.1 The Committee is asked to note the positive work undertaken in relation to social isolation by the HSCP and partner agencies.
- 3.2 The Committee is asked to note the commitment to addressing social isolation and loneliness within the HSCP Strategic Plan as part of our approach to public health.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 In January 2018 the Scottish Government launched a campaign to address issues around social isolation and loneliness in Scotland. A Connected Scotland looks to tackle social isolation and loneliness and build stronger communities, the strategy sets out a vision for Scotland where everyone has the opportunity to develop meaningful relationships, regardless of age, status, circumstance, or identity.

It is acknowledged that social isolation and loneliness can affect anyone at all ages and stages of life. There is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental health.

4.2 A Connected Scotland also sets out clear definitions of the terms social isolation and loneliness:-

- Social isolation refers to the quality and quantity of the social relationships a person has at individual, group, community and societal levels.
- Loneliness is a subjective feeling experienced when there is a difference between an individual's felt and ideal levels of social relationships.

4.3 There is no hierarchy in these definitions although each may require a different response to address any detrimental effects. There are strong links between social isolation and loneliness and they can be experienced independently from one another; it is possible for people who are well connected socially to feel lonely and for people with relatively small social networks to rarely experience loneliness.

However, because we are inherently social beings, we can all experience periods of loneliness from time to time. This temporary state is referred to as transient loneliness and often arises when someone who has strong social connections is unable to interact with their networks for a period of time. Typically, this is relieved once social interactions return to normal.

4.4 Prolonged periods of loneliness can lead to a permanent state of chronic loneliness which is much more difficult to address. People can lose their social connections for a variety of reasons, including major life transitions such as taking on a Carer role, bereavement, ill health and disability. In order to alleviate feelings of chronic loneliness, cultural change is required to develop opportunities that are accessible and encourage people to build new social connections.

For many people this response will be adequate to address the issues presented by social isolation however there is a further group who require greater assistance with personal and practical care in order to successfully enhance their sense of inclusion

4.5 A Connected Scotland presents the argument that to effectively reduce social isolation and loneliness there is a requirement to foster the right environment and create the conditions for people and communities to design and deliver the solutions that best meet their needs. Initiatives work across a range of areas including improving health, building the capacity of the Third Sector, and improving digital participation which evidence suggests make a real difference here.

4.6 Whilst Inverclyde benefits from strong feelings of place and connectedness, the NHSGG&C Health & Wellbeing Survey 2017 shows that 9% of our population feel socially isolated from family and friends and that there were people in all age groups who described feeling lonely some of the time in the previous 2 weeks.

This was most apparent in the age groups 16-24 (24%) and 75+ (27%). Social connectedness is essential to wellbeing and promoting good mental health and wellbeing, which is a strategic intention of the NHSGG&C Public Health Strategy 2018-2028. The Strategy emphasises that by working across the range of partners involved in health and

social care. Primary Care has a key role in this and strengthens our approach to supporting people feel less isolated and enjoy being connected with friends and family through returning to, and finding new activities, with which to engage. One example of this is the strong working relationship which has been built with GPs and the Community Links Workers which identifies and supports socially isolated individuals to improve health and wellbeing outcomes.

- 4.7 The HSCP has just launched consultation around its strategic plan for 2019-2024. The commitment remains to “Improving Lives”, and the vision is underpinned by 6 “Big Actions”. One such action is to build on the existing strengths of people and communities in Inverclyde to create opportunities for people in communities to recognise social isolation and be able to act to reduce its impacts.
- 4.8 Inverclyde benefits from an active and participatory Community; There is a great interest in becoming involved in community activity and then developing community capacity. This is evidenced by the range and variety of community groups as well as the number of volunteers who support them

This is a real positive base on which to build the future development of a socially connected and caring Inverclyde.

5.0 ADDRESSING SOCIAL ISOLATION AND LONELINESS FOR OLDER ADULTS IN INVERCLYDE

5.1 Council for Voluntary Service Inverclyde

Local community groups and voluntary organisations run an array of activities that combat social isolation; using art & culture, the environment, social activities, physical fitness, peer support, transport, befriending and more. To help people access these (as well as hundreds of other services and activities provided by the public and third sectors) CVS Inverclyde runs a website Inverclyde Life – www.inverclydelife.com.

The site is about to be re-launched with a search filter to make it easier to find something suitable. People who can't use the online site can phone 01475 866150.

Volunteer Inverclyde – www.volunteerinverclyde.com – is the local portal for people looking to get involved in volunteering. People can find and apply for volunteering opportunities directly on the website. Volunteering can reduce social isolation for both the volunteer and the people they help. People who need additional support to volunteer can also contact CVS Inverclyde directly.

CVS Inverclyde also has a team of Community Link Workers (CLWs) based in GP Surgeries. Currently six surgeries have CLWs but this is about to be rolled out to a further six in the coming months. The work of CLWs is not exclusively targeted at social isolation but also looks more widely at all of the social issues that a person may be experiencing. This could include housing, finances, work, mental health and family. Social isolation is however often a significant part of why people are accessing the CLW service. The CLWs work collaboratively with the Community Connectors project.

5.2 Community Connectors Your Voice

Partners across Inverclyde refer older people, who are isolated or experiencing loneliness to a ‘Community Connector’. The Community Connector will work with the individual to build their confidence, motivation and connect them to a range of local resources, activities and services. Each person receives one to one support for an average of 8 weeks, although this can vary depending on the individual's situation.

This one to one support includes introductions to community groups/activities and developing friendships and social networks of support, enabling them to become reconnected to their communities. This approach empowers people and communities,

supports greater independence and builds resilient communities.

5.3 **The Peer Support Network (Your Voice)**

The Network creates a safe environment, and opportunity whereby people can build relationships of trust, support empowerment, enhance participation and promote a sense of belonging in their community. The aim is to achieve long term sustainability, and this is assisted by community buddies and volunteers who aid individuals/groups in fulfilling their potential.

Many of the groups access a range of resources, information and training opportunities and current groups cover areas of interest such as; Diabetes, Arthritis Stress and Anxiety and COPD. ,

Attendees become active citizens in identifying best practice and raise concerns to inform and influence both local and national service provision, linking with other agencies and working collaboratively in a range of community engagement and campaigning events that are of interest to them.

5.4 **Carers Inverclyde Carers Centre**

For many years Inverclyde Carers Centre has been supported by Inverclyde HSCP, and other funders to provide Emotional Support to Unpaid Carers. This support takes the form of Relaxation Therapies and Counselling, both of which are delivered on an individual basis through 6 hour long sessions.

Relaxation Therapies are delivered by Holistic Therapists using massage, relaxation techniques and coaching. Counselling is delivered by professionally qualified staff from Mind Mosaics. Group stress management, laughter yoga and mindfulness sessions are also provided depending on interest.

Inverclyde Carers Centre also provides a range of Carer Group Activities which often provide emotional support. Weekly groups, which are particularly attractive to older carers, include the Purlly Queens Knitting Group, Mental Health Carers Group and the Male Carers Group. Social activities such as quiz nights and parties bring light relief from caring routine and can be enjoyed along with the person being cared for.

Alternatively Carers may wish to come along to information sessions or groups to learn more about their loved ones conditions or they may want to learn something new for them. The centre are delighted to have secured 3 years funding from BIG Lottery which will bring the introduction of Befriending for isolated carers and an expansion of social and informative activities for Carers to join in with.

5.5 **Compassionate Inverclyde**

Compassionate Inverclyde is a social health movement that looks at building community capacity to address issues around bereavement but also social isolation. Inverclyde is the first Scottish Compassionate Community and is based on a wide range of initiatives including;

- Back Home Boxes is a small box of essential items provided to every person who lives alone and is discharged from Inverclyde Royal Hospital. Important information around where people can seek support and help is also included.
- Back Home Visitors is a new development based on neighbourliness whereby a volunteer visitor and a young person will visit an older person who lives alone and is socially isolated.
- High 5 programme is delivered to school pupils, college students, youth club, prisoners, community groups and a local business. Each five week programme focuses on the five ways to wellbeing and helps people to understand how they can be kind to self and to others.

- Bereavement Café and support hub are drop-in bereavement groups in two community cafes and a local church.

Compassionate Inverclyde has attracted over 172 volunteers for their various initiatives and is a growing force for change in addressing social isolation on many levels.

5.6 Alzheimer Scotland – Inverclyde Dementia Resource

Participation in regularly occurring local social events can reduce incidences of isolation for persons with dementia and carers. It is with this intention that Alzheimer's Scotland offer the following programmes:

- Friday Friendship Café at Westburn Church;
- Football Memories, a weekly reminiscence programme that takes place at Cappielow Park;
- Musical Memories, a dementia-inclusive choir that meets monthly and is done in collaboration with the Clydeside Singers;
- Sensory Garden at Caddlehill Allotments, a purpose-built, dementia-inclusive space that hosts events for carers and persons with dementia.

The focus is on community education & awareness includes the following initiatives: a Lunchtime Drop-In for Dementia Carers is held weekly at Inverclyde Carers Centre.

A Carers' Support Group is held on the first Monday of each month at the Inverclyde Dementia Resource Centre.

Alzheimer Scotland regularly facilitates Dementia Friends sessions which are conducted, at no cost, for organisations and businesses across Inverclyde. Sessions are run by our Dementia Advisor for Inverclyde, and help participants understand what it's like to live with dementia and the actions they can take to help make Inverclyde a more "dementia friendly" community and help combat feelings of loneliness and isolation.

5.7 CAPA (Care About Physical Activity)

Inverclyde has been involved in the CAPA programme which has been successful in working within sheltered housing units, care at home, housing support and day services for older people to equip staff to promote physical activity and scope resources required to be developed.

There are many benefits from being involved in this innovative programme. The participating services gained a greater understanding and obtained skills to encourage increasing levels of physical activity with those they are working with. It has supported an improvement in overall care, quality of life and wellbeing for those using services and has potentially reduced hospital admissions.

Staff reported improved knowledge and skills in enabling those they care for to move more often; resources and tools, including improvement methodology, have helped to embed CAPA techniques into their practice. Services have also been keen to build networks locally across health and social care to support the sustainability of the improved care.

5.8 Older Adults Day Service

The HSCP carried out a review of Day Services in 2015 which looked to modernise the existing services to meet the changing needs of Older Adults in Inverclyde. It is clear both from local consultation and that seen elsewhere, that people want to remain part of their communities and to enjoy the same kinds of activities they have always participated in.

As generations age the desire for building-based day services is diminishing. Combined with improved access to Third Sector activities, and a focus on delivery of statutory services to those with critical and substantial needs, we need to outline a model which can continue to both meet existing service users' needs whilst at the same time developing to meet future challenges.

Rather than focus solely on building-based services the review looked to develop a range of services that promoted independence and sustainable and natural links to their community.

5.9 Active Living for All

This is a small group day service utilising local community based services and therefore allowing a greater flexibility and responsiveness to service users and their families. This service is accessed via an assessment and focuses on those with moderate to substantial needs in terms of care and support, and there is a focus to integrate those who are able back into universal led groups.

For Older People with critical or substantial need we have a combination of HSCP and local independent providers of Day Service (Alzheimer's Scotland, Muirshiel and Crown Care); they provide more intense support including personal and practical care during the day to frail older people and those with dementia. Each group provides a wide range of activities and support across the week including weekends and evenings.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications:

There are no financial implications at this point all expenditure is within existing budget allocation

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

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

REPOPULATION

6.5 There are no repopulation issues within this report.

7.0 CONSULTATION

7.1 The report has been completed with input from Your Voice, Council for Voluntary Services, Inverclyde Carers Centre Compassionate Inverclyde and Alzheimer's Scotland.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.