

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 19 March 2019 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
** copy to follow		
1.	Apologies, Substitutions and Declarations of Interest	Page
<u>Items for Action:</u>		
2.	Minute of Meeting of Inverclyde Integration Joint Board of 29 January 2019	p
3.	Rolling Action List	p
4.	Financial Monitoring Report 2018/19 – Period to 31 December 2018, Period 9 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5.	Indicative Inverclyde IJB Budget 2019/20 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6.	Inverclyde HSCP Strategic Plan 2019-2024 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
7.	Financial Plan 2019/20 to 2023/24 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	Ministerial Strategic Group Return Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
9.	Update Report: Five Year Mental Health Strategy and Action 15 Implementation Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

10.	Ministerial Strategic Group for Health & Community Care: Review of Progress with Integration Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Noting:</u>		
11.	Social Isolation and Older Adults Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
12.	Chief Officer's Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
13.	Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 29 January 2019	p
<p>The documentation relative to the following items 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 as are set out opposite the heading to each item.</p>		
14.	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	Paras 6 & 9 p
15.	Criminal Justice Social Work Funding Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of proposals being taken forward by Criminal Justice Social Work Services to mitigate the impact of the changes to the national Criminal Justice Social Work (CJSW) funding formula	Para 1 p

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

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

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

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

INVERCLYDE INTEGRATION JOINT BOARD – 29 JANUARY 2019

Inverclyde Integration Joint Board

Tuesday 29 January 2019 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Dr D Lyons, Mr A Cowan, Ms D McErlean, Dr H MacDonald, Dr D McCormick, Dr C Jones, Ms L Long, Ms S McAlees, Ms L Aird, Ms G Eardley, Ms M Telfer (for Mr H MacLeod), Ms C Boyd and Ms S McLeod.

Chair: Mr Carr presided.

In attendance: Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms H Watson, Head of Strategy & Support Services, Mr A Stevenson, Head of Health & Community Care, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang, Legal & Property Services.

The following paragraphs are submitted for information only, having been dealt with under the powers delegated to the Board.

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|----------|--|----------|
| 1 | <p>Apologies, Substitutions and Declarations of Interest</p> <p>Apologies for absence were intimated on behalf of Mr I Bruce and Mr H MacLeod, with Ms M Telfer acting as proxy.</p> <p>Mr Carr declared an interest in agenda item 8 (Development of the Inverclyde HSCP Strategic Plan 2019-2024).</p> | 1 |
| 2 | <p>Minute of Meeting of Inverclyde Integration Joint Board of 6 November 2018</p> <p>There was submitted minute of the Inverclyde Integration Joint Board of 6 November 2018.
(Ms McLeod entered the meeting during consideration of this item of business).</p> <p>Decided:</p> <p>(1) that the minute be agreed; and</p> <p>(2) that it be noted that update reports in respect of the Carers (Scotland) Act 2016, including financial information, will be submitted to future meetings of the Board.</p> | 2 |
| 3 | <p>Rolling Action List</p> <p>There was submitted a Rolling Action list of items arising from previous decisions of the Integration Joint Board.</p> <p>It was reported in relation to the travel plan associated with the new Greenock Health & Care Centre, that this was due to be submitted to the Planning Board on 6 February 2019 and that an update report would be submitted to the March meeting of the Integration Joint Board.</p> <p>Decided: that the rolling action list be noted.</p> | 3 |

INVERCLYDE INTEGRATION JOINT BOARD – 29 JANUARY 2019

4 Financial Monitoring Report 2018/19 – Period to 31 October 2018, Period 7 4

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets, other income streams and Earmarked Reserves position for the current year as at Period 7 to 31 October 2018.

During the course of discussion of this item, it was noted that a report would be submitted to a future meeting of the Board on Children's Health.

(Dr McCormick and Dr Jones entered the meeting during consideration of this item of business).

Decided:

- (1) that the current Period 9 forecast position for 2018/19 and the Period 7 detailed report contained in Appendices 1-3 be noted;
- (2) that approval be given to the proposed budget realignments and virement in Appendix 4 and that Officers be authorised to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures set out in Appendix 5;
- (3) that the planned use of the Transformation Fund as detailed in Appendix 6 be noted;
- (4) that approval be given to the planned investment of £150,000 match funding spend to save initiative from the Transformation Fund for ADP, CORRA to move to a seven day service within Addictions;
- (5) that the planned use of the Integrated Care Fund and Delayed Discharge monies as detailed in Appendix 7 be noted;
- (6) that the current Capital position as detailed in Appendix 8 be noted; and
- (7) that the current Earmarked Reserves position as detailed in Appendix 7 be noted.

5 Set Aside Budgets 5

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing additional information on Unscheduled Care/Set Aside budgets and their application. The report advised that since the November meeting of the IJB, a further funding update had been received from NHS Greater Glasgow & Clyde confirming that Inverclyde's notional Set Aside budget for 2018/19 is being maintained at £16.439m.

Decided:

- (1) that the report and the updated funding letter from NHS Greater Glasgow & Clyde be noted; and
- (2) that the Chief Officer and Chief Financial Officer be instructed to continue discussions with NHS Greater Glasgow & Clyde on Set Aside Budget Resource Transfer Protocols.

6 Inverclyde IJB Records Management Plan 6

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the proposed Inverclyde IJB Records Management Plan which sets out how Inverclyde IJB's records will be created and managed in line with national policy.

Decided:

INVERCLYDE INTEGRATION JOINT BOARD – 29 JANUARY 2019

(1) that subject to minor typographical corrections, approval be given to the contents of the Records Management Plan and accompanying Memorandum of Understanding appended to the report and approval be given to their formal submission to the Keeper of the Records of Scotland; and

(2) that it be remitted to individual Board members to consider whether they require or would wish further General Data Protection Regulations (GDPR) training and to advise the Chief Officer who will make arrangements for training to meet specific requirements.

7 **Big Lottery: Women's Project Update**

7

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on progress of the Inverclyde HSCP Women's Project which aims to achieve a stepped change in response to women in the criminal justice system.

(Dr Lyons left the meeting during consideration of this item of business).

Decided:

(1) that the contents of the report be noted and approval be given to the strategic direction set out in the report for progressing the Women's Project;

(2) that a further update be submitted to the Board demonstrating how the HSCP is progressing with the project; and

(3) that the report be remitted to the Women's Forum for consideration.

Dr Lyons returned to the meeting at this juncture.

8 **Development of the Inverclyde HSCP Strategic Plan 2019 - 2024**

8

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the draft second Inverclyde HSCP Strategic Plan covering the timeframe from 2019-2024 which had been issued for consultation by 8 February 2019.

Mr Carr declared a financial interest in this item as (1) he had been commissioned as an independent contractor by Health Care Improvement Scotland to produce a short film about pharmacists and their outreach work in respect of rough sleepers and (2) he had been commissioned to produce a report in respect of Rapid Rehousing Plans and the Primary Care Sector. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence in the meeting or his participation in the decision-making process.

Decided:

(1) that the draft Strategic Plan be endorsed subject to typographical alterations and the inclusion of further information in relation to Older People and Dementia;

(2) that the consultation process with a deadline date of 8 February be noted and that approval be given to the finalisation process outlined at paragraph 5.8; and

(3) that it be directed that a final version of the Strategic Plan, including an overview of the proposed implementation process, be submitted to a future meeting for approval.

INVERCLYDE INTEGRATION JOINT BOARD – 29 JANUARY 2019

- 9 Inverclyde Integration Joint Board – Membership Update 9**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a recent non-voting membership matter. The report (1) advised that the proxy member who had been attending meetings on behalf of the Council staff representative to cover a further period of extended absence was due to retire and (2) advised of the appointment of a replacement proxy member.
- Decided:** that it be noted that Gemma Eardley has been confirmed as the replacement proxy member for Robyn Garcha, Council staff representative non-voting member, for meetings of the Integration Joint Board.
- 10 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 11 September 2018 10**
- There was submitted minute of the Inverclyde Integration Joint Board Audit Committee of 11 September 2018.
- Decided:** that the minute be noted.
- 11 Audit Scotland Reports – NHS in Scotland and Health and Social Care Integration: Update on Progress 11**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) appending the recent Audit Scotland reports on “NHS in Scotland” and “Health and Social Care Integration: Update on Progress” and (2) advising of the key areas relevant to the Integration Joint Board.
- Decided:**
- (1) that the Audit Scotland reports and the Inverclyde position in relation to the reports’ key messages be noted; and
- (2) that it be agreed that the action plan be monitored through the IJB Audit Committee and that the IJB Audit Committee report to the Integration Joint Board on a six monthly basis.
- Mr Cowan left the meeting at this juncture.
- It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.**
- 12 Governance of HSCP Commissioned External Organisations 12**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned social care services.
(Mr Cowan returned to the meeting during consideration of this item of business).
- Decided:**
- (1) that the governance report for the period 8 September to 23 November 2018 be noted;

INVERCLYDE INTEGRATION JOINT BOARD – 29 JANUARY 2019

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

(3) that it be noted that reports will be submitted to the next meeting of the Council's Health & Social Care Committee and the Integration Joint Board on the Commissioning Framework arrangements.

13 June 2019 Meeting of Integration Joint Board**13**

It was agreed that the meeting of the Integration Joint Board scheduled for 25 June 2019 will now take place on Monday 24 June 2019 at 2pm.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 May 2018 (Para 35(2))	Early Action Systems Change Fund Project – Progress (in 6 months' time)	Sharon McAlees	November 2018	Update report to November 2018 IJB	Complete
15 May 2018 (Para 36(5))	Enhancing Children's Wellbeing – Support for Inverclyde GIRFEC Pathway – Update Report	Sharon McAlees	January 2019	Report to May 2019 IJB	Next IJB May
15 May 2018 (Para 37(4))	Out of Hours GP Service – (After Summer Recess)	Helen Watson	November 2018	Part of the wider Out of Hour review scheduled for May IJB.	Will come to May IJB
11 September 2018 (Para 53(3))	Oral Health – Further Update Reports, particularly regarding operational responsibilities for HSCP	Helen Watson	September 2019	New information in annual report in September 2019	In progress
11 September 2018 (Para 55(3))	Sandyford Sexual Health Services – Update on Direction of Travel	Helen Watson	March 2019	Once agreed by Glasgow IJB	In progress
11 September 2018 (Para 63(3))	Mental Health Strategy Action 15 Plan and Strategy Implementation Plan (November 2018 meeting)	Deborah Gillespie	March 2019	Update report	Complete on March agenda
6 November 2018 (Para 76(8))	Set Aside Activities (January 2019)	Lesley Aird	January 2019	January 2019	Complete
6 November 2018 (Para 77(3))	Primary Care Improvement Plan and new GMS Contract – Fuller Option Appraisal	Allen Stevenson	January 2019	Included in finance section of IJB report January 2019	Complete

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
	Report				
6 November 2018 (Para 82(2))	Travel Plan associated with new Greenock Health and Care Centre (March 2019)	Helen Watson	March 2019	Plan to be reviewed by Planning Board	Complete
29 January 2019 (Para 7(2))	Progress Update on Women's Project	Sharon McAlees	May 2019	Update report	IJB in May
29 January 2019 (Para 8(3))	Final Version of Strategic Plan	Helen Watson	March 2019	Report to March 2019 IJB	Complete

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long **Report No:** IJB/09/2019/LA
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

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

Subject: **FINANCIAL MONITORING REPORT 2018/19 – PERIOD TO 31
DECEMBER 2018, PERIOD 9**

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 9 to 31 December 2018 and summary update at the meeting to Period 9, 31 December.

2.0 SUMMARY

- 2.1 The detailed report outlines the financial position at Period 9 to end October 2018. The current year end operating projection for the Partnership is a projected underspend of £1.023m. The IJB is expected to utilise a net £0.897m of its Earmarked Reserves in year on previously agreed projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and under spends. A verbal update on the any significant changes to the current forecast position as at Period 11 to 28 February 2019 will be provided at the meeting.
- 2.2 At Period 9 there is a projected underspend of £0.593m on Social Care Services. The main elements of the underspend are detailed within this report and attached appendices.
- 2.3 Health services are currently projected an underspend of £0.430m the main elements of which are detailed in this report and attached appendices.
- 2.4 The Corporate Director (Chief Officer) and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that as in previous years any over or under spend is taken from or added to IJB reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund, Integrated Care Fund and Delayed Discharges money.
- 2.6 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.364m for 2018/19 with an actual spend to date of £0.450m. There is projected slippage of £0.687m being reported due to the delays experienced and projected cost reductions in the procurement of the Crosshill replacement project.
- 2.7 The IJB holds a number of Earmarked and General Reserves; these are managed in line

with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2018/19 were £5.796m, the projected yearend position is a carry forward of £4.902m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 9 forecast position for 2018/19 and Period 9 detailed report contained in (Appendices 1-3);
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
3. Notes the planned use of the Transformation Fund (Appendix 6)
4. Notes the planned use of the Integrated Care Fund and Delayed Discharge monies (Appendix 7);
5. Notes the current capital position (Appendix 8);
6. Notes the current Earmarked Reserves position (Appendix 7).

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2 The IJB Budget for 2018/19 was set on 18 June 2018. The table below summarises the agreed budget and funding together with the projected operating outturn at 31 December:

	Revised Budget 2018/19 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	64,706	64,113	(593)
Health Services	70,684	70,254	(430)
Set Aside	16,439	16,439	0
HSCP NET EXPENDITURE	151,828	150,805	(1,023)
FUNDED BY			
Transfer from / (to) Reserves	(75)	(1,098)	(1,023)
NHS Contribution to the IJB	103,841	103,841	0
Council Contribution to the IJB	48,062	48,062	0
HSCP OPERATING SURPLUS/(DEFICIT)	151,828	150,805	(1,023)
Planned Use of Reserves	(897)	(897)	
Annual Accounts CIES Position	(897)	(897)	(1,023)

4.3 Updated Finance Position and Forecasting to Yearend

Timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. This creates potential governance issues:

- If the Board is not seeing up to date financial forecasts and projections decision making and financial governance is weakened, this is particularly important in the second half of each financial year
- For the IJB month end and committee timelines mean that the October report comes to IJB late January and the December report mid-March

These will be addressed as follows:

- An updated finance summary detailing any significant changes to financial forecasts from the report date to the current period will be provided as part of the monitoring report presentation from the October report onwards

This will ensure that the Board still receives the full detailed finance pack but is also updated on any substantive changes to the forecast position in between the pack date and the meeting date.

5.0 SOCIAL WORK SERVICES

- 5.1 The projected outturn for social work services at 31 December 2018 is a £0.593m underspend.
- 5.2 The Social Work budget includes agreed savings of £1.555m. It is anticipated that this will

be delivered in full during the year and there is a projected over-recovery at Period 9 of £0.355m. £0.293m of which relates to Residential and Nursing beds which will be added to the Residential Smoothing Reserve at the year end. The remainder relates to posts within Learning Disabilities and Addictions and a projected over recovery of community alarm income.

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

Underspends due to:

- A projected underspend of £0.060m within internal homecare due to vacancies, which are partially offsetting the increased costs of external homecare below, and a further £0.072m underspend resulting from delay in implementing Ethical Care,
- A projected underspend of £0.216m within Learning Disabilities and £0.132m within Addictions employee costs due to service reviews and early achievement of 2019/20 savings targets,
- A projected employee cost underspend of £0.043m within Business Support due to additional turnover savings being achieved,
- Projected underspends on client care packages in Day Services £0.041m and Learning Disabilities £0.134m due to changes in care packages. This is in preparation for 2019/20 saving of £0.174m from Learning Disability service,
- A one-off income from an external provider of £0.110m.

Offset by:

- A projected overspend in external homecare of £0.068m due to increased hours as more people are cared for in their own homes. This is a decrease of £0.080m since the last Committee and is due to changes in the number and scale of packages.
- A projected £0.102m increase in costs for respite, direct payments and support costs which was previously reported to Committee,
- A projected under-recovery of Homelessness income of £0.085m based on current Tenancy Agreements offset by a projected underspend on rent paid to registered social landlords of £0.034m.

The outturn shown is net of £0.075m which has been earmarked for future spend for the Criminal Justice Preparatory work which is being funded from the current underspend within Children and Families services.

6.0 HEALTH SERVICES

6.1 The projected outturn for health services at 31 December 2018 is a £0.430m underspend.

6.2 The total budget pressure for Health was £0.657m which is being funded by savings.

6.3 Mental Health Inpatients

When it was originally established the IJB inherited a significant budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work has been ongoing locally to minimise this pressure. In addition Mental Health provision across GG&C is under review and it is anticipated that this, together with local work, will address this budget pressure for this and future years.

6.4 At Period 9 the year to date overspend on Mental Health is £0.085m.

6.5 The service has successfully addressed elements of the historic overspend. This budget will be closely monitored throughout the year and work will be done to ensure that the underlying budget is sufficient for core service delivery going forward.

6.6 Prescribing

Current projected as in line with budget. This has been based on current advice from the

prescribing teams which suggests that the yearend position could be somewhere between a breakeven or £0.265m underspend. Any overall over or underspend on prescribing will be taken from or added to the Prescribing Earmarked Reserve which is a smoothing reserve, in place to cover one off in year pressures linked to short supply etc. The prescribing position will be closely monitored throughout the year.

6.7 There was a risk sharing arrangement in place in respect of Prescribing budgets across all six Health & Social Care Partnerships last financial year which has now ended. 2017/18 showed unprecedented pressures in relation to Prescribing budgets linked to short supply issues. The risk share arrangement in place at that time meant that the Health Board underwrote any overall overspends. Going forward the IJB will be liable for the full costs. To mitigate the risk associated with this, the IJB agreed as part of its 2018/19 budget to invest additional monies into prescribing. However, due to the volatile, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward.

6.8 GP Prescribing is experiencing in year pressure due to increased premiums paid for drugs that are on short supply. There is every likelihood that the short supply issues will continue for the remainder of the financial year, therefore, we have estimated using our full prescribing budget assuming that the current short supply issues are not resolved and no further drugs go on short supply. It must be emphasised that GP Prescribing is an extremely volatile area and a drug going on short supply can have significant financial consequences.

6.9 There is an expectation that some money will be recoverable from Community Pharmacists (CP) as the nationally set tariffs currently being paid for drugs are estimated to generate profit margins to CPs in excess of the minimum amount agreed. This is based on a survey of the first six months invoices paid by CPs. In line with previous GG&C accounting treatment this money will be received and accounted for in 2019/20 so will not impact on the 2018/19 position.

6.10 Set Aside

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

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

6.11 Forecast Underspend

The forecast underspend is based on the following:

- Delay in filling of vacancies £0.306m
 - £0.188m of which relates to delays in recruiting to new posts linked new monies for Mental Health and ADP which will be carried forward in EMRs for these projects
 - £0.118m relates to delays in backfilling vacancies linked to the new Financial Improvement Plan (FIP) work. While this delivers an in year underspend it creates operational difficulties within services so is not something we would be

keen to see continue.

- Anticipated delay in spend on the new Mental Health and ADP monies for commissioned services £0.124m, this has been partially offset by in year investment of £0.061m on replacement equipment for district nurses a new ECG machine and equipment for one of our treatment rooms.

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS

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

8.0 TRANSFORMATION FUND, INTEGRATED CARE FUND & DELAYED DISCHARGE

8.1 Transformation Fund

The Transformation Fund was set up at the end of 2018/19. Spend against the plan is done on a bids basis through the Transformation Board Appendix 6 details the current agreed commitments against the fund. At Period 9 there is £0.718m committed and £0.565m still available from the fund. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

8.2 Integrated Care Fund (ICF) and Delayed Discharge Funding (DD)

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

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 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:

- £1.043m for the replacement of Crosshill Children's Home,
- £0.033m for the installation of the Hillend Sprinkler System,
- £0.125m for the interim upgrade of the Fitzgerald Centre,
- £0.115m for the alterations to the Wellpark Centre,
- £0.058m for projects complete on site.

There is projected slippage of £0.687m (50.37%) being reported. This is an increase of £0.167m (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 £0.450m (66.47% of the revised budget). Appendix 4 details capital budgets.

9.2 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 next week.
- 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.

9.3 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.

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

9.5 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.

9.6 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.
- Anticipated overspend of £0.039m to be funded from in year revenue underspend.
- Target programme is completion at end of February 2019.

10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2018/19 was £5.796m. To date at Period 9, £1.849m of new reserves are expected in year, £1.130m has been spent, projected carry forward at the yearend is £4.902m. Appendix 9 shows all reserves under the following categories:

- Scottish Government Funding - funding ring-fenced for specific initiatives
- Existing Projects/Commitments - many of these are for projects that span more than 1 financial year
- Transformation Projects - non recurring funding to deliver transformational changes
- Budget Smoothing/Contingency - moneys held as a contingency against one off pressures in the IJBs more volatile budgets eg Children & Families Residential

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES)

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

11.2 The creation and use of reserves during the year, while not impacting the operating position, will impact the year-end CIES outturn. For 2018/19 it is anticipated that as a portion of the brought forward £5.796m and any new Earmarked Reserves is used the CIES will reflect a deficit. At Period 9, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 9.

12.0 DIRECTIONS

12.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

13.0 IMPLICATIONS

13.1 FINANCE

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

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

13.4 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.

13.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

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

13.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

13.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

Resources are used effectively in the provision of health and social care services.	Effective financial monitoring processes ensure resources are used in line with the Strategic Plan to deliver services efficiently
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14.0 CONSULTATION

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

15.0 BACKGROUND PAPERS

15.1 None.

INVERCLYDE HSCP**REVENUE BUDGET 2018/19 PROJECTED POSITION****PERIOD 9: 1 April 2018 - 31 December 2018**

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	48,830	49,433	48,772	(661)	-1.3%
Property Costs	1,217	1,122	1,070	(52)	-4.6%
Supplies & Services	68,368	73,147	72,859	(288)	-0.4%
Prescribing	18,946	18,115	18,115	0	0.0%
Income	(6,686)	(6,351)	(6,373)	(22)	0.3%
Income	0	(75)	(75)	0	0.0%
HSCP NET DIRECT EXPENDITURE	130,675	135,391	134,367	(1,023)	-6.0%
Set Aside	16,439	16,439	16,439	0	0.0%
HSCP NET TOTAL EXPENDITURE	147,114	151,828	150,805	(1,023)	-0.7%

OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,470	2,589	2,528	(61)	-2.4%
Older Persons	28,348	27,366	27,391	25	0.1%
Learning Disabilities	10,584	11,875	11,615	(260)	-2.2%
Mental Health - Communities	6,028	6,634	6,548	(86)	-1.3%
Mental Health - Inpatient Services	8,341	8,356	8,493	137	1.6%
Children & Families	12,860	12,669	12,553	(116)	-0.9%
Physical & Sensory	2,646	2,882	2,868	(13)	-0.5%
Addiction / Substance Misuse	3,438	3,895	3,531	(364)	-9.3%
Assessment & Care Management / Health & Community Care	7,560	8,254	8,203	(51)	-0.6%
Support / Management / Admin	4,018	4,916	4,631	(285)	-5.8%
Criminal Justice / Prison Service **	0	0	0	0	0.0%
Homelessness	789	801	851	51	6.4%
Family Health Services	21,686	25,475	25,475	0	0.0%
Prescribing	19,163	18,545	18,545	0	0.0%
Change Fund	1,133	1,133	1,133	0	0.0%
Unidentified Savings	627	0	0	0	0.0%
Unallocated Funds	984	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	130,675	135,391	134,367	(1,023)	-0.8%
Set Aside	16,439	16,439	16,439	0	0.0%
HSCP NET TOTAL EXPENDITURE	147,114	151,828	150,805	(1,023)	-0.7%
FUNDED BY					
NHS Contribution to the IJB	82,880	87,402	87,402	0	0.0%
NHS Contribution for Set Aside and Hosted Services	16,439	16,439	16,439	0	0.0%
Council Contribution to the IJB	47,795	48,062	48,062	0	0.0%
Transfer from / (to) Reserves	0	(75)	(1,097)	(1,023)	0.0%
HSCP NET INCOME	147,114	151,828	150,805	(1,023)	-0.7%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	0.1%
Anticipated movement in reserves ***	(2,847)	(897)	(897)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	(2,847)	(897)	(897)		

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

*** See Reserves Analysis for full breakdown

SOCIAL CARE**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 9: 1 April 2018 - 31 December 2018**

2017/18 Actual £000	SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
27,279	Employee Costs	26,461	27,390	27,035	(355)	-1.3%
1,130	Property costs	1,212	1,115	1,063	(52)	-4.7%
1,042	Supplies and Services	811	912	1,006	94	10.3%
371	Transport and Plant	380	381	373	(8)	-2.1%
1,140	Administration Costs	739	783	804	21	2.7%
37,553	Payments to Other Bodies	39,002	39,479	39,208	(271)	-0.7%
(16,201)	Resource Transfer	(15,739)	(16,719)	(16,719)	0	0.0%
(6,828)	Income	(5,071)	(5,278)	(5,300)	(22)	0.4%
	Transfer to Earmarked Reserves	0	(75)	(75)	0	0.0%
45,486	SOCIAL CARE NET EXPENDITURE	47,795	47,987	47,394	(593)	-1.2%

2017/18 Actual £000	OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
1,860	Strategy & Support Services	1,785	1,805	1,744	(61)	-3.4%
26,868	Older Persons	28,348	27,366	27,391	25	0.1%
10,161	Learning Disabilities	10,130	11,410	11,144	(266)	-2.3%
3,542	Mental Health	2,934	3,539	3,409	(130)	-3.7%
10,088	Children & Families	10,377	9,762	9,759	(3)	0.0%
2,659	Physical & Sensory	2,646	2,882	2,868	(13)	-0.5%
1,706	Addiction / Substance Misuse	1,603	1,772	1,600	(172)	-9.7%
2,079	Business Support	2,250	3,247	3,223	(25)	-0.8%
1,796	Assessment & Care Management	1,688	2,123	2,124	1	0.0%
(38)	Criminal Justice / Scottish Prison Service	0	0	0	0	0.0%
(16,201)	Resource Transfer	(15,739)	(16,719)	(16,719)	0	0.0%
	Unallocated Funds	984	0	0	0	0.0%
966	Homelessness	789	801	852	51	6.4%
45,486	SOCIAL CARE NET EXPENDITURE	47,795	47,987	47,394	(593)	-1.2%

2017/18 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
47,321	Council Contribution to the IJB	47,795	48,062	48,062	0	0.0%
	Transfer from / (to) Reserves		(75)	(593)	(668)	

SOCIAL CARE**PERIOD 9: 1 April 2018 - 31 December 2018**

Extract from report to the Health & Social Care Committee

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.

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.

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 mainly 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 implementing Ethical Care,
- 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.

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 due to a reduction in the number of service users using day centres within Inverclyde.

Physical & Sensory: 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.

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

The projected overspend is £19,000 less than period 5 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,

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.

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.

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.

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.

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.

HEALTH**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 9: 1 April 2018 - 31 December 2018**

2017/18 Actual £000	SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,647	Employee Costs	22,369	22,043	21,737	(306)	-1.4%
2	Property	5	6	6	0	0.0%
4,596	Supplies & Services	5,750	6,118	5,993	(124)	-2.0%
23,731	Family Health Services (net)	21,686	25,475	25,475	0	0.0%
18,817	Prescribing (net)	18,946	18,115	18,115	0	0.0%
16,201	Resource Transfer	15,739	16,719	16,719	0	0.0%
(1,865)	Income	(1,615)	(1,073)	(1,073)	0	0.0%
83,129	HEALTH NET DIRECT EXPENDITURE	82,880	87,404	86,973	(430)	-0.5%
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
99,568	HEALTH NET DIRECT EXPENDITURE	99,319	103,843	103,412	(430)	-0.4%

2017/18 Actual £000	OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,898	Children & Families	2,483	2,907	2,794	(113)	-3.9%
5,976	Health & Community Care	5,872	6,131	6,079	(52)	-0.8%
1,728	Management & Admin	1,768	1,669	1,409	(261)	-15.6%
492	Learning Disabilities	454	465	471	6	1.3%
1,683	Addictions	1,835	2,123	1,931	(192)	-9.0%
2,263	Mental Health - Communities	3,094	3,095	3,140	45	1.4%
9,338	Mental Health - Inpatient Services	8,341	8,356	8,493	137	1.6%
731	Strategy & Support Services	685	785	785	0	0.0%
1,236	Change Fund	1,133	1,133	1,133	0	0.0%
21,766	Family Health Services	21,686	25,475	25,475	0	0.0%
18,817	Prescribing	19,163	18,545	18,545	0	0.0%
	Unallocated Funds/(Savings)	627	0	0	0	0.0%
16,201	Resource Transfer	15,739	16,719	16,719	0	0.0%
83,129	HEALTH NET DIRECT EXPENDITURE	82,880	87,404	86,973	(430)	-0.5%
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
99,568	HEALTH NET DIRECT EXPENDITURE	99,319	103,843	103,412	(430)	-0.4%

2017/18 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
99,568	NHS Contribution to the IJB	99,319	103,843	103,843	0	0.0%

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP
Health Savings 2018/19

APPENDIX 3a

Ref	HOS	Team	Saving Description	Saving Description Detailed	Saving Deliverability	WTE	TOTAL Saving Value	Notes
H19-001	Mental Health	MH Inpatients	AHP - Reduction of OT posts within Adult Inpatients.	Reduction of 0.2wte Band 6 on return from mat leave, reduction of 0.04wte band 5.	G	0.24	10,400	On target
H19-002	Mental Health	Elderly Community	Restructure of Team Lead post within Elderly Psych Nursing.	Remove 0.8wte B6 nursing post, replace vacant 1wte Band 7 Nurse within Elderly Psych Nursing with 0.8wte	G	1.00	46,600	Will be achieved in Mth 8
H19-003	Mental Health	Adult Community	Removal of vacant posts.	These vacancies resulted in reduction of hours by two staff.	G	0.60	23,500	On target
H19-004	Mental Health	Adult Community	Reduce Support workers within CMHT	Review linked with 5 year MH Strategy.	A	3.00	76,500	Saving still to be realised. Covered in year by overall underspend
H19-005	Children's Services	Specialist	Review of Speech & Language Therapy Service	Post holder retiring propose to replace on reduced hours and grade	G	0.46	14,000	On target
H19-006	Children's Services	Specialist	Review of Specialist Childrens Services Admin	Service was redesigned 2016. Linked to planned reduction in clinical staff. No clear plan on how this would be achieved. Team all fully utilised at present. May be able to reduce hours when someone leaves	A	0.25	8,000	Saving still to be realised. Covered in year by overall underspend
H19-007	Children's Services	Community	Reduction in Childsmile service	Reduction in Childsmile service - reduce by 1wte Band 3 post.	A	1.00	26,550	On target
H19-008	Children's Services	Community	Review of all C&F Support Workers	Reduction of 0.71wte Band 3 post	A	0.71	17,200	On target
H19-009	Children's Services	Community	Review of School Nursing Services	Reduction in School Nursing Services - linked to whole system project - in Inverclyde 1 WTE already vacant would not be backfilled plus 0.3WTE transferred to another team - would not backfill	G	1.30	61,000	On target
H19-010	Health & Community Servs	Community	Review of Speech & Language Therapy Service	Reduction of 0.55wte Band 7 post	A	0.55	40,500	Will be achieved in Mth 8
H19-011	Health & Community Servs	ICF	Top slice Integrated Care Fund Funding	Saving agreed with multi agency ICF Partnership Board and in line with previous years' actions. One temp post now vacant to be removed	G	1.00	100,000	On target

Ref	HOS	Team	Saving Description	Saving Description Detailed	Saving Deliverability	WTE	TOTAL Saving Value	Notes
H19-012	Health & Community Servs	Learning Disabilities	Relocate LD Allied Health Professionals to RehabTeam	Would result in reducing by 0.7wte Band 6.	A	0.70	32,000	Saving still to be realised. Covered in year by overall underspend
H19-013	Strategy & Support Services	PHI	Remove vacant post from Health Improvement Team	This would result in removal of 1wte Band 6	G	1.00	45,100	On target
H19-014	Management	Management	Additional income	Additional external income has now been agreed for services already funded by IJB	G	0.00	133,000	On target
H19-015	Management	Management	Additional income	Reduced costs of Clinical & Care governance post now 50% funded by another HSCP	G	0.00	22,600	On target
TOTAL						11.8	634,350	

Budget Movements 2018/19

Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Revised Budget
	2018/19 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	2018/19 £000
Children & Families	12,860	0	(374)	258	75	12,819
Criminal Justice	0	0	0	0	0	0
Older Persons	28,348	0	(1,748)	766	0	27,366
Learning Disabilities	10,584	0	1,281	10	0	11,875
Physical & Sensory	2,646	0	236	0	0	2,882
Assessment & Care Management/ Health & Community Care	7,560	0	411	283	0	8,254
Mental Health - Communities	6,028	0	606	0	0	6,634
Mental Health - In Patient Services	8,341	0	15	0	0	8,356
Addiction / Substance Misuse	3,438	0	176	281	0	3,895
Homelessness	789	0	12	0	0	801
Strategy & Support Services Management, Admin & Business Support	2,470	0	20	100	0	2,589
Family Health Services	4,018	0	536	362	0	4,917
Prescribing	21,686	0	379	3,410	0	25,476
Change Fund	19,163	0	61	(679)	0	18,545
Resource Transfer	1,133	0	0	0	0	1,133
Unallocated Funds/(Savings) *	0	0	0	0	0	0
	1,611	0	(1,611)	0	0	0
Totals	130,675	0	0	4,791	75	135,541

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

Virement Analysis

	<u>Increase</u>	<u>(Decrease)</u>
Budget Virements since last report	<u>Budget</u>	<u>Budget</u>
	<u>£000</u>	<u>£000</u>
No additional virement proposed since last report		
	0	0

Supplementary Budget Movement Detail £000 £000

Children & Families		258
HV Growth posts NR p/y funding for Sept intake	58	
CAMHS Outcomes Framework	200	
Older People		766
Resource Transfer uplift	498	
Living Wage Increases and Welfare Reform Funding returning to Council Corporate	268	
Assessment & Care Management/Health & Community Care		283
NR SESP funding for Diabetes staff	95	
PCIP funding second tranche	188	
Management & Admin		362
CAMPCHP69/81 Ehealth post additional funding	12	
CAMCHP76 Additional Syrian Refugees funding	2	
CAMCHP73 Additional Pay Award	309	
PFG Funding re Infant Feeding Advisor post	39	
Learning Disabilities		10
Non Recurring Funding from disbanded Liaison Team	10	
Addictions		281
ADP Inverclyde new funding	281	
Planning & Health Improvement		100
Syrian Refugee funding	6	
NR SESP funding Eat Up	50	
Non Recurring Funding TOB prevention	44	
Prescribing		(679)
Prescribing Income budget transfer and budget pressure contra entry	(837)	
GP Prescribing Crosscharge 2018/19	158	
Family Health Services		3,410
Uplift to confirmed 2018/19 budget	1,506	
FHS Other Recharges 18-19 M7	556	
Recurring Allocation HSCPs 18-19	777	
In year allocation	572	
		4,791

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2018/19 £000
SOCIAL CARE	
Employee Costs	27,390
Property costs	1,115
Supplies and Services	912
Transport and Plant	381
Administration Costs	783
Payments to Other Bodies	39,479
Income (incl Resource Transfer)	(21,997)
Transfer to EMR	(75)
SOCIAL CARE NET EXPENDITURE	47,987

OBJECTIVE ANALYSIS	Budget 2018/19 £000
SOCIAL CARE	
Strategy & Support Services	1,805
Older Persons	27,366
Learning Disabilities	11,410
Mental Health	3,539
Children & Families	9,762
Physical & Sensory	2,882
Addiction / Substance Misuse	1,772
Business Support	3,247
Assessment & Care Management	2,123
Criminal Justice / Scottish Prison	0
Change Fund	0
Homelessness	801
Unallocated Budget Changes	0
Resource Transfer	(16,719)
SOCIAL CARE NET EXPENDITURE	47,987

This direction is effective from 19 March 2019.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2018/19 £000
HEALTH	
Employee Costs	22,043
Property costs	6
Supplies and Services	6,118
Family Health Services (net)	25,475
Prescribing (net)	18,115
Resources Transfer	16,719
Unidentified Savings	0
Income	(1,073)
HEALTH NET DIRECT EXPENDITURE	87,403
Set Aside	16,439
NET EXPENDITURE INCLUDING SCF	103,842

OBJECTIVE ANALYSIS	Budget 2018/19 £000
HEALTH	
Children & Families	2,907
Health & Community Care	6,131
Management & Admin	1,669
Learning Disabilities	465
Addictions	2,123
Mental Health - Communities	3,095
Mental Health - Inpatient Services	8,356
Strategy & Support Services	785
Change Fund	1,133
Family Health Services	25,475
Prescribing	18,545
Unallocated Funds/(Savings)	0
Resource Transfer	16,719
HEALTH NET DIRECT EXPENDITURE	87,403
Set Aside	16,439
NET EXPENDITURE INCLUDING SCF	103,842

This direction is effective from 19 March 2019.

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 9: 1 April 2018 - 31 December 2018

Total Fund	1,283,000
Balance Committed to Date	717,880
Balance Still to be Committed	565,120

Project Title	Service Area	Approved IJB/TB	Date Approved	Agreed Funding	Spend to date	Balance to spend
CELSIS Project	Children's Services	IJB	18/06/18	97,000	0	97,000
Infant Feeding Coordinator - FT 18 mths	Children's Services	TB	12/09/18	27,900		27,900
Agile Working - CLDT and Drug Addictions Teams	HCC & MH	TB	12/09/18	32,500		32,500
ICIL - Joint Equipment Store Upgrade	HCC	IJB	11/09/18	70,000		70,000
Better Conversations	Organisational Development	TB	12/09/18	16,100		16,100
Unscheduled Care Plan 2018/19 - Interim Funding till NHSGG&C Funds allocated	Health & Community Care	SMT	19/09/18	68,040		68,040
Winter Plan 2018/19 - 7 month project - interim funding till NHSGG&C winter plan funding allocated	Health & Community Care	SMT	19/09/18	73,640		73,640
Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	43,100		43,100
Infant Feeding Coordinator - FT 18 mths - Part 2	Children's Services	TB	09/01/19	9,200		9,200
Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs	ICIL	TB	09/01/19	70,000		70,000
Housing Support Services 18 month post	Homecare	TB	09/01/19	50,000		50,000
OOH Community Nursing & Homecare Review - 6 mths Band 8A	Community Nursing	TB	09/01/19	10,400		10,400
Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	150,000		150,000

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET 2018/19
PERIOD 9: 1 April 2018 - 31 December 2018

Integrated Care Fund (ICF)				
By Organisation	Revised Budget	Projected outturn	Variance	YTD Actuals
HSCP Council	855,910	855,910	0	657,550
HSCP Council Third Sector	180,000	180,000	0	180,000
HSCP Health	194,140	194,140	0	157,040
Acute	95,000	95,000	0	71,250
	1,325,050	1,325,050	0	1,065,840

Delayed Discharge (DD)				
Summary of allocations	Revised Budget	Projected outturn	Variance	YTD Actuals
Council	796,030	796,030	0	191,940
Health	144,300	144,300	0	0
Acute	50,000	50,000	0	0
	990,330	990,330	0	191,940

INVERCLYDE HSCP - CAPITAL BUDGET 2018/19**PERIOD 9: 1 April 2018 - 31 December 2018**

<u>Project Name</u>	<u>Est Total Cost £000</u>	<u>Actual to 31/3/18 £000</u>	<u>Approved Budget 2018/19 £000</u>	<u>Actual YTD £000</u>	<u>Est 2019/20 £000</u>	<u>Est 2020/21 £000</u>	<u>Future Years £000</u>
SOCIAL CARE							
Crosshill Children's Home Replacement	1,914	154	1,043	281	1,082	337	0
Hillend Sprinkler	46	13	33	25	0	0	0
Fitzgerald Centre interim upgrade	140	0	125	140	0	0	0
Wellpark Centre internal alterations	154	0	105	4	10	0	0
Completed on site	105	47	58	0	0	0	0
Social Care Total	2,359	214	1,364	450	1,092	337	0
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	2,359	214	1,364	450	1,092	337	0

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 9

INVERCLYDE HSCP

PERIOD 9: 1 April 2018 - 31 December 2018

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>b/f Funding 2017/18 £000</u>	<u>Fund Realloc 2018/19 £000</u>	<u>New Funding 2018/19 £000</u>	<u>Total Funding 2018/19 £000</u>	<u>YTD Actual 2018/19 £000</u>	<u>Projected Net Spend 2018/19 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Scottish Government Funding		0	0	319	319	0	0	319	
Mental Health Action 15				69	69			69	In year underspend will be carried forward earmarked for use on this SG initiative
ADP				250	250			250	In year underspend will be carried forward earmarked for use on this SG initiative
Existing Projects/Commitments		2,107	445	747	3,299	1,013	2,036	1,263	
Self Directed Support	Alan Brown	43			43		0	43	This supports the continuing promotion of SDS
Growth Fund - Loan Default Write Off	Helen Watson	26			26		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	Allen Stevenson	49		335	384	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.
Delayed Discharge	Allen Stevenson	462			462	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. Balance will roll into Transformation Fund
CJA Preparatory Work	Sharon McAlees	69		75	144	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			22	13	22	0	Costs for case management system to be incurred over three years, 2018/19 being the final year.
Swift Replacement Programme	Helen Watson	76			76	32	53	23	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
LD - Integrated Team Leader	Allen Stevenson	66			66	40	56	10	Two year post to develop the learning disability services integration agenda.
LD Review	Alan Best		329		329	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.
Continuing Care	Sharon McAlees	152	111	237	500	0	187	313	To address new continuing care legislation issues arising from inspection. There will be costs of £187k transferred from Learning Disabilities at the year end. The outturn includes £187k to fund 4 continuing care clients in LD who moved from C&F.
Service Reviews	Louise Long	264	(172)		92	4	25	67	Funding for two posts in 18/19 to carry out service reviews. Posts are being interviewed September 18.
Dementia Friendly Properties	Deborah Gillespie	0		100	100		0	100	Dementia friendly properties. Dementia Strategy still being developed.

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>b/f Funding 2017/18 £000</u>	<u>Fund Realloc 2018/19 £000</u>	<u>New Funding 2018/19 £000</u>	<u>Total Funding 2018/19 £000</u>	<u>YTD Actual 2018/19 £000</u>	<u>Projected Net Spend 2018/19 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Primary Care Support	Allen Stevenson	468			468	298	298	170	New Ways and other Primary Care Improvement funds carried forward for use in 2018/19
Patient/Client Coordinator Role 2 yr FT	Helen Watson	55	(55)		0		0	0	Post holder left during 2017/18 and is not being replaced. EMR rolled into Transformation Fund Budget
Contribution to Partner Capital Projects	Lesley Aird	340	232		572		492	80	Funding to support capital projects linked to HSCP service delivery: Fitzgerald, Wellpark, PGHC & Crosshill
Transformation Projects		1,771	(213)	704	2,262	0	290	1,972	
Transformation Fund	Louise Long	1,461	(213)	704	1,952		290	1,662	Funding will be allocated for transformation projects on a bids basis controlled through the Transformation Board. Additional in year funds linked to anticipated Health & Social Care underspends
Mental Health Transformation	Louise Long	310			310		0	310	Anticipated that this will be required to fund in year budget pressures and additional one off costs linked to MH service redesign. Funding will be allocated from the fund on a bids basis controlled through the Transformation Board
Budget Smoothing/Contingency		1,918	(232)	152	1,838	117	418	1,420	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	1,112	(232)		880	117	418	462	This reserve is used to smooth the spend on children's residential accommodation, adoption and fostering costs over the years.
Residential & Nursing Placements	Allen Stevenson	496		152	648		0	648	This reserve is used to smooth the spend on nursing and residential care beds across the years.
Prescribing	Lesley Aird	310			310		0	310	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
TOTAL		5,796	0	1,922	7,719	1,130	2,744	4,975	
								b/f Funding	5,796
								Earmark to be carried forward	4,975
								Projected Movement in Reserves	(822)

Funding Reallocations

Capital - Agreed through previous IJB papers to fund £0.232m for Crosshill Childrens Home from the Adoption & Fostering EMR

Service Reviews - Realigning Service Review and Transformation Fund (TF) Budgets in line with previous papers re the LD Review £0.329m for LD Review (£0.172m Service Reviews + £0.157m TF)

Continuing Care - transfer of £0.111m from Transformation Fund to Service to Continuing Care Fund

Patient/Client Coordinator role FT 2 years - post fell vacant - project being delivered elsewhere, remaining funding rolled into Transformation Fund £0.055m

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/11/2019/LA

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

Subject: INDICATIVE INVERCLYDE IJB BUDGET 2019/20

1.0 PURPOSE

- 1.1 The purpose of this report is to agree an indicative budget for the Inverclyde Integration Joint Board (IJB) for 2019/20 in line with the Strategic Plan.

2.0 SUMMARY

- 2.1 Inverclyde Council will set their 2019/20 budget on 21 March and then confirm a proposed funding allocation for this IJB for the year. Greater Glasgow & Clyde Health Board will also confirm our proposed funding allocation for 2019/20 by 31 March. This is therefore an indicative budget based on latest updates and discussions with Council and Health Board officers. This will be kept under review until such time as the final budget pressures and funding settlements are formalised.
- 2.2 There are cost pressures within both the Social Care and Health services which are detailed in this report. A proposed 2019/20 savings programme, detailed in this report, is designed to cover the anticipated cost pressures, funding changes and resulting funding gap which currently totals £1.664m (£1.429m social care, £0.235m health). It should be noted that the Council has approved the majority of the enclosed Social Care savings but the rest are awaiting Council approval so the final total for Social Care may change.
- 2.3 Full year savings have been identified to meet the anticipated gap and these are detailed in this report. There is no anticipated cash shortfall relating part year delivery of these proposals which would require to be funded through either early delivery of other efficiencies or on a non-recurring basis in year.
- 2.4 Mental Health Inpatients and Prescribing represent ongoing areas of financial risk area within the IJB budget. These will be monitored closely throughout the year.
- 2.5 The proposed Set Aside budget for 2019/20 is £16.439m which is in line with the 2018/19 indicative budget.
- 2.6 Any in year over/underspends will be funded from/carried forward into IJB reserves.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the contents of this report;
2. Notes the anticipated funding of £50.617m from Inverclyde Council;
3. Notes the anticipated funding of £103.538m from Greater Glasgow & Clyde (GG&C) Health Board;
4. Gives the Chief Officer delegated authority to accept the formal funding offers from the Council and Health Board once received provided they are broadly in line with these indicative figures;
5. Approves the proposed Social Care and Health savings, drafts of which are enclosed at Appendices 4 and 7;
6. Notes the ongoing discussions and continued budget risk around Mental Health Inpatients;
7. Agrees indicative net revenue budgets of £50.617m to Inverclyde Council and £103.538m, excluding the “set aside” budget to NHS Greater Glasgow and Clyde and directs that this funding is spent in line with the Strategic Plan;
8. Authorises officers to issue related Directions to the Health Board and Council;
9. Notes and approves the proposals relating to the creation of and/or use of reserves at the year-end, and
10. Notes the ongoing work in relation to the “set aside” budget.

Louise Long
Chief Officer

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 From 1 April 2016 the Health Board and Council delegated functions and are making allocations to the IJB in respect of those functions as set out in the integration scheme. The Health Board also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2 The IJB makes decisions on integrated services based on the strategic plan and the budget delegated to it. Now that the resources to be delegated have been proposed the IJB can set a 2019/20 budget, give directions and allocate budget where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan.
- 4.3 This is an indicative budget which will be kept under review until such time as the final budget pressures and non-recurring settlements are formalised.

5.0 REVENUE FUNDING ALLOCATION FROM INVERCLYDE COUNCIL AND PROPOSED SAVINGS FOR SOCIAL CARE FOR 2019/20

- 5.1 The draft Local Government Finance Settlement received in December 2018 allocated significant extra funding of £148m 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 less up to 2.2% of the 2018/19 Adult Social Care budget.
- 5.2 On 21 March, the Council will agree its budget for 2019/20. Included within this, the Council is expected to agree £50.617m to be designated as the Council’s contribution to the IJB in line with the Integration Scheme plus coverage for other cost pressures relating to the new Pay and Grading model once these costs have been confirmed. The estimated cost in 2019/20 of providing these services, excluding any additional Pay and Grading costs, is £50.617m.
- 5.3 There are a number of cost pressures in Social Care some of which are not yet confirmed. Inverclyde Council are expected to agree to fund costs relating to the new Pay and Grading Model. The IJB will be required to fund the remaining pressures from the 2019/20 uplift. Social Care pressures for 2019/20 are detailed below:

Social Care Budget Pressures	£000
2018/19 Pay Award	847
2019/20 Pay Award	791
Cost of Pay & Grading Model	200
Non Pay inflation incl NCHC contract & Living Wage	800
Free Personal Care (U65s)	429
Carers Act	172
Homelessness Temporary Accommodation	104
Demographic & Other Cost Pressures	268
ESTIMATED SOCIAL CARE BUDGET PRESSURES	3,611

Pressures to be funded from Inverclyde’s share of the £148m additional monies.

- 5.4 Final social care savings proposals will be based on the outcome of the Council meeting 21 March when the IJB funding and resultant social care savings required will be confirmed. Proposed savings against Social Care for 2019/20 at this stage total

£1.409m as summarised in the table below and detailed in Appendix 4.

Saving Description	2019/20 £000
Income Growth through Charging	84
Management Restructure	160
Housing Warden Service	58
Efficiencies	32
Long Term Care Placements	278
Learning Disabilities	361
Remove various vacant posts (VER)	159
Older People Day Services Efficiency	28
Savings already approved by Council 2017/18 and 18/19	1,160
Review of Physical Disability Service	54
Further Reduction in Care Home Beds	90
3% charges increase	20
Redesign of Advice Team	105
Additional Savings Proposed to balance overall offer	269
	1,429

5.5 The proposed budget for Social Care services based on the above is £50.617m. It is anticipated that the final savings package, once agreed will be delivered in full.

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

6.0 REVENUE FUNDING ALLOCATION FROM GREATER GLASGOW & CLYDE (GG&C) HEALTH BOARD AND PROPOSED SAVINGS FOR HEALTH FOR 2019/20

6.1 The Health Board will confirm its proposed 2019/20 funding offer by 31 March. In the interim officers have issued indicative funding guidance. The Inverclyde funding for 2019/20 for recurring budgets is expected to be £103.538m, including Set Aside. We are advised that Health funding was uplifted by 1.8% for all recurring budgets plus a further 0.8% on pay budgets. This uplift is expected to be passed across to the IJBs which will help reduce the overall anticipated budget pressure on health.

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

Health Budget Pressures	£m
Pay Award	0.610
Prescribing	0.900
Non Pay Inflation	0.145
Compassionate Inverclyde	0.050
Health Visitors Regrading	0.060
Home First Investment	0.350
ANTICIPATED BUDGET PRESSURES TOTAL	2.115
Anticipated funding increases	1.880
FUNDING GAP	0.235

6.3 Proposed savings against Health for 2019/20 total £0.235m to cover the anticipated cost pressures of £0.235m in 6.2 above. All of the proposed savings are from budgets with recurring underspends so will have no impact on recurring service delivery. In addition it is hoped that there might be some reduction in the overall level of budget pressure for Prescribing. Any movement in this would help cover in year investment

and future year savings. The anticipated full year impact of the health savings proposals is below and detailed in Appendix 7.

Saving Description	2019/20 £000
Removal of Budgets with Recurrent Underspends	
Addictions Community	25
Adult Community	16
CQL Sessions now funded through PCIP	28
Management - release of est budget pressure monies not req'd	166
	235

6.4 The “set aside” budget for large hospital services is expected to be £16.439m for 2019/20 (£16.439m 2018/19). Work is ongoing with GG&C and the other 5 IJBs to develop and roll out a new Set Aside model during 2019/20.

6.5 The anticipated Prescribing uplift for 2019/20 is by far the biggest cost pressure for the Inverclyde IJB. The proposed budget assumes:

- prescribing volumes say relatively consistent with the current year
- anticipated inflation on drug prices
- ongoing issues around prices relating to short supply and Brexit
- a number of prescribing efficiencies are delivered by the prescribing team
- further work to increase the value of prescribing efficiencies deliverable in 2019/20 is taking place.

Prescribing is a very volatile budget area due to cost fluctuations in year which are out with IJB control. This presents a significant risk to all IJBs which will require careful in year monitoring.

6.6 Mental Health Inpatients

Mental Health Inpatients has been a risk area within the IJB budget since the IJB was formed. The IJB inherited a £1.2m budget pressure around this area which had been funded non-recurringly since the IJB was established. Additional investment from the IJB in 2018/19 and actions within the service have succeeded in bringing the underlying budget pressure down to around £0.250m but it remains a budget pressure and risk for the IJB. The remaining budget pressure is primarily linked to additional costs of covering medical vacancies through the difficulty of recruiting to these posts in Inverclyde.

6.7 There are ongoing discussions around the 5 Year Mental Health Strategy which is a GG&C wide exercise. This may change the way Inpatient services are delivered and funded locally. On this basis it is proposed that the balance of the underlying cost pressure of £0.250m be covered non-recurringly again from planned underspends in other Health revenue budgets during 2019/20 until this piece of work is concluded. This will remain an area of financial risk for the IJB until it is resolved and will be monitored closely until that time.

6.8 The proposed budget for Health services based on the above is £103.538m. Progress in respect of savings delivery will be monitored and reported to the IJB throughout the coming year.

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

7.0 RESERVES

7.1 As per the Financial Monitoring reports issued throughout the year any over/under spends in the final 2018/19 outturn will be offset against or added to reserves. An updated reserves position will be included in the IJB Revenue Monitoring reports issued throughout the year. Appendix 9 details the proposed carry forward to earmarked reserves.

8.0 DIRECTIONS

8.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

9.0 IMPLICATIONS

FINANCE

9.1 The IJB is being asked to set an indicative 2019/20 budget at this stage in line with the recommendations above.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

9.4 There are no equality issues within this report.

9.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
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√	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.
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9.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

9.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

9.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None

People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Development of a robust budget and effective budget management can ensure that resources are used effectively

10.0 CONSULTATION

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

11.0 BACKGROUND PAPERS

11.1 None.

IJB PROPOSED BUDGET 2018/19

FINANCIAL APPENDICES - A

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

INVERCLYDE HSCP**INDICATIVE REVENUE BUDGET 2019/20**

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
Employee Costs	48,130	2,858	(785)	50,203
Property Costs	1,121	0	0	1,121
Supplies & Services, Transport, Admin & PTOB	46,751	2,341	(775)	48,317
Family Health Services (net)	24,549			24,549
Prescribing (net)	18,262	900	0	19,162
Income	(5,530)	0	(104)	(5,634)
Set Aside	16,439	0	0	16,439
	149,720	6,099	(1,664)	154,155

OBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
Strategy & Support Services	2,265	0	(105)	2,160
Older Persons	27,398	1,401	(532)	28,267
Learning Disabilities	11,871	0	(361)	11,510
Mental Health - Communities	6,541	0	0	6,541
Mental Health - Inpatient Services	8,400	0	0	8,400
Children & Families	12,774	0	0	12,774
Physical & Sensory	2,882	0	(54)	2,828
Addiction / Substance Misuse	3,325	0	(25)	3,300
Assessment & Care Management / Health & Community	7,583	460	(44)	7,999
Support / Management / Admin	5,402	0	(326)	5,076
Criminal Justice / Prison Service **	0	0	0	0
Homelessness	801	0	(58)	743
Family Health Services	24,549	0	0	24,549
Prescribing	18,262	900	0	19,162
Change Fund	1,228	0	0	1,228
Unallocated Funds	0	3,338	(159)	3,179
HSCP NET EXPENDITURE (DIRECT SPEND)	133,281	6,099	(1,664)	137,716
Set Aside	16,439	0	0	16,439
HSCP NET EXPENDITURE	149,720	6,099	(1,664)	154,155

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

PARTNERSHIP FUNDING/SPEND ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
NHS Contribution to the IJB	101,658	2,115	(235)	103,538
Council Contribution to the IJB	48,062	3,984	(1,429)	50,617
HSCP NET INCOME	149,720	6,099	(1,664)	154,155
NHS Expenditure on behalf of the IJB	101,658	2,115	(235)	103,538
Council Expenditure on behalf of the IJB	48,062	3,984	(1,429)	50,617
HSCP NET EXPENDITURE	149,720	6,099	(1,664)	154,155
HSCP SURPLUS/(DEFICIT)	0	0	0	0

SOCIAL WORK**INDICATIVE REVENUE BUDGET 2019/20**

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
SOCIAL WORK				
Employee Costs	27,390	1,838	(785)	28,443
Property costs	1,115			1,115
Supplies and Services	912			912
Transport and Plant	381			381
Administration Costs	783			783
Payments to Other Bodies	39,511	2,146	(540)	41,117
Resource Transfer	(16,751)			(16,751)
Income	(5,278)		(104)	(5,382)
SOCIAL WORK NET EXPENDITURE	48,062	3,984	(1,429)	50,617

OBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
SOCIAL WORK				
Strategy & Support Services	1,805		(105)	1,700
Older Persons	27,398	1,401	(532)	28,267
Learning Disabilities	11,410		(361)	11,049
Mental Health	3,539			3,539
Children & Families	9,837			9,837
Physical & Sensory	2,882		(54)	2,828
Addiction / Substance Misuse	1,772			1,772
Business Support	3,247		(160)	3,087
Assessment & Care Management	2,123			2,123
Criminal Justice / Scottish Prison Service	0			0
Change Fund	0			0
Homelessness	801		(58)	743
Resource Transfer	(16,751)			(16,751)
Unallocated Budget Changes	0	2,583	(159)	2,424
SOCIAL WORK NET EXPENDITURE	48,062	3,984	(1,429)	50,617

COUNCIL CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
Council Contribution to the IJB	48,062	3,984	(1,429)	50,617

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

Social Care Budget Pressures	2019/20 £000
2018/19 Pay Award	847
Cost of Pay and Grading Model	200
2019/20 Pay Award	791
NCHC Inflation & Living Wage	800
Free Personal Care for Under 65s*	429
Carers Act*	172
Homelessness Temporary Accommodation	104
Demographic & Other Cost Pressures	268
Total Estimated Social Care Budget Pressures	3,611
Opening Budget Realignment	373
Total Budget Movement/Pressure	3,984

* - Actual values still to be confirmed

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX A4**

Savings already agreed by Inverclyde Council	2019/20 £m	FTE
Income Growth through Charging	0.084	0.0
Management Restructure	0.160	4.6
Housing Warden Service	0.058	0.0
Efficiencies	0.032	0.0
Long Term Care Placements	0.278	0.0
Learning Disabilities	0.361	8.5
Removal of vacant posts (VER)	0.159	3.2
Older People Day Services efficiency	0.028	tbc
	1.160	16.3
Additional Savings Proposed		
Review of Physical Disability Service	0.054	tbc
Further Reduction in Care Home Beds	0.090	0.0
3% charges increase	0.020	0.0
Redesign of Advice Team	0.105	tbc
	0.269	0.0
TOTAL	1.429	16.3

HEALTH**INDICATIVE REVENUE BUDGET 2019/20**

SUBJECTIVE ANALYSIS	Recurring Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2019/20 £000
HEALTH				
Employee Costs	20,740	1,020		21,760
Property	5			5
Supplies & Services	5,164	195	(235)	5,124
Family Health Services (net)	24,549			24,549
Prescribing (net)	18,262	900		19,162
Resource Transfer	16,751			16,751
Income	(252)			(252)
HEALTH DIRECT NET EXPENDITURE	85,219	2,115	(235)	87,099
Set Aside	16,439			16,439
HEALTH NET EXPENDITURE	101,658	2,115	(235)	103,538

OBJECTIVE ANALYSIS	Recurring Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2019/20 £000
HEALTH				
Children & Families	2,937			2,937
Health & Community Care	5,460	460	(44)	5,876
Management & Admin	2,155		(166)	1,989
Learning Disabilities	461			461
Addictions	1,553		(25)	1,528
Mental Health - Communities	3,002			3,002
Mental Health - Inpatient Services	8,400			8,400
Strategy & Support Services	460			460
Change Fund	1,228			1,228
Family Health Services	24,549			24,549
Prescribing	18,262	900		19,162
Unallocated Funds/(Savings)	0	755		755
Resource Transfer	16,751			16,751
HEALTH DIRECT NET EXPENDITURE	85,219	2,115	(235)	87,099
Notional Set Aside Expenditure	16,439			16,439
HEALTH NET EXPENDITURE	101,658	2,115	(235)	103,538

HEALTH CONTRIBUTION TO THE IJB	Recurring Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2019/20 £000
NHS Contribution for Direct Services	85,219	2,115	(235)	87,099
Notional Set Aside Contribution	16,439			16,439
Total NHS Contribution to the IJB	101,658	2,115	(235)	103,538

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX A6****Health Anticipated Budget Pressures**

HSCP Budget Pressure Description	2019/20 £000
Pay Award est at 3%	610
Prescribing Uplift est at 5% (could be between 3-6%)	900
Non Pay Inflation	145
Compassionate Inverclyde - proposed new recurrent funding support linked to shifting the balance of care	50
Health Visitor Regrading - costs of implementing the nationally agreed regrade	60
Home First & AHP Investment - Shifting the Balance of Care	350
Inverclyde Health Budget Pressures	2,115
1.8% Uplift all budgets	(1,089)
Additional uplift for Pay	(230)
Continuing Care Fund Transfer	(561)
Inverclyde Health Budget Gap	235

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX A7**

Proposed Health Savings	2019/20 £m	FTE
Removal of Budgets with Recurrent Underspends		0.0
Addictions Community	0.025	0.0
Adult Community	0.016	0.0
CQL Sessions now funded through PCIP	0.028	0.0
Management - release of prior year budget pressure monies not req'd due to uplift	0.166	0.0
TOTAL	0.235	0.0

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL WORK	
Employee Costs	28,443
Property costs	1,115
Supplies and Services	912
Transport and Plant	381
Administration Costs	783
Payments to Other Bodies	41,117
Income (incl Resource Transfer)	(16,751)
Unallocated Funds	(5,382)
SOCIAL WORK NET EXPENDITURE	50,617

OBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL WORK	
Strategy & Support Services	1,700
Older Persons	28,267
Learning Disabilities	11,049
Mental Health	3,539
Children & Families	9,837
Physical & Sensory	2,828
Addiction / Substance Misuse	1,772
Business Support	3,087
Assessment & Care Management	2,123
Criminal Justice / Scottish Prison Service	0
Change Fund	0
Homelessness	743
Unallocated Budget Changes	2,424
Resource Transfer	(16,751)
SOCIAL WORK NET EXPENDITURE	50,617

This direction is effective from 19 March 2019

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Employee Costs	21,760
Property costs	5
Supplies and Services	5,124
Transport and Plant	24,549
Administration Costs	19,162
Payments to Other Bodies	16,751
Income	(252)
HEALTH DIRECT NET EXPENDITURE	87,099
Set Aside	16,439
HEALTH NET EXPENDITURE	103,538

OBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Children & Families	2,937
Health & Community Care	5,876
Management & Admin	1,989
Learning Disabilities	461
Addictions	1,528
Mental Health - Communities	3,002
Mental Health - Inpatient Services	8,400
Strategy & Support Services	460
Change Fund	1,228
Family Health Services	24,549
Prescribing	19,162
Unallocated Funds/(Savings)	755
Resource Transfer	16,751
HEALTH DIRECT NET EXPENDITURE	87,099
Notional Set Aside Expenditure	16,439
HEALTH DIRECT NET EXPENDITURE	103,538

This direction is effective from 19 March 2019

**EARMARKED RESERVES
INVERCLYDE HSCP**

APPENDIX A9

Project	<u>Anticipated EMR</u> <u>C/Fwd into 2019/20</u> <u>£000</u>
Scottish Government Funding	319
Mental Health Action 15	69
ADP	250
Existing Projects/Commitments	1,263
Self Directed Support	43
Growth Fund - Loan Default Write Off	25
Integrated Care Fund	50
Delayed Discharge	116
CJA Preparatory Work	89
Swift Replacement Programme	23
LD - Integrated Team Leader	10
LD Review	176
Continuing Care	313
Dementia Friendly Properties	100
Primary Care Support	170
Contribution to Partner Capital Projects	80
Transformation Projects	1,972
Transformation Fund	1,663
Mental Health Transformation	310
Budget Smoothing/Contingency	1,420
C&F Adoption, Fostering Residential Budget Smoothing	462
Residential & Nursing Placements	648
Prescribing	310
Total Anticipated Carry Forward	4,975

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/14/2019/HW

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

Subject: **INVERCLYDE HSCP STRATEGIC PLAN 2019-2024**

1.0 PURPOSE

- 1.1 The purpose of this report is to present the Integration Joint Board with the revised Inverclyde HSCP Strategic Plan, covering the timeframe from 2019-2024, for approval.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014, requires that all HSCPs 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.
- 2.4 A development session was undertaken with the IJB on 21st January to consider the content of the previous version of this Plan in more detail and accept comments and suggestions from IJB members. Further to that, an All Members' briefing was delivered to Elected Members on 5th February.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board (IJB) is asked to approve the updated draft Strategic Plan.
- 3.2 The IJB is asked to note the consultation process and approve the monitoring process as outlined at 5.7 and 5.8.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Public Bodies Joint Working (Scotland) Act 2014 requires that all Health and Social Care Partnership (HSCPs) develop a Strategic Plan that sets out their intentions and priorities.
- 4.2 The 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 identifies actions from the Strategic Plan 2016-2019 that are still in progress, and commits to their completion. It also 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).
- 4.4 Extensive consultation using the 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 Local Outcome Improvement Plan; Moving Forward Together and The Director of Public Health Report, Turning the Tide.

5.0 PROCESS

- 5.1 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.
- 5.2 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.
- 5.3 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 available and can be accessed via the link within the Strategic Plan.
- 5.4 The outputs from local engagement were 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 did not want the Plan to be overly wordy; they wanted to see graphics; they did not want jargon, and they wanted us to be clear about what we were aiming to deliver.
- 5.5 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.
- 5.6 We have taken these comments on board, and the Plan proposes to cover the

timeframe 2019-2024, 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.

5.7 Delivery of the Plan will be monitored by the Strategic Planning Group, and officers will provide regular information, including red, amber and green (RAG) status against the actions, for ease of navigation and effective oversight. The IJB will continue to receive performance information, including the Annual Performance Report. Given its central role in strategic planning, the Strategic Planning Group will also 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.

5.8 The Strategic Planning Group has a wide range of members, which will support a comprehensive approach to monitoring and reviewing the implementation 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
- Staff-side
- Inverclyde Housing Associations Forum
- Inverclyde Council Strategic Housing Services
- Inverclyde Community Planning Partnership

In recognition of the diversity of members, Strategy and Support Services will provide development support to the SPG, to help improve skills and confidence to monitor the delivery of the Strategic Plan.

5.9 Subject to IJB approval, the Strategic Plan will be placed on the HSCP website and distributed to partners, including the Health Board and Council.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 IMPLICATIONS

FINANCE

7.1 Financial Implications:

There are no financial implication from this report

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

Annually Recurring Costs/ (Savings)

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

LEGAL

7.2 There are no legal issues within this report.

HUMAN RESOURCES

7.3 There are no human resources issues within this report.

EQUALITIES

7.4 The draft Plan has been developed with a specific aim of mitigating some of the negative factors that lead to unequal outcomes.

Has an Equality Impact Assessment been carried out?

X	YES	The Equality Impact Assessment Is available via the link within the Plan
	NO,	

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 There are no clinical or care governance implications arising from this report.

7.6 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	The 6 Big Actions are designed to promote fairness and better outcomes, and as such, should support better access for people from the protected characteristic groups.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	See above.
People with protected characteristics feel safe within their communities.	Big Action 3 supports this outcome
People with protected characteristics feel included in the planning and developing of services.	Big Action 6 supports this outcome
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Big Action 6 supports this outcome
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Our 6 Big Actions will contribute to the delivery of this outcome
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	Big Action 4 will contribute to the delivery of this outcome
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Our 6 Big Actions will contribute to the delivery of this outcome
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Big Action 1 will contribute to the delivery of this outcome
Health and social care services contribute to reducing health inequalities.	Big Action 1 will contribute to the delivery of this outcome

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.	Our 6 Big Actions will contribute to the delivery of this outcome
People using health and social care services are safe from harm.	Big Action 3 will contribute to the delivery of this outcome
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.	Big Action 6 will contribute to the delivery of this outcome
Resources are used effectively in the provision of health and social care services.	Our 6 Big Actions will contribute to the delivery of this outcome

8.0 CONSULTATION

8.1 The draft Strategic Plan has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after extensive consultation with the Strategic Planning Group, the Advisory Network, the Extended Management Team of the HSCP and a range of major stakeholders, as outlined in the Engagement Summary document.

9.0 LIST OF BACKGROUND PAPERS

- 9.1 Public Bodies (Joint Working) (Scotland) Act 2014
<http://www.legislation.gov.uk/asp/2014/9/contents/enacted>
- 9.2 Strategic Needs Assessment – Adults (Draft)
<https://www.inverclyde.gov.uk/health-and-social-care>
- 9.3 Strategic Needs Assessment – Children
<https://www.inverclyde.gov.uk/health-and-social-care>
- 9.4 Engagement Summary Document
<https://www.inverclyde.gov.uk/health-and-social-care>

INVERCLYDE HEALTH & SOCIAL CARE STRATEGIC PLAN

2019 – 2024

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

“Improving Lives”

Contents

Welcome

Section 1

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

Section 2

- Our Big Actions

Section 3

- Financial Landscape

Section 4

- Conclusion

Appendices

- Appendix 1 - National Outcomes
- Appendix 2 – Public Health Priorities
- Appendix 3 – Document Links

Section 1

Welcome

We are pleased to present the second Strategic Plan for Inverclyde Integrated Joint Board which has been developed by the Health and Social Care Partnership (HSCP) and 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 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. Since integration in Inverclyde we have had a clear ambition to improve lives of the people of Inverclyde. 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 the 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 equality, so this Plan also underscores our commitment to working across Inverclyde Partners to tie economic improvement to improved health and social care outcomes. 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](#).

The Integration Joint Board

Inverclyde Integration Joint Board (IJB) is a distinct legal body which was created by Inverclyde Council and NHS Greater 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 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 to ensuring that we create an innovative and flexible approach to service delivery for our communities.

Primary Care Improvement Plan

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 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 their voices 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’s performance is excellent, and there are a number of actions that are still in progress.

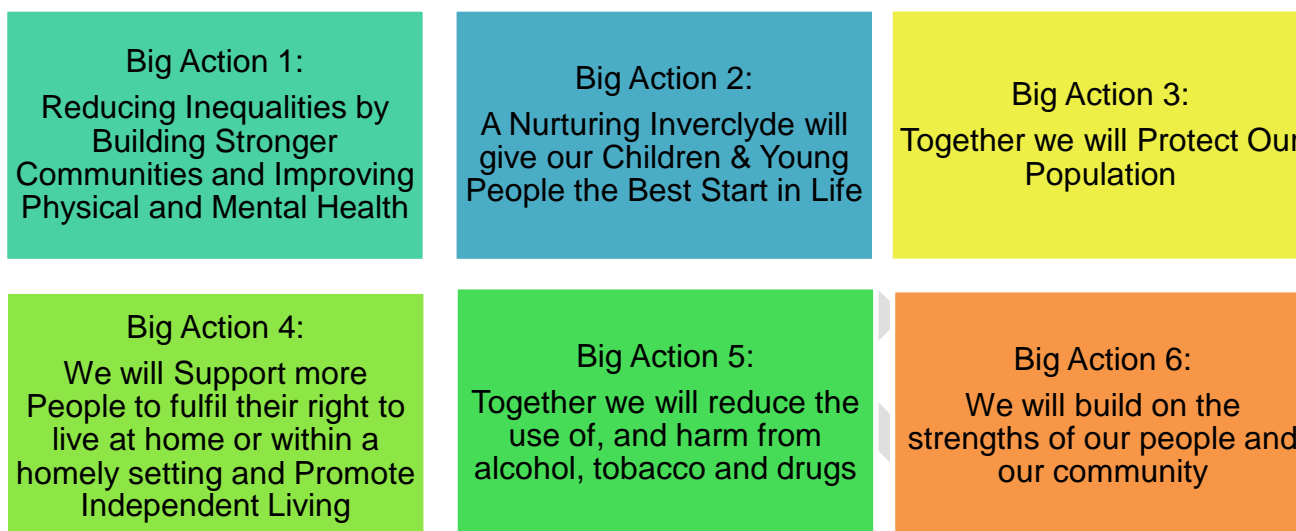
Following on from our last Strategic Plan we are still committed to our ambition “Improving Lives”. The review of our previous Strategic Plan (2016-19) identified a number of commitments that were still to be fully delivered, including:

- 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 Equality Act 2010. We are committed to the principles of fair equality and 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 inequality. 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 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 – see appendix 3 for appropriate link.
- Inverclyde Central – see appendix 3 for appropriate link.
- Inverclyde West – see appendix 3 for appropriate link.

During the early implementation phase of this plan, Inverclyde HSCP will move to 6 localities in line with the 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. Appendix 1 provides an overview of how our Big Actions align with the National Outcomes and Public Health Priorities.

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 on our website (see appendix 3) , 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
- 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 on our website (see appendix 3)

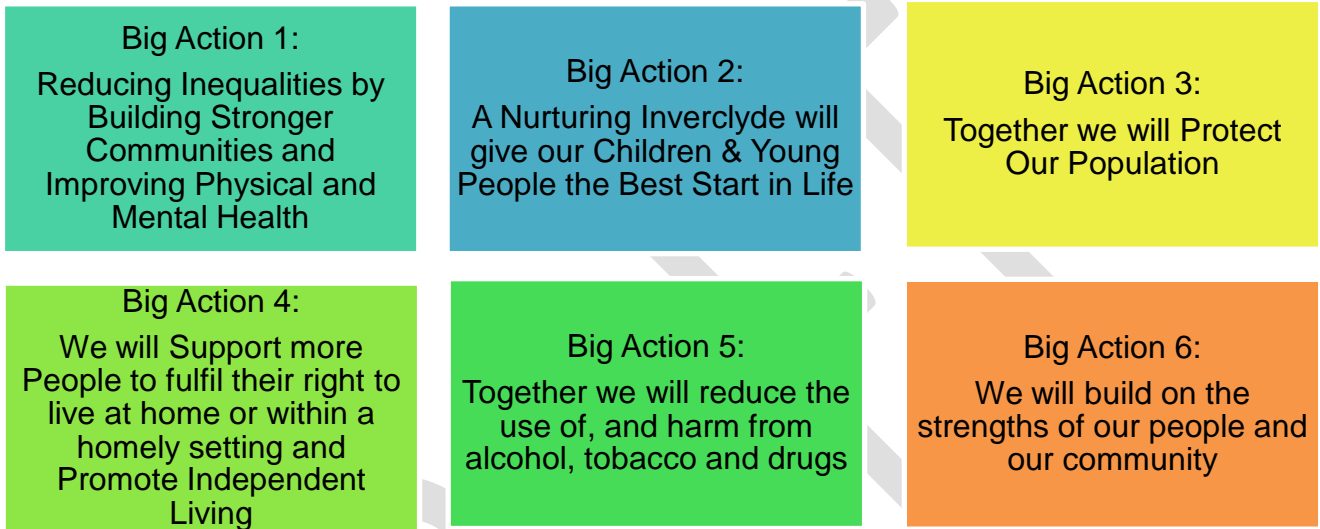
We will continue to seek out the voices of local people when reviewing and updating this Plan.

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.

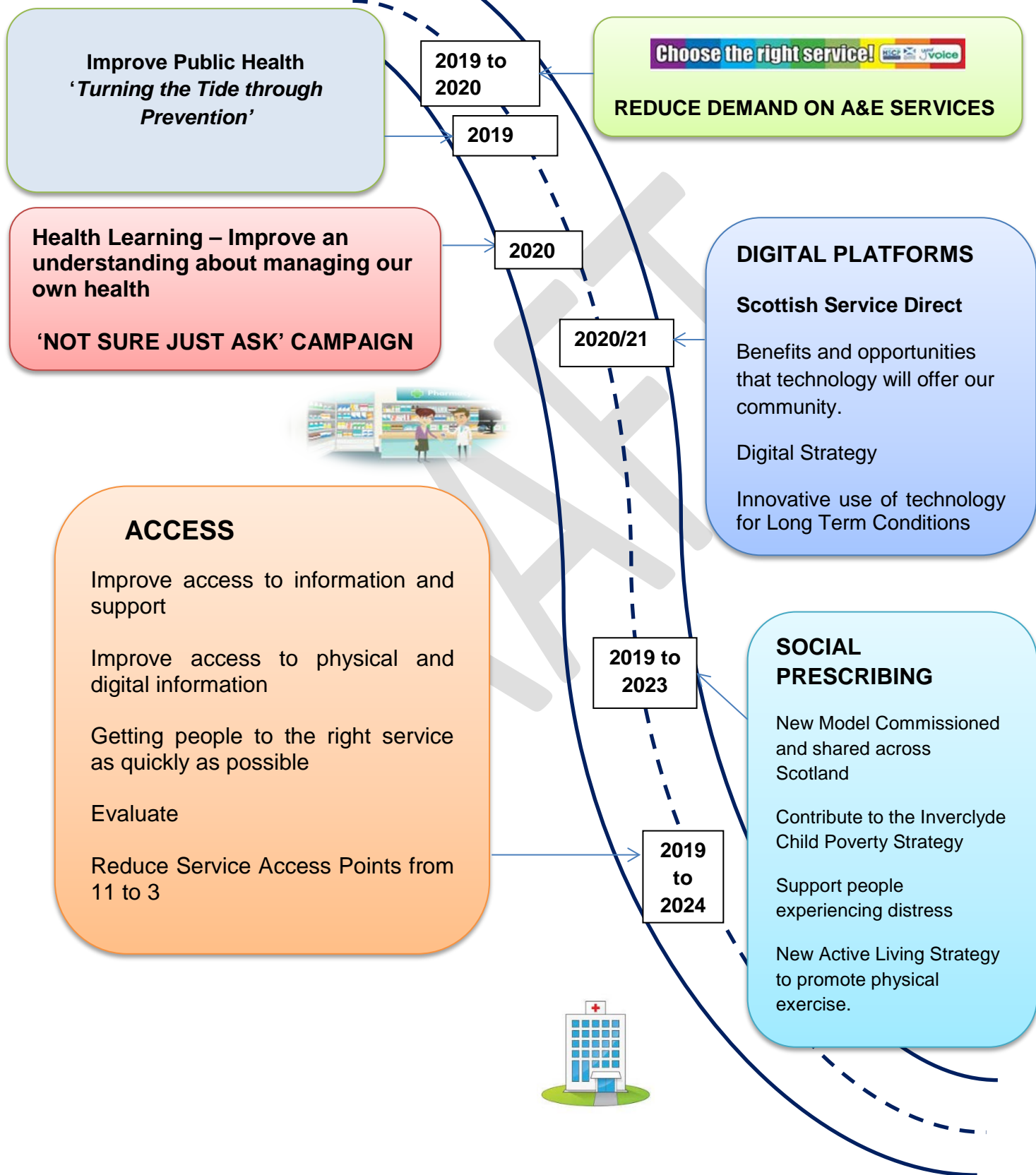
The following Big Actions will be delivered over the next 5 years.



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 (SPG), 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 SPG..

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

- 1.1 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*’.
- 1.2 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.
- 1.3 We will reduce demand on A&E services by supporting people to understand the available care pathways they can use.
- 1.4 By autumn **2020** we will have an agreed work plan to empower and help people to understand their health.
- 1.5 By **2021** we will have developed and implemented innovative use of technology to monitor and support people with long term conditions.
- 1.6 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.
- 1.7 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

- 1.8 From **2019/20** we will consider the benefits and opportunities that technology will offer for all of our community.
- 1.9 By **2020** we will be part of the Scottish Service Directory for local services to improve public information.
- 1.10 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

- 1.11 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.
- 1.12 By **2020** we will have developed a model to improve access to physical and digital information.
- 1.13 By **2021** we will establish and implement an evaluation framework.
- 1.14 By **2021** we will have the evaluation of the current arrangements for initial referral.
- 1.15 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

- 1.16 In **2019** we will develop our approach to social prescribing, and share this across Scotland.
- 1.17 In **2019** we will have developed a set of actions that sets out the HSCP’s contribution to the Inverclyde Child Poverty Strategy.
- 1.18 By **2020** we will have developed new commissioning models for social prescribing to ensure that more people get support.
- 1.19 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.
- 1.20 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).

Big Action 2 Roadmap

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

Increase our health workforce to support children in early years.

2019

2020

Increase the number of home visits by Health Visitors.

More than 85% of Inverclyde children will reach developmental milestones.

2021

Support from birth to early childhood

We will improve maternal and perinatal health.

2019/2024

Corporate Parenting

Technology to help young people with disabilities live as independently as possible.

Meet the housing and support needs of young people, entitled to continuing care.

Create intergenerational opportunities for people to come together to build nurturing capacity.

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

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

SUPPORTING MENTAL HEALTH

Upskill our workforce to support young people's mental health and wellbeing needs.

Support for families affected by parental mental ill-health and substance misuse.

Improve children and young people's mental health.

2019/22

2019 to 2023

Maximise Learning, achievements and skills for life

Increase the availability of family support for families asking for help.

Evaluate the range of family support and parenting initiatives to measure the difference our work is making.

2020 - 2023

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

2023

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

- 2.1 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.
- 2.2 In **2020** we will implement the Universal Pathway 0-5 to increase the number of home visits by Health Visitors.
- 2.3 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.
- 2.4 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

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

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

- 2.8 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.
- 2.9 By **2020** we will develop family support for families affected by parental mental ill-health and substance misuse.
- 2.10 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

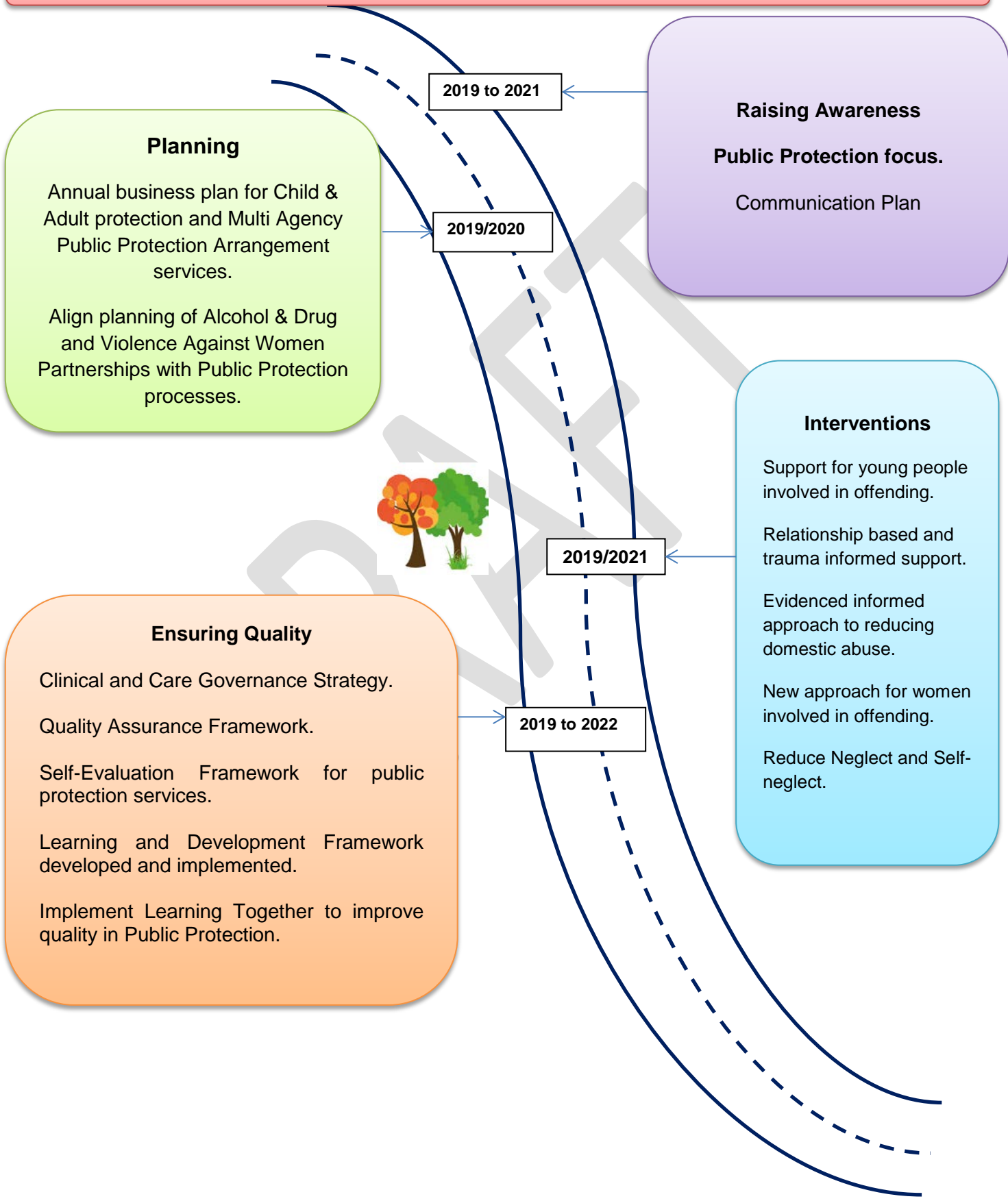
- 2.11 By **2020**, we will increase the availability of high quality family support for families supported on a voluntary basis.
- 2.12 By **2023**, with partners we will evaluate the enhanced range of family support and parenting initiatives to measure the impact and effectiveness of the support.

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

- 2.13 From **2019** Inverclyde will implement the recommendations of the national review of the care system.
- 2.14 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.
- 2.15 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.
- 2.16 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.
- 2.17 By **2023** we will have increased the ratio of children looked after in family based care by at least 5%.
- 2.18 By **2023** we will have ensured that more children from Inverclyde, when they are looked after, will remain in Inverclyde.

Big Action 3 Roadmap

Together we will protect our population



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 will 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

- 3.1 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.
- 3.2 In **2019** public protection will be a main focus of our engagement with our communities.
- 3.3 By **2021** we will have a Digital Strategy, which will include key actions to help foster cyber safety.

Planning

- 3.4 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.
- 3.5 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

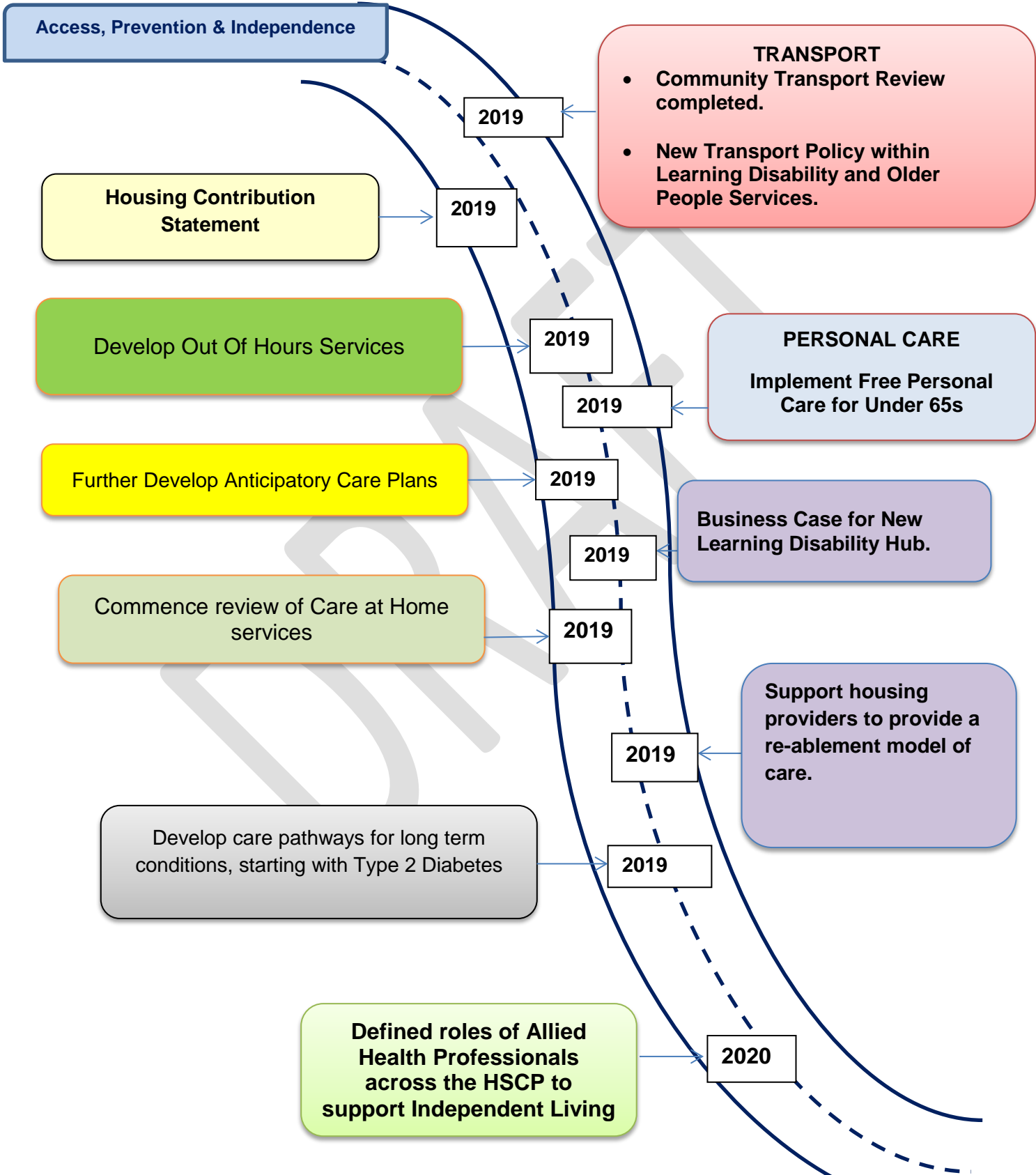
- 3.6 In **2019** young people involved in offending will continue to have access to appropriate support.
- 3.7 By **2020** we will develop and implement a new model for women involved in offending.
- 3.8 In **2020** we will have commissioned an evidenced-informed approach to reducing gender based violence and domestic abuse in our community.
- 3.9 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.
- 3.10 In **2021** we will extend our work to reduce the occurrence of Neglect and Self-neglect across our partnership.

Ensuring Quality

- 3.11 In **2019** we will develop a Clinical and Care Governance Strategy for the partnership which will incorporate all aspects of public protection.
- 3.12 By **2020** we will implement a self-evaluation framework with agreed minimum standards applied across public protection services.
- 3.13 By **2020** we will implement the HSCP Quality Assurance Framework with agreed minimum standards.
- 3.14 By **2021** we will develop and implement an HSCP-wide learning and development framework that that will develop confident and competent staff.
- 3.15 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.

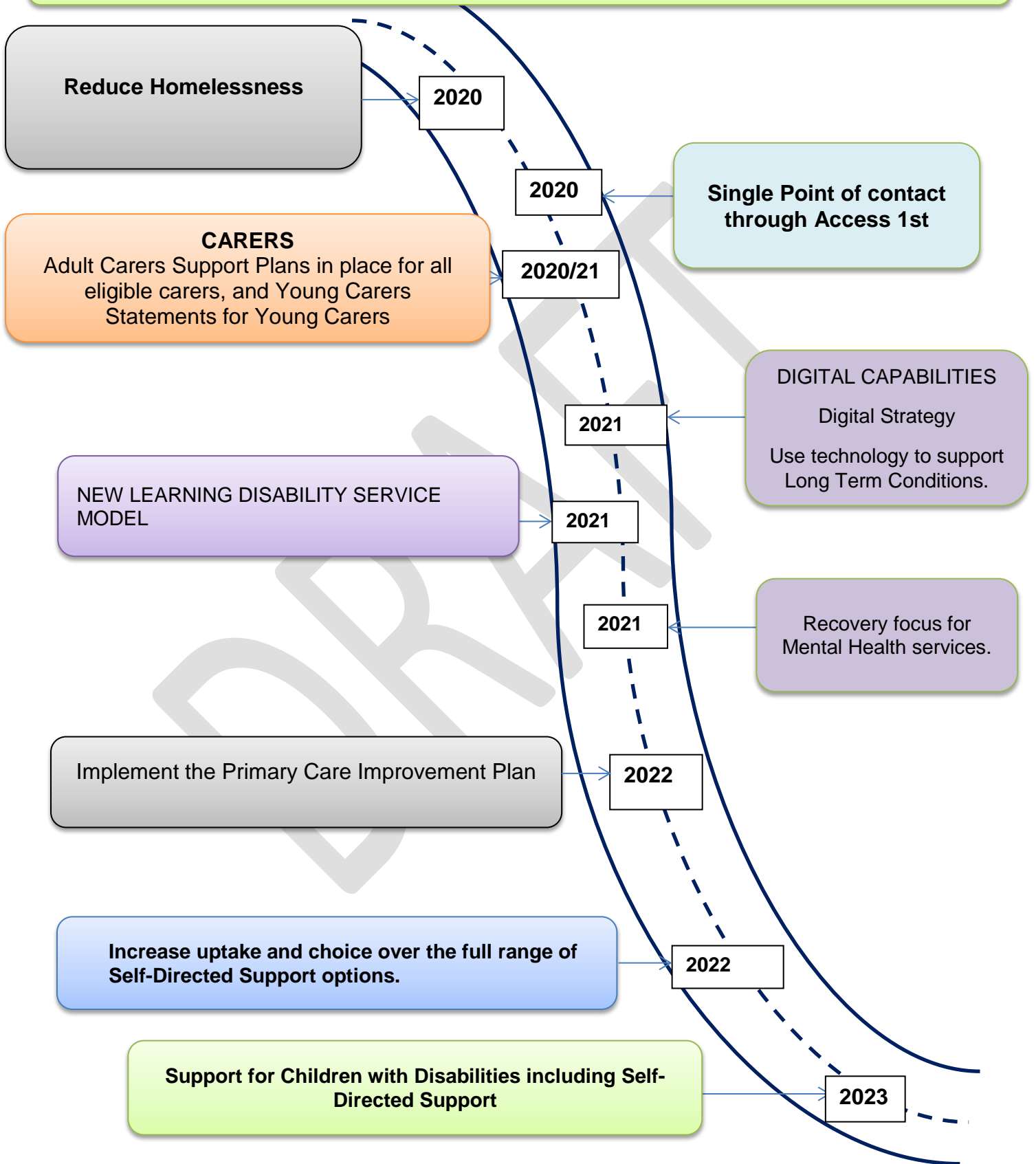
Big Action 4 Roadmap 1

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.



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

- 4.1 In **2019** we will implement free personal care for under 65s.
- 4.2 In **2019** we will review and develop a model for NHSGGC wide and local support for out of hours.
- 4.3 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.
- 4.4 By **May 2019** we will have completed a full business case for a new Learning Disability Hub to consider viability of a new build.
- 4.5 By end of **2019** we will have commenced a service review of care at home.
- 4.6 In **2019** we will work to develop pathway for long term conditions such as COPD, diabetes, including use of technology.
- 4.7 By **2020** we will have defined the role of Allied Health Professional (AHP's) across the HSCP in their support of independent living.
- 4.8 By **2020** Health and Community Care services will have a single point of contact through Access 1st.
- 4.9 By **2021** we will roll out a new Learning Disability service model to ensure people are supported to live independent lives.
- 4.10 By **2021** all eligible carers will have an adult carer's support plan in place or a young carer's statement for young carers.
- 4.11 By **2021** we have developed a recovery orientated system of care within mental health
- 4.12 By **2022** the people who access services will have the confidence to exercise choice over the full range of SDS options.
- 4.13 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.
- 4.14 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

- 4.15 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

- 4.16 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.
- 4.17 Use technology support LTC.

Transport

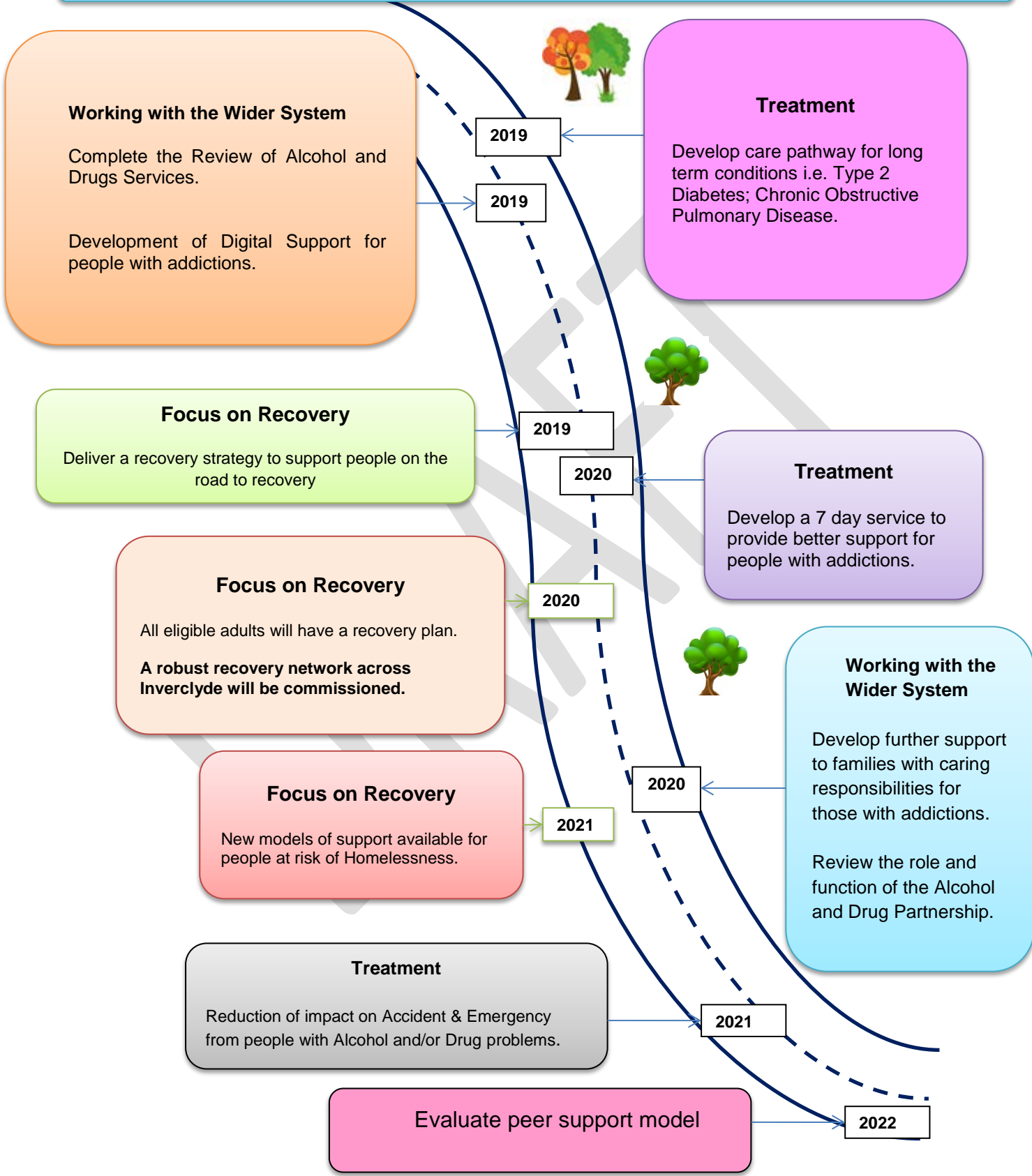
- 4.18 By December **2019** we will have reviewed our community transport and introduced a new Transport Policy within the Learning Disability and Older People services.

Housing

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

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

- 5.1 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.
- 5.2 In 2019 we will complete the review of alcohol and drugs and implement an integrated addiction services for Inverclyde, located within the Wellpark Centre.
- 5.3 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.
- 5.4 In 2020 we will develop further support to families with caring responsibilities for those with alcohol and drug problems.

Ensure Appropriate Treatment

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

Focus on Recovery

- 5.9 In 2019 we will deliver a recovery strategy that outlines the vision to support people on the road to recovery
- 5.10 By 2020 we will commission a robust recovery network across Inverclyde for people who need support to recover from illness.
- 5.11 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
- 5.12 By 2021 new models of support will be available for people at risk of homelessness.
- 5.13 By 2022 we have evaluated a peer support model and considered its ability to roll out across the HSCP.

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.

Promote Inverclyde HSCP and partners as a good place to work.

Community Strengths

Scope our Community Assets.

Building up Capacity in the Community

Develop Community Champions/Ambassadors.

Build on the 2 Proud 2 Care programme, to develop principles of involving people in planning.

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

Support further growth of Compassionate Inverclyde.

Building up Capacity in the Community

Create opportunities for people to recognise social isolation.

Develop an approach to tackling stigma.

Review social prescribing.

Evaluate the impact of Inverclyde Cares and Social Prescribing.

Community Strengths

We will commit funding to locality groups.

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

Carers

Implement the 2017 – 2022 Inverclyde Carer and Young Carers Strategy

End of Life Care Choices.

We will have a programme of engagement events within the 6 localities.

Reduce social exclusion and encourage participation of women involved in the criminal justice system.



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:

- 6.1 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.
- 6.2 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.
- 6.3 **Throughout 2019** we will build on the work of 2 Proud 2 Care, to develop principles of coproduction for all service redesigns or planning.
- 6.4 In **2019** we will evaluate our approach to Community Champions / Ambassadors and consider extending this across communities.
- 6.5 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.
- 6.6 By **2020** we will evaluate the current models of peer support to form our future approach to address stigma.
- 6.7 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.
- 6.8 By **2021** we will have evaluated the impact of Inverclyde Care's and social prescribing.

Community Strengths

- 6.9 By **spring 2019** we will have scoped our Community Assets.
- 6.10 By **2020** the New Greenock Health and Care Centre will be opened, which will provide a modern state of the art community asset.
- 6.11 By **2020** we will commit 1% of the budget provided to the HSCP from the Council to participatory budget.
- 6.12 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.
- 6.13 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.
- 6.14 Throughout the life of the plan we will have a programme of engagement events within 6 localities

Supporting our staff

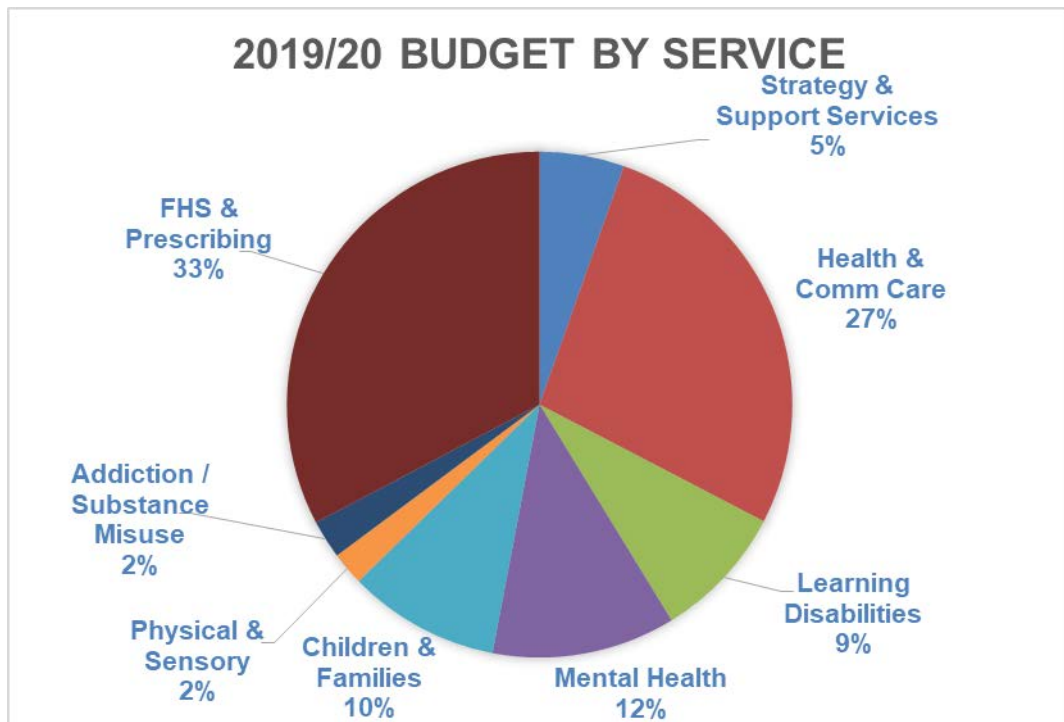
- 6.15 In **2019** we will review and develop our People Plan to ensure that staff in the HSCP are being supported and we have succession plans for the future.
- 6.16 In **2019** we will have developed promotional material for Inverclyde HSCP and partners to support recruitment and training.
- 6.17 In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

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. The total estimated budget pressures from 2020/21 to 2023/24 are £13.9m; this is partially offset by an anticipated £5m growth in funding over the same period, leaving a net anticipated funding gap of £8.9m over that four year period. An updated medium term financial plan has been developed covering the period of this new Strategic Plan.

Key Budget Assumptions

Partner Contributions

- Health - in 2019/20 we anticipate a 1.8% uplift on all budgets plus a further 0.8% uplift on pay costs in line with the Scottish Government Health settlement. This assumption has been used in the remaining 4 years of the plan.
- Council - Funding for local government for Health and Social Care has been protected in 2019/20 and will see a £148 million increase in investment across Scotland. The additional money is to be spent on a combination of new initiatives. This additional funding is conditional on Council contributions to Integrated Joint Boards being no less than the 2018/19 recurring budget plus the Councils share of this extra sum less up to 2.2% of the 2018/19 Adult Social Care budget. There has been no commitment to retain this protection beyond 2019/20. The plan assumes flat cash from the Council.

Pressures and Savings

- Pay Award pressures - £6.1m - based on estimated pay uplifts
- Drug inflation pressures - £3.6m - assumed 5% increase per annum Demographic and Volume pressures - £1.1m - based on the additional costs around initiatives such as the Carers Act, Free Personal Care to Under 65's (Frank's Law) etc. together with other anticipated cost pressures linked to this area
- Inflation - £3.1m - anticipated inflationary pressures on non-pay areas including the National Care Home Contract and Living Wage
- Savings - it is anticipated that additional funding or savings will be required to offset any resultant funding gap each year. Current estimate is £8.9m over the four years to 2023/24s

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:

PARTNERSHIP FUNDING/SPEND ANALYSIS	Indicative Budgets				
	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
NHS Contribution to the IJB	87.1	88.3	89.6	90.8	92.1
NHS Set Aside (notional)	16.4	16.4	16.4	16.4	16.4
Council Contribution to the IJB	50.6	50.6	50.6	50.6	50.6
HSCP NET INCOME	154.2	155.4	156.6	157.9	159.2
Social Care	67.4	67.4	67.4	67.4	67.4
Health	70.3	70.3	70.3	70.3	70.3
Anticipated Budget Pressures	0.0	3.5	4.6	5.9	7.3
Additional Funding Requirement/Savings	0.0	(2.2)	(2.2)	(2.2)	(2.3)
Set Aside (notional)	16.4	16.4	16.4	16.4	16.4
HSCP NET EXPENDITURE	154.2	155.4	156.6	157.9	159.2
SURPLUS/(FUNDING GAP)	0	0	0	0	0

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

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: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/15/2019/LA

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

Subject: FINANCIAL PLAN 2019/20 TO 2023/24

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a refreshed medium term financial plan aligned to the new Strategic Plan. This updated plan estimates the Health and Social Care Partnership (HSCP) projected position moving into 2019/20 and medium term financial outlook to 2023/24.

2.0 SUMMARY

- 2.1 This report covers the following key areas of financial strategy:

- Background
- Current Financial Position
- Budget Strategy Assumptions
- 2019/20 Indicative Budget
- Projected Cost Pressures 2020/21 to 2023/24
- Medium Term Financial Strategy

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:

1. Notes the assumptions and context of the financial plan for 2019/20 to 2023/24 and the level of uncertainty that exists in relation to a range of these assumptions;
2. Notes the medium term outlook for the IJB;
3. Approves the medium term financial plan attached at Appendix 1, and
4. Notes the ongoing work to continue to monitor and update the Plan.

Louise Long, Chief Officer

Lesley Aird, Chief Financial Officer

4.0 BACKGROUND

- 4.1 The IJB approved its first medium term financial plan in March 2018. This updated plan aligns to the new 5 year Strategic Plan covering 2019/20 to 2023/24. The IJB's has an indicative budget of £154.2m for 2019/20.
- 4.2 Given the scale of uncertainty and current level of identified pressures on both the delegated Health and Social Care budgets, it is important that the IJB plans for a range of potential outcomes from 2019/20 onwards in line with its new Strategic Plan. In addition, it is anticipated that moving forward beyond 2019/20 and through to 2024, a significant annual saving requirement is likely to continue over the medium term. In this context, the Chief Officer and Chief Financial Officer will continue to work with IJB members to advise and assist in the development of budget strategies which remain flexible, sustainable and focused on the delivery of key priorities detailed in the Strategic Plan.
- 4.3 It is anticipated that the current financial challenges will remain for the next few years, reinforcing the need for the IJB to plan over the medium to longer term on the basis of:
- reducing resources with no certainty of any level of sustained growth in funding levels;
 - rising costs and demand pressures to continue to feature in the IJB's financial outlook; and
 - increasing need to prioritise spend on the delivery of strategic and operational priorities.

5.0 CURRENT FINANCIAL POSITION

- 5.1 The IJB has an indicative 2019/20 recurring budget of £154.2m (£149.7m for 2018/19). The IJB expects to achieve a non recurring operating surplus in 2018/19, £1.023m at Period 9 excluding funding from Earmarked Reserves of £0.897m. The 2018/19 surplus relates mainly to early delivery of future year savings and additional in year funding for specific projects which has been carried forward in earmarked reserves.

6.0 BUDGET ASSUMPTIONS

- 6.1 One of the Scottish Government's key policy commitments over the course of this parliament is to increase Health spending by £500 million above real terms growth. Given the limited growth prospects for the Scottish Government budget this commitment may present a sustained challenge on Local Authority budgets.
- 6.2 In light of the above, the medium term financial plan recognises and acknowledges ongoing cost and demand led pressures on Social Care and Health. Expectation is for a flat cash settlement for Councils for 2020/21 to 2023/24 (which results in a cut for Inverclyde Council due to its share of the Scottish population reducing annually) and a Health uplift in line with 2019/20 for Health across the same period.
- 6.3 The new Strategic Plan sets out an ambitious programme for the IJB to deliver its six big actions. As the specific funding implications of these actions become clearer through the life of the plan the IJB budget and financial plan will be updated accordingly to shift resources. Aligned to this officers will be developing an Outcome Based Budget model during 2019/20 to help track investment and outcomes over the life of the plan.

6.4 The plan assumed that the Set Aside is maintained at the current level, however, work is ongoing across GG&C to improve the current Set Aside arrangements and move to actual rather than notional budgets. As this work develops the outputs of it and their budgetary impact will be reflected in future updates of this plan.

7.0 PROJECTED COST PRESSURES TO 2020/21

7.1 Current projections for the period to 2023/24 include a wide range of assumptions in respect of key cost pressures and demand highlighting a potential budget gap for the HSCP of circa £8.9m by 2023/24.

7.2 IJB Members should note that the current budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations.

7.3 Subject to greater certainty emerging over the coming months and in future years, the Chief Financial Officer recommends that the IJB adopts a financial planning assumption to agree additional partner funding and savings which will address the anticipated additional £2.224m per annum in the years 2020/21-2023/24 to fund new rising demand and cost pressures, assuming that no additional funding is received from Scottish Government to fund these pressures. An ongoing assessment and update of key assumptions will be required to ensure the IJB is kept aware of any significant changes.

7.4 In addition to securing a firmer assessment of emerging cost pressures, work is progressing with the HSCP Senior Management Team to identify opportunities to mitigate these pressures. Detailed below are the main areas of cost pressures and demand which will be subject to ongoing review as clarification of the position for each emerges:

- **Pay Inflation:** despite the anticipated reduction in resources it is expected that pay pressures will remain a recurring pressure for the public sector;
- **Demographic and Volume:** reflects increases anticipated across social care services;
- **Prescribing:** costs reflect current demand and cost pressures;
- **Inflationary Pressures:** reflect anticipated increases to payments to third parties including the National Care Home Contract (NCHC).

7.5 Looking beyond 2023/24 and into the longer term, it is inevitably more difficult to forecast. One of these difficulties is the wider uncertainty associated with the UK's imminent exit from the European Union and the consequential impact. It is important that the IJB adopts a long-term strategy, not just in planning the delivery of strategic outcomes and services, but also from a financial perspective to ensure that medium-to-long term risks for the IJB's financial sustainability are identified early, even though there may be uncertainty over their specific timing, scale and ultimate effect.

8.0 MEDIUM TO LONG TERM FINANCIAL STRATEGY

8.1 In order to deliver the medium to long term financial strategy 2019/20 to 2023/24 an updated financial plan has been developed over 3 key strands.

1. Efficiency Savings
2. Service Redesign/Transformational Change
3. Service Reduction

It is proposed that moving forward over the medium term the IJB agrees to commit to the principles laid out in the Financial Plan. In line with these principles the Chief

Officer and Chief Financial Officer will work with IJB members to develop savings and efficiencies for the period to 2023/24.

9.0 DIRECTIONS

9.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

10.0 IMPLICATIONS

FINANCE

10.1 The financial implications are as stated in this report. Medium Term financial planning allows for improve stewardship and governance over budgets and budget planning.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

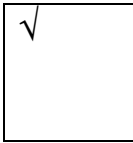
10.3 There are no specific human resources implications arising from this report.

EQUALITIES

10.4 There are no equality issues within this report.

10.4.1 Has an Equality Impact Assessment been carried out?

YES (see attached appendix)



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

10.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

10.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

10.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	A robust Financial Strategy and Plan linked to Strategic priorities will help to ensure that resources are used effectively in the provision of services.

11.0 CONSULTATION

- 11.1 This report has been prepared by the Chief Financial Officer of the IJB after due consultation with the Chief Officer and input from the Director of Finance for Greater Glasgow & Clyde NHS and the Chief Financial Officer for Inverclyde Council.



Inverclyde Integration Joint Board

**Medium to Long Term
Financial Plan
2019/20 to 2023/24**

CONTENTS

Executive Summary	2
Introduction	3
Purpose and Approach	5
Financial Landscape	7
Inverclyde Context	9
Understanding the Financial Challenge	12
Addressing the Financial Challenge	16
Risk and Sensitivity Analysis	18

Executive Summary

This Financial Plan outlines the financial challenges and opportunities Inverclyde Health and Social Care Integration Joint Board (IJB) faces over the next 5 years and provides a framework which will support the IJB to remain financially sustainable. This plan underpins and complements the Strategic Plan, highlighting how the IJB financial planning principles support the delivery of the IJBs strategic objectives and priorities.

The Plan includes a range of key assumptions which are subject to a significant degree of uncertainty. As a consequence this strategy will be reviewed on an ongoing basis with appropriate adjustments made as more information becomes available.

Given the uncertainty and potential for variability, it is important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner over the course of this financial plan.

Key Messages

- Moving forward beyond 2019/20 the IJB is facing significant challenges and will need to develop budget strategies which remain flexible, sustainable and focussed on the delivery of its Strategic Plan's key priorities
- This Medium to Long Term Financial Plan will provide the financial context for the IJB, inform future decisions and start to identify a high level plan to bridge the financial gaps moving forward.
- Over the medium to longer term the IJB needs to plan on the basis of:
 - Reducing resources with no certainty of any levels of sustained growth;
 - Rising costs, and
 - Demand pressures
- Taking into account costs, demands, estimated changes to funding and assuming nothing else changes the anticipated budget gap by 2024 will be circa £8.9m
- It is recommended that the IJB adopts a financial planning assumption to work with funding partners to agree a package of additional funding and savings of up to £2.224m per annum from 2020/21 to 2023/24 to fund this
- Work will continue to review and update key assumptions as more information becomes available with the IJB being informed of any significant changes
- Further areas of work have been identified to start to bridge the gap, these will be developed over the next few months.
- The plan does not make any allowance for changes in the current arrangements around set aside. These will be factored in once agreed.
- To deliver the financial plan this medium term financial strategy has been developed with the following key strands:
 1. Efficiency Savings
 2. Service Redesign/Transformational Change
 3. Service Reduction

Introduction

- 1.1 The purpose of this Financial Plan is to provide an overview of the key messages in relation to the IJBs financial planning for 2019/20 to 2023/24. It also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we work to meet the health and social care needs of the people of Inverclyde.
- 1.2 In 2016 the IJB launched its first Strategic Plan which outlined our initial ambitions. In 2019 the IJB is launching its updated Strategic Plan covering 2019 to 2024. The updated Strategic Plan sets the key strategic priorities and six big actions which will ensure that we deliver our core vision of “Improving Lives”.
- 1.3 The Medium to Long Term Financial Plan is key to supporting the delivery of the strategic plan. The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium to Long Term Financial Planning is key to supporting this process and identifying the transformation which is required to provide sustainable services to the local community over the medium term.

Key Messages

- 1.4 Inverclyde Health and Social Care IJB is facing significant challenges as a result of a combination of financial pressures caused by anticipated reductions in funding, increased demographic pressures and the cost of implementing new legislation and policies.
- 1.5 This Medium to Long Term Financial Plan will provide the financial context for the IJB, inform current and future decisions and outline a high level plan to start to bridge the financial gaps which have been identified moving forward.
- 1.6 The indicative 2019/20 base recurrent budget is £154.2m (Social Care £67.4m, Health £70.4m and Set Aside £16.4m). A number of areas have been explored to understand the scale of the financial challenge:-
 - a detailed analysis of anticipated costs and demands
 - an assessment of anticipated increases and reductions in funding from partners
 - a review of non-recurring funding and the implications for future years

Taking into account the issues identified and assuming nothing else changes the potential funding shortfall will be circa £8.9m by 2024. This does not make any allowance for potential changes in the current Set Aside arrangements.

- 1.7 The IJB will need to develop plans over the medium term to bridge this financial gap. A medium term strategy to bridge the anticipated budget gap will be developed along the following main strands:-

- (i) Efficiency Savings
- (ii) Service Redesign
- (iii) Service Reduction

- 1.8 Proposals have been developed to deliver a balanced budget for 2019/20. Budget planning for future years is underway, although funding from Partners have still to be confirmed. The IJB have been actively engaged with Partners and this plan reflects the latest position.
- 1.9 A number of areas of work have been identified to bridge the financial gap. These will be developed over the coming months and will be used to refresh the Medium to Long Term Financial Plan on a regular basis.

2. Purposes and Approach

Key Messages

- The Medium to Long Term Financial Plan is an important part of the strategic planning process to deliver on the vision and priorities set out in the IJB's Strategic Plan whilst ensuring as an organisation we remain financially sustainable
- The Medium to Long Term Financial Plan will provide the financial context for the IJB, inform future decisions and a high level action plan to address the financial challenges moving forward
- This document will be used to engage with partner bodies in relation to securing funding

Purpose of the Plan

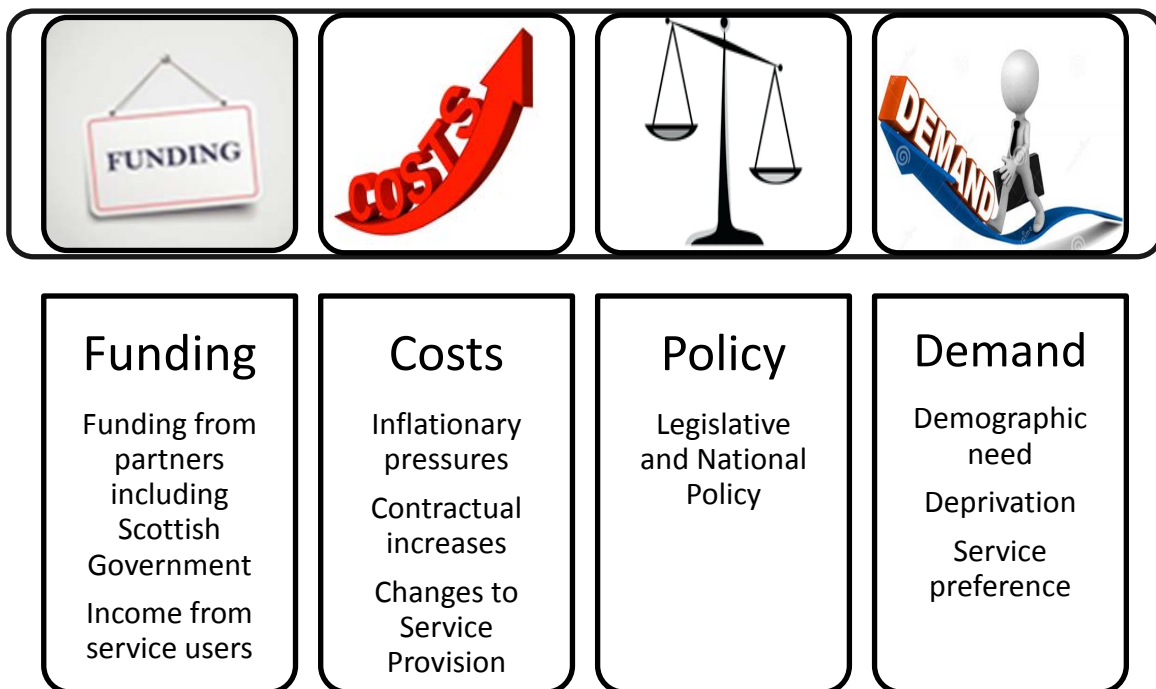
- 2.1 The Medium to Long Term Financial Plan is an important part of the IJBs strategic planning process and is integral to the delivery of our vision and priorities as set out in the Strategic Plan whilst ensuring as an organisation that we remain financially sustainable.
- 2.2 Recent Audit Scotland reports have highlighted the significant level of challenges faced by Health and Social Care Partnerships due to a combination of financial pressures caused by a real-term reductions in funding, increased demographic pressures and the cost of implementing new legislation and policies.
- 2.3 Within this context it is essential that the IJB develops and maintains a financial plan to enable it to direct finances at the services which will deliver the greatest impact and also support a shift in the balance of care. The financial plan will also set the context for annual budgets. In preparing the plan it is essential that we understand the scale of the financial challenge and the impact that this has not only on the IJB, but also the impact on the wider system and our other Partners.
- 2.4 This will be the second Medium Term Financial Plan for the IJB and will provide key information on the financial position of the IJB over the next five years and whether spending is sustainable over this period of time. Crucially it will identify the financial challenges and potential impact of current and future decisions on its medium term financial health. It will be used to identify pressure points and inform decisions which are required to ensure the IJB remains financially sustainable.

Approach to the Development of the Medium to Long Term Financial Plan

- 2.5 In preparing the Medium to Long Term Financial Plan the following approach has been adopted:-
- The indicative 2019/20 budget has been used as the basis for the Medium to Long Term Financial Plan
 - An analysis of anticipated cost and demand pressures has been undertaken to inform future years projections

- A review of funding assumptions has also been undertaken to determine the anticipated level of funding available for service delivery
- Scenario planning has been undertaken to identify potential best case, worse case and probable scenarios for each assumption within the plan. The most prudent and or probable assumption has been used to generate these estimates
- Active engagement has continued with partner bodies to ensure scenario planning is based on the most robust information available.

2.6 The pressures which the IJB will experience can be categorised into the following main headings and have been considered to provide a robust financial plan for the future.



Benefits of the Plan

2.7 The preparation of this Medium to Long Term Financial Plan will secure a number of benefits for the IJB:-

- it will provide the financial context for the IJB and will inform future decision making
- it provides a document which will be used for engaging with partner bodies in relation to the securing of future funding
- it will detail at a high level the plans which will require to be considered further some of which will be linked to transformation, to secure financial sustainability
- it supports IJB decisions in relation to service commissioning

3 Financial Landscape

3.1 *The Economy*

Growth remains weak across the UK, although in Scotland growth has been slightly ahead of the UK as a whole. Brexit uncertainty continues to impact. Looking ahead, growth is expected to remain fragile for the next few years with weak productivity being the key factor.

3.2 Recent spending decisions by the UK government mean that the Scottish resource block grant will now increase significantly, with growth of 3% expected over the remaining three years of the parliament. At the same time the forecasts for Scotland's income tax revenue have deteriorated by £400m. This will offset some of the increase in the block. This improving national position will aid the Scottish Government in delivering on its policy commitments. How it does this will determine the impact which it will have on the funding which is received by our Partner bodies and ultimately the IJB.

3.3 **UK and Scottish Legislative and Policy Changes**

UK and Scottish Government legislation and policies and how these are funded can have implications for the IJB and its medium term financial planning. There are a number of areas which could impact on the IJB over the medium term, including:

- Withdrawal from the European Union
- Local Governance Review
- Free Personal Care – Under 65's
- Carers Act (Scotland) Act 2016
- Children & Young People Act 2016
- Safe and Effective Staffing
- Primary Care Funding Changes
- Mental Health Strategy 2017-2027
- Scottish Living Wage
- Regional Planning

3.4 **Scottish Government Funding**

Between 2010/11 and 2018/19, revenue funding of Councils fell by just under 9% in real terms. Revenue funding of Health Boards increased by 8.1% in real terms between 2008/09 and 2018/19.

3.5 *Scottish Context*

The Scottish Government looks set to continue this increase in Health funding, with a clear commitment to increasing the health budget by £2bn over the lifetime of the current parliament, representing an increase of just under 2% per annum in real terms between 2018/19 and 2021/22. Funding for local government is forecast to reduce in real terms by 2% per annum.

3.6 Greater Glasgow and Clyde Health Board and Inverclyde Council delegate budgets to the IJB to enable the IJB to fund the services which it commissions. Any changes to Scottish Government funding is likely to impact on the level of budgets which are

delegated to the IJB and the level of savings which are required to meet demand, demographic and inflationary pressures.

3.7 This Medium Term Financial Plan considers the main factors which will impact on the finances of the IJB over the medium term and will provide the IJB with the financial context in which it operates to support decision making over the medium term.

3.8 *Impact on Funding*

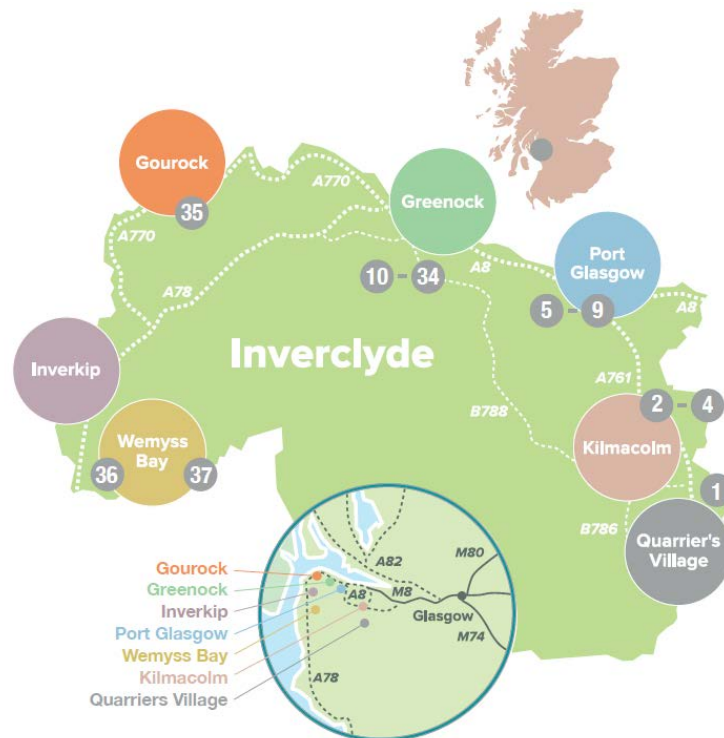
The Medium Term Financial Plan makes assumptions about future funding contributions from Partners based on information which is currently available. Using this information it is forecast that Health Board funding is likely to increase by £54m between 2019/20 and 2021/22, with Council funding expected to reduce by £4m over the same time period but offset by Council Tax increases.

3.9 The Scottish Government has been clear in its commitment to increase the health budget over the lifetime of the current parliament and the increase in anticipated funding from the Health Board is reflective of this. Funding for local government for Health and Social Care has been protected in 2019/20 and will see a £148 million increase in investment across Scotland. The additional money is to be spent on a combination of new initiatives e.g. Carers Act and Free Personal Care for Under 65s. This additional funding was conditional on Council contributions to Integrated Joint Boards being no less than the 2018/19 recurring budget plus the Councils share of this extra sum less up to 2.2% of the 2018/19 Adult Social Care budget. There has been no commitment to retain this protection for Social Care budgets beyond 2019/20.

3.10 *Expenditure Requirements*

Financial planning requires assumptions to be made about demand and cost pressures. These have been informed by the local and national context within which the IJB operates. Each year the IJB will face cost pressures as a result of range of factors including demand, inflation and changes in legislation/regulations. This Plan has assessed the key factors likely to impact over the medium term and estimates that the IJB will face cost and demand pressures of £8.9m between 2020/21 and 2023/24.

4 Inverclyde Context



- 4.1 The local environment within which the IJB operates has changed significantly in recent years and will alter further in future years due to the impact of national legislation and policy, further economic turbulence, societal changes and developing customer expectations.
- 4.3 The overall strategic framework within which the IJB operates is outlined in the Strategic Planning and Performance Management Framework. The Framework includes the Local Outcome Improvement Plan, the Health Board and Council Corporate Plans, the IJB Strategic Plan and the IJB Medium Term Financial Plan.
- 4.4 The new Strategic Plan to 2023/24 still focusses on “Improving Lives” and sets out 6 big actions for the Health and Social Care Partnership to deliver against:

<p>Big Action 1: Reducing Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health</p>	<p>Big Action 2: A Nurturing Inverclyde will give our Children & Young People the Best Start in Life</p>	<p>Big Action 3: Together we will Protect Our Population</p>
<p>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</p>	<p>Big Action 5: Together we will reduce the use of, and harm from alcohol, tobacco and drugs</p>	<p>Big Action 6: We will build on the strengths of our people and our community</p>

4.5 The **LOIP Outcome Delivery Plan** sets out the Partnership actions and projects which will contribute to the achievement of the LOIP outcomes and are expressed through the wellbeing indicators.

Outcomes for Inverclyde

4.6 The focus of the Strategic Planning and Performance Management Frameworks is on addressing the main challenges facing the area, and the eight outcomes set out in the current SOA are the agreed priority areas for all partners to work together on, covering the areas of:

- **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 Successful Communities
- **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 Health Inequalities
- **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 Best Start in Life for children and young people

4.7 There are also a series of **wellbeing outcomes**, which the Inverclyde Alliance has adopted which have been adapted and expanded from:

- 'Getting it Right for Every Child', to help us work towards a Nurturing Inverclyde,
- 'Getting it Right for Every Child, Citizen and Community'.

The wellbeing outcomes cover the core areas of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included

Inverclyde Integration Joint Board (IJB)

4.8 The IJB is ambitious about what it wants to achieve for the residents of Inverclyde. The benefits of integrated system working is already evidenced and an example of this is Inverclyde's excellent performance in relation to Delayed Discharges and reducing the pressure on unscheduled care. The IJB has also embarked on a significant change programme including development of a new Health Centre in Greenock as well as a number of Service Redesign projects.

- 4.9 Demand for health and social care is growing. Our population is changing and facing many challenges. Inverclyde is one of five local authorities with the highest concentration of multiple deprivation in Scotland, but there are significant variations both within and between communities.
- 4.10 There is an emerging operational and financial pressure around Continuing Care within Children & Families. Looked After Children are now potentially in care 5 years longer till they reach the age of 21. This impacts on throughput within services. There will be an incremental financial impact over the next few years which may need to be factored into future plan updates once the value is established if it is in excess of the provisions for cost pressures already included within the plan.
- 4.11 We have worked hard to deliver early success and some examples can be seen in our annual performance reports. However to date the demands on services have outstripped any financial gains which have been made as a result of the successes delivered by the IJB.

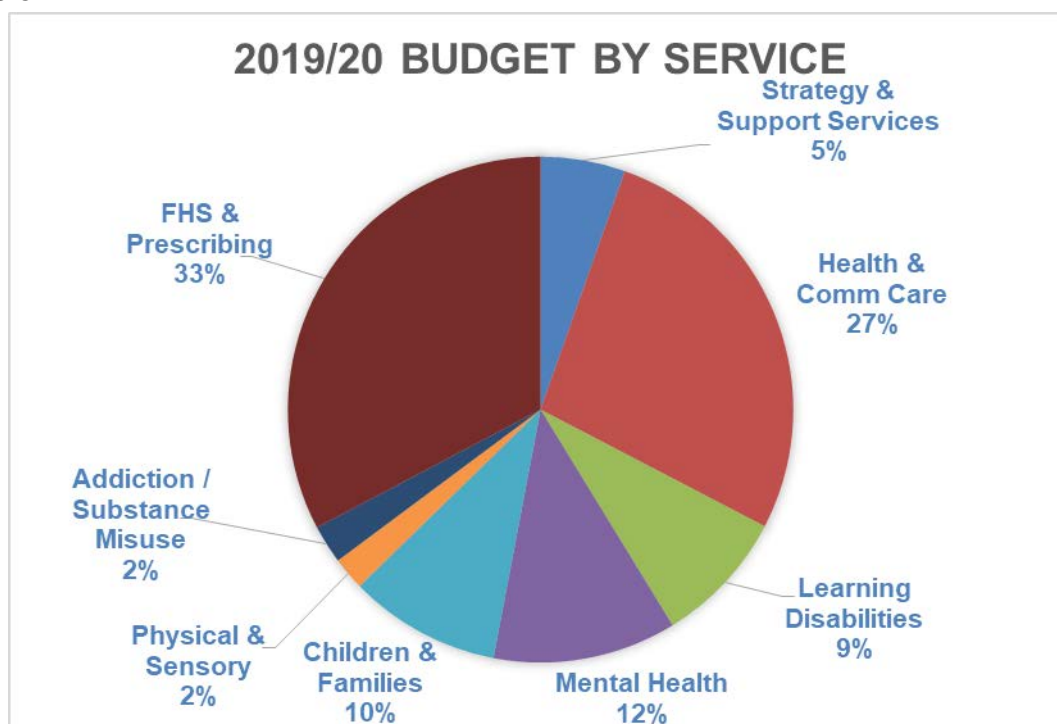
5 Understanding the Financial Challenge

Key Messages

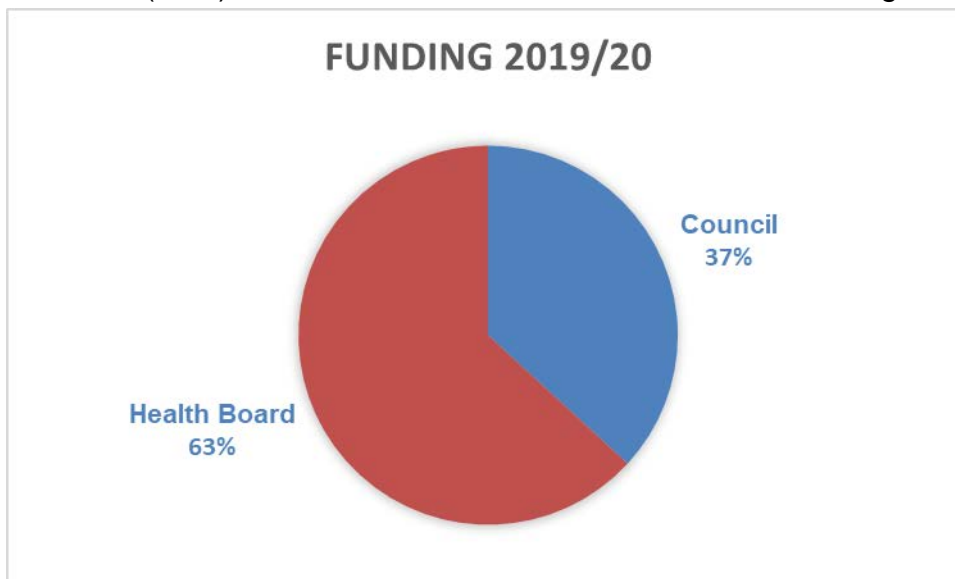
- The IJB has an indicative budget of £154.2m for 2019/20, including the notional £16.439m Set Aside budget
- Demand and cost pressures of circa £8.9m are estimated over 2020/21 to 2023/24
- Based on partner body planning assumptions it is estimated that overall funding will stay broadly level over the next three years although significant savings may still be required to fund some anticipated cost pressures
- Taking all of this into account and assuming no further action, the IJB will have a funding shortfall of circa £8.9m over 2020/21 to 2023/24

Base Line Budget

- 5.3 In 2019/20 the IJB has an indicative base line budget of £154.2m (£67.4m for Social Care, £70.4m for Health and £16.4m Set Aside). This is summarised by service area below.



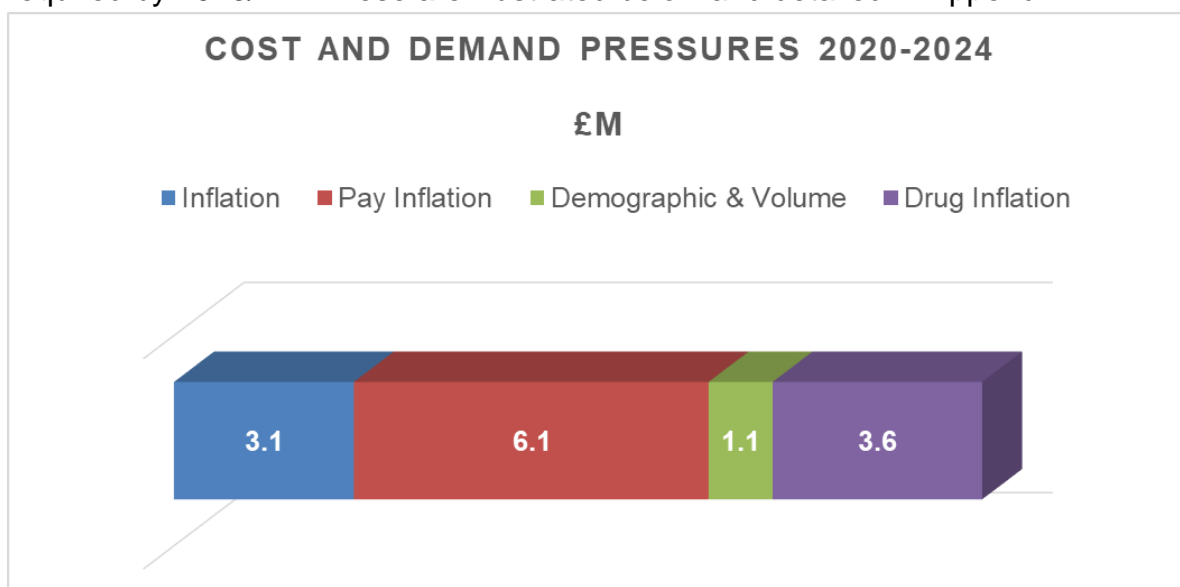
5.4 This is funded through budgets delegated from the Council, the Health Board and Social Care Fund (SCF) as illustrated below, based on 2019/20 funding:



Understanding the Gap: Costs and Demands

5.5 A detailed analysis of costs and demands has been undertaken for the IJB. Scenario planning looking at a range of options around each assumption was carried out to establish best case, worst case and probable outcomes. For each element the most probable scenario, based on information currently available has been used.

5.6 Based on this the anticipated costs and demand pressures amount to an estimated £13.9m over the next four years. Additional funding of £5m from Health will partially offset this. However, assuming nothing else changes an additional £8.9m would be required by 2023/24. These are illustrated below and detailed in Appendix 1.



5.7 The main cost pressures and demands can be summarised as:-

a. Pay Inflation

The assumptions for pay reflect the current inflationary assumptions of both Partner bodies and recent removal of the public sector pay cap.

b. Demographic and Volume

Pressures unknown at this time. Significant investment in 2019/20 to cover these for Older People, Learning Disabilities and Children, Young People and Families services. Estimate based on current Council and Health planning assumptions.

c. Inflationary Pressures

Inflationary pressures reflect anticipated annual increases to payments to third parties and in the main reflect anticipated increases to the National Care Home Contract.

d. Drug Inflation

The pressures linked to the Drug Inflation reflects the anticipated increase in drug tariffs and impact of short supply issues. Pressures have been estimated based on historic inflation increases and recent years short supply issues.

Understanding the Gap: Funding

5.8 Partners' contributions to the IJB are contingent on the respective financial planning and budget setting processes of the Council and the Health Board and the financial settlements which each body gets from Scottish Government.

5.9 The IJB has engaged actively in both budget setting processes.

5.10 It is anticipated that, as in previous years, different approaches will be taken by the two Partner Bodies in terms of IJB funding. The Council previously funded some cost pressures but applied an offsetting funding reduction. The Health Board applied no funding reduction, but passed across a share of the overall uplift received but funded no pressures.

5.11 Funding for local government for Health and Social Care has been protected in 2019/20 and will see a £148 million increase in investment across Scotland. The additional money is to be spent on a combination of new initiatives e.g. Carers Act and Free Personal Care for Under 65s. This additional funding is conditional on Council contributions to Integrated Joint Boards being no less than the 2018/19 recurring budget plus the Councils share of this extra sum less up to 2.2% of the 2018/19 Adult Social Care budget. There has been no commitment to retain this protection beyond 2019/20.

5.12 The plan assumes flat cash from the Council.

5.13 For Health, in 2019/20 we anticipate a 1.8% uplift on all budgets plus a further 0.8% uplift on pay costs in line with the Scottish Government Health settlement. This assumption has been used in the remaining 4 years of the plan.

5.14 The table below shows the overall impact of the anticipated budget pressures, funding changes and resultant additional funding or savings required to bridge the resulting funding gap.

PARTNERSHIP FUNDING/SPEND ANALYSIS	Indicative Budgets				
	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
NHS Contribution to the IJB	87.1	88.3	89.6	90.8	92.1
NHS Set Aside (notional)	16.4	16.4	16.4	16.4	16.4
Council Contribution to the IJB	50.6	50.6	50.6	50.6	50.6
HSCP NET INCOME	154.2	155.4	156.6	157.9	159.2
Social Care	67.4	67.4	67.4	67.4	67.4
Health	70.3	70.3	70.3	70.3	70.3
Anticipated Budget Pressures	0.0	3.5	4.6	5.9	7.3
Additional Funding Requirement/Savings	0.0	(2.2)	(2.2)	(2.2)	(2.3)
Set Aside (notional)	16.4	16.4	16.4	16.4	16.4
HSCP NET EXPENDITURE	154.2	155.4	156.6	157.9	159.2
SURPLUS/(FUNDING GAP)	0	0	0	0	0

5.11 Taking into account the issues identified in this section and assuming that nothing else changes the financial pressures for the IJB over 2020/21 to 2023/24 will be circa £13.9m partially offset by an anticipated £5m growth in Health funding, leaving an £8.9m funding gap.

	£m
Inflation	3.1
Pay Inflation	6.1
Demographic & Volume	1.1
Drug Inflation	3.6
	13.9
Anticipated Funding Growth	5.0
Funding Gap	8.9

6 Addressing the Financial Challenge – The Medium to Long Term Plan

Key Messages

- A programme of future year savings is under development by officers and these will be brought to a future the IJB for consideration in order to bridge the anticipated gap of circa £8.9m by 2024. A key element of this will be ongoing negotiation for funding support from our two funding partners in respect of some of the growth and demographic pressures anticipated

6.2 Service Redesign/Transformational Change

Despite the challenging backdrop there is a real opportunity to change things for the better. By developing our current system to be innovative and forward-thinking, making the most of new technology and supporting our people to live well for longer, we can ensure that everyone has a better experience of health and care and the opportunity to be independent for as long as possible for them.

6.1 Addressing the Financial Challenge

The IJB will need to develop plans over the medium term to bridge the financial gap. A Medium Term Strategy has been developed along the following strands. These are:-

- (i) Efficiency Savings
- (ii) Service Redesign/Transformational Change
- (iii) Service Reduction

6.2 Efficiency Savings

Delivering Services as efficiently as possible in line with Best Value principles is evident throughout the service. On an ongoing basis officers work to identify and deliver in year and recurring efficiency savings. One example of this is the rigorous authorisation processes in place around vacancy reviews to ensure that each post is essential before approval is granted to recruit.

6.3 Service Redesign/Transformational Change

Despite the challenging backdrop there is a real opportunity to change things for the better. By developing our current system to be innovative and forward-thinking, making the most of new technology and supporting our people to live well for longer, we can ensure that everyone has a better experience of health and care and the opportunity to be independent for as long as possible for them.

6.4 In 2018 the IJB approved the creation of a new £1.461m Transformation Fund within the Integration Joint Board Earmarked Reserves. This fund supports the overarching Health and Social Care Partnership Change Programme.

6.5 There are a number of local and system wide service reviews and redesigned already ongoing and others due to commence in the coming year:

- Long Term Care Placements
- Learning Disabilities
- Mental Health
- Addictions
- Children & Families Residential
- Homelessness
- Advice Services
- Allied Health Professionals
- Admin/Business Support
- Strategic Planning

6.6 **Service Reduction**

As an IJB we have a requirement to set a balanced budget. Taking into account the cost and demand pressures, the level of funding which will be available and the level of savings which can be secured, we have no alternative but to also consider reductions in service.

6.7 The next steps for finalisation of this plan and future development of the plan will be

- officers to will develop proposals to bridge the anticipated funding gap from 2020/21
- ongoing discussion and negotiation with Health Board and Local Authority partners regarding future cost and funding assumptions
- IJB development session during 2019/20 to consider proposals for future years
- Revised Medium to Long Term Financial Plan and future years budgets to Integration Joint Board for approval

6.8 The assumptions within this plan will be subject on ongoing review through the in year budget monitoring process and future year budget setting process. This financial plan links to the new Strategic Plan and will be reviewed and formally updated in line with that. In addition, a summarised update of the plan will be incorporated in future year budget proposals and submitted to the Integration Joint Board for consideration and approval.

7 Risk and Sensitivity Analysis

- 7.1 There are risks attached to any financial model. These include:
- Impact of local and national changes which may have been under or over estimated
 - Failure to accurately forecast future funding levels
 - New national policies creating future cost pressures
 - Over/under estimated cost and demand pressures generally
 - Impact of decisions made by Partner bodies on the IJB
 - Impact of IJB decisions on the Partner bodies
- 7.2 As an organisation the IJB needs to be aware of these risks but should not become risk adverse when developing its future plans. The IJB recognises strategic risks through the IJB Risk register. This is used to ensure significant risk is identified and effective actions implemented that reduce these risks to acceptable levels whilst securing service delivery within available resources.
- 7.3 Prescribing is a specific areas of financial risk for the IJB. Whilst decisions to prescribe are made locally by GPs, the cost of drugs and the agreement to introduce new drugs are made nationally. It is here where cost pressures can arise in year. The IJB has consciously adopted a prudent approach to budgeting for prescribing in 2018/19 and 2019/20 and in addition has created a budget smoothing reserve to help deal with one off in year fluctuations.
- 7.4 Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests 'what if' scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.
- 7.5 The table below shows what could happen if some of the main funding or cost assumptions worsened:

Impact of additional uplift on cost assumptions	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	TOTAL £000
ADVERSE FUNDING SCENARIOS					
Health Funding Uplift capped at 1.5% each year	320	340	360	380	1,400
Council Funding decreased by 1% per annum	506	506	506	506	2,025
ADVERSE EXPENDITURE SCENARIOS					
Pay Inflation - additional 1% per annum	468	473	477	482	1,900
Drug Inflation - additional 1% per annum	180	182	184	185	731
Non Pay Inflation - overall cost +25% pa	186	191	195	200	773
Demographic & Other - overall cost +33% pa	117	83	83	83	367
INCREASED FUNDING GAP	1,777	1,775	1,806	1,837	7,195

7.6 A range of potential favourable scenarios and their potential impact on this plan are summarised below:

	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	TOTAL £000
Impact of additional uplift on cost assumptions					
FAVOURABLE FUNDING SCENARIOS					
Council Funding increased by 1% per annum	(510)	(515)	(520)	(525)	(2,071)
FAVOURABLE EXPENDITURE SCENARIOS					
Prescribing Inflation at 3% per annum	(360)	(360)	(360)	(360)	(1,440)
Pay Award 0.5% less than estimated	(234)	(236)	(239)	(241)	(950)
DECREASED FUNDING GAP	(1,104)	(1,111)	(1,119)	(1,127)	(4,461)

7.8 The specific risks associated with the IJB budget and this financial plan are reflected in both the Strategic Plan Risk Register and the IJB Risk Register. These relate to financial sustainability and the potential impact of:

- a) Funding constraints/shortfalls
- b) Additional unfunded cost pressures and service demands

7.9 Mitigations already in place around financial sustainability include:

- Strategic Plan
- Medium Term Finance Plan
- Due Diligence work
- Close working with Council and Health when preparing budgets and financial plans
- Regular Financial Monitoring reporting to the IJB
- Regular budget reports and meetings with budget holders
- Regular Heads of Service Finance meetings
- Close working with other local authority and GG&C Finance colleagues and HSCP CFOs to deliver a whole system approach to financial planning and delivery

Report To:	Inverclyde Integration Joint Board	Date:	19 March 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)	Report No:	IJB/10/2019/HW
Contact Officer:	Helen Watson Head of Strategy & Support Services	Contact No:	01475 715285
Subject:	Ministerial Strategic Group Return		

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval from the Integration Joint Board to submit the appended Ministerial Strategic Group (MSG) return, developed by officers in collaboration with the other HSCPs within the NHS Greater Glasgow and Clyde catchment.

2.0 SUMMARY

- 2.1 On 12th December 2018 the Scottish Government issued a letter and template on behalf of the MSG, asking partnerships to provide an update on their progress and future intentions with regard to six key performance areas.
- 2.2 The template was completed in collaboration with the other five HSCPs in a bid to achieve consistency of approach across NHS Greater Glasgow and Clyde.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board approves the completed template for submission. The submission to the Scottish Government is due by 28 February 2019 and the template has been submitted with a caveat that it is a draft, pending approval from the IJB.

Louise Long
Chief Officer
Inverclyde Health and Social Care Partnership

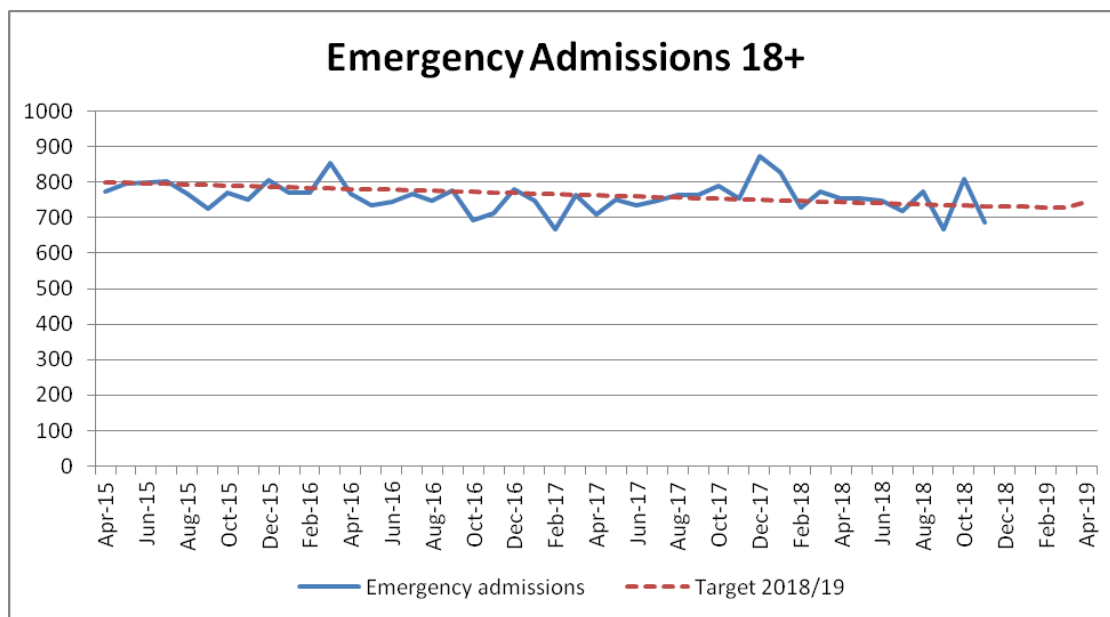
4.0 BACKGROUND

4.1 On 12 December 2018, the Scottish Government issued a letter and template on behalf of the Ministerial Strategic Group (MSG), asking partnerships to provide an update on their progress and future intentions with regard to six key performance areas. These areas are:

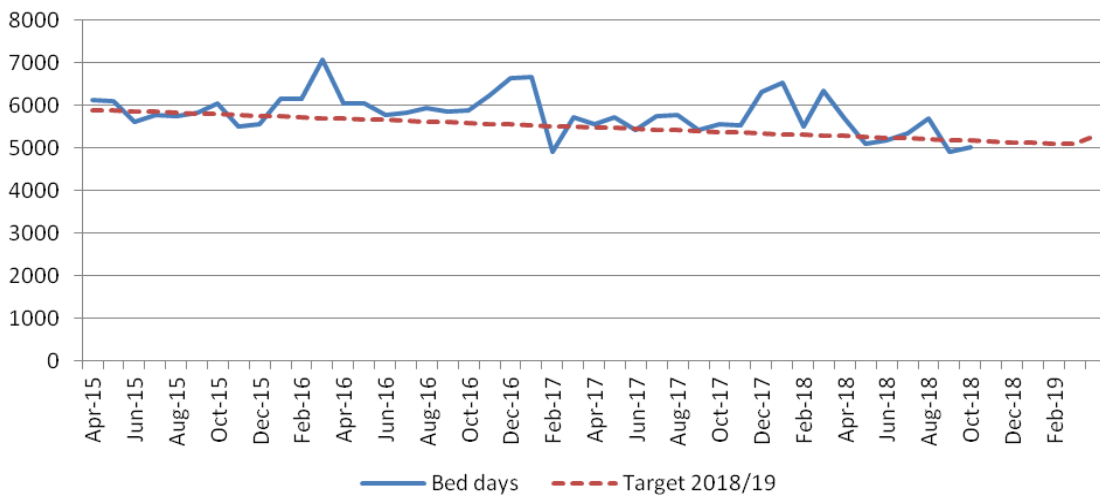
1. Number of emergency admissions into Acute (SMR01) specialties.
2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.
3. Number of A&E attendances
4. Number of delayed discharge bed days. An objective can be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family-related, Code 9.
5. Percentage of last 6 months of life spent in the community.
6. Percentage of 65+ population living at home.

4.2 These indicators focus mainly on unscheduled hospital activity, and the MSG recognises that this is only one dimension of the work of HSCPs, albeit an important one.

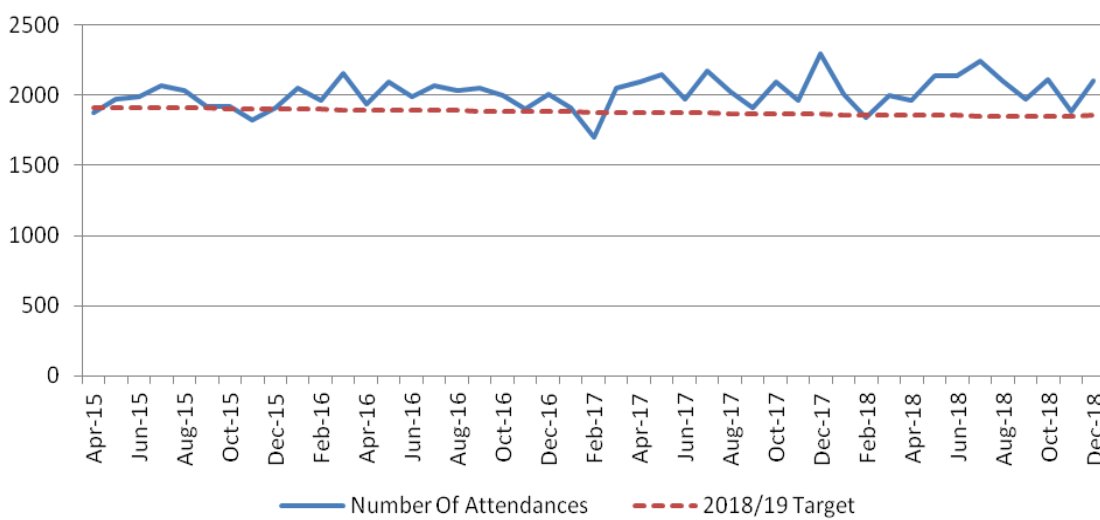
4.3 The targets were developed based on local performance since the baseline year of 2015/16, and reflect the aspirations of our new Strategic Plan, to ensure that people can get access to the right support, in the right place, from the right service, and at the right time. The most challenging target is likely to be reducing the number of A & E presentations, as this figure has been increasing. However we are aware that outcomes can be improved by accessing the right part of the overall system, rather than attending A & E for complaints that are not of an urgent nature. The graphs below outline our trajectories on each of the six key MSG indicators.



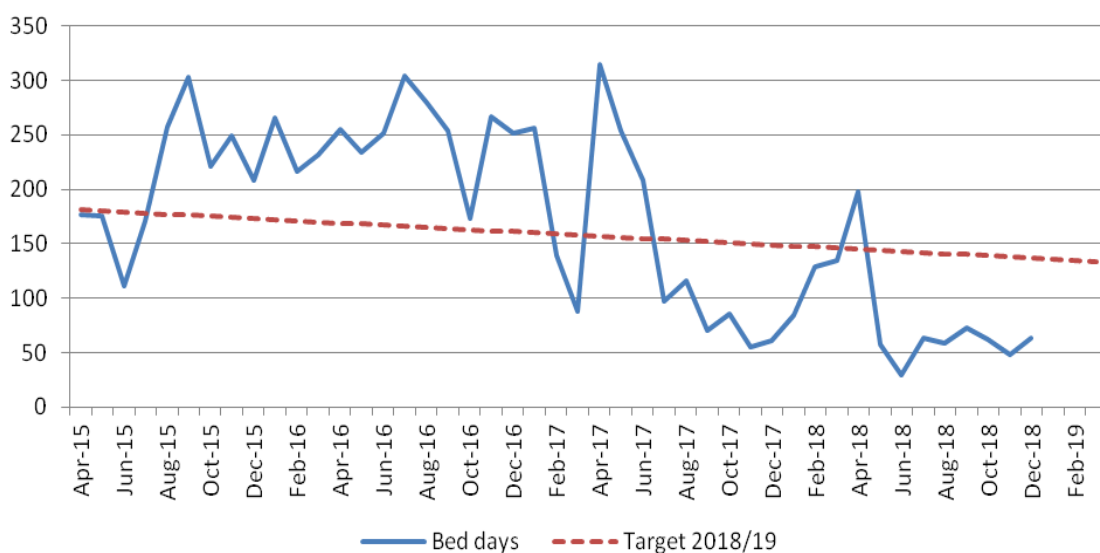
Unscheduled Bed Days - Acute Specialties 18+



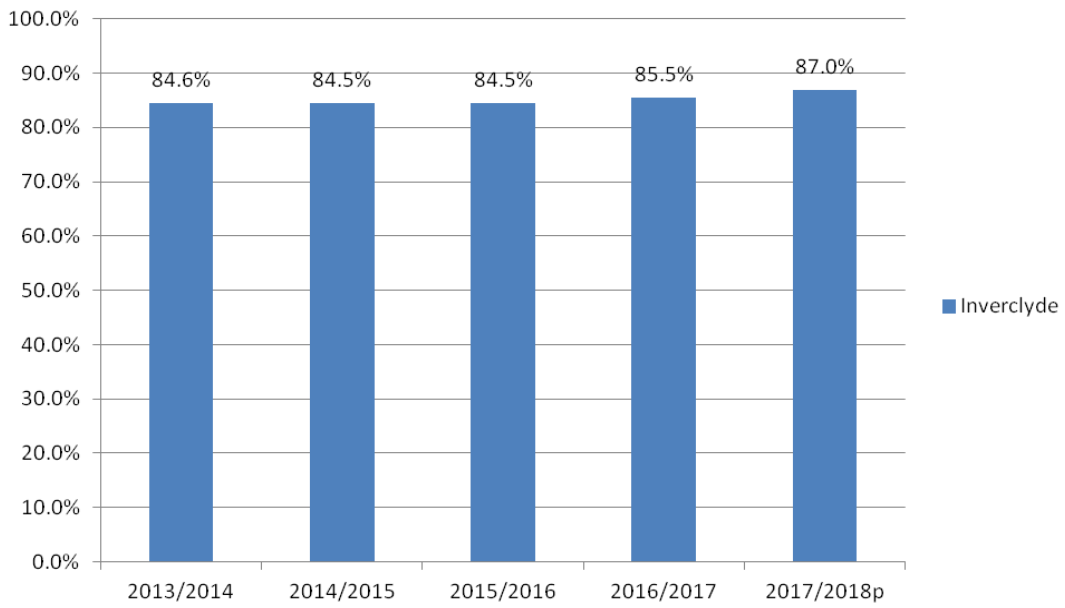
A&E Attendances 18+



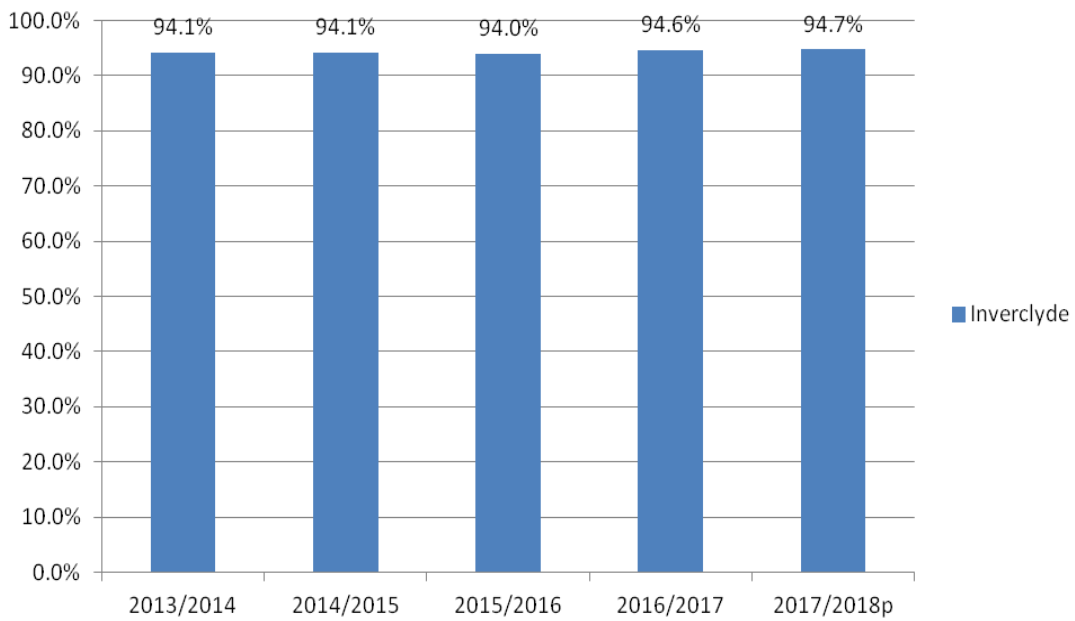
Delayed discharge Bed Days 18+



Percentage of last six months of life: Community



Balance of care: Percentage of population 65+ home (supported and unsupported)



4.4 The template was completed in collaboration with the other five HSCPs in a bid to achieve consistency of approach across NHS Greater Glasgow and Clyde. Going forward, the Integration Joint Board, the Scottish Government, and the NHS Board will be updated regularly on the targets.

5.0 PROPOSALS

5.1 That the Integration Joint Board approves the completed template for submission. The submission to the Scottish Government is due by 28 February 2019 and the template has been submitted with a caveat following approval from the IJB.

6.0 IMPLICATIONS

Finance:

6.1 There are no financial implications at this time.

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					

Legal:

6.2 There are no legal implications in respect of this report.

Human Resources:

6.3 There are no staff implications in respect of this report.

Equalities:

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
<input type="checkbox"/>	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or Strategy. Therefore, no Equality Impact Assessment is required

6.4.1 How does this report address our Equality Outcomes?

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.6 NATIONAL WELLBEING OUTCOMES

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

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

In order to reduce the level of unscheduled care, supported self-management and anticipatory care will be promoted.

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

Not applicable.

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

Not applicable.

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

Most people would prefer not to be admitted to hospital.

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

Not applicable.

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

A stronger focus on anticipatory care will potentially support carers as equal partners in care.

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

Not applicable.

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

Not applicable.

7.0 DIRECTIONS

7.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

- 8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the other HSCPs within the Greater Glasgow and Clyde catchment.

9.0 LIST OF BACKGROUND PAPERS

- 9.1 Letter from Scottish Government, 12 December 2018.

Template for MSG 2019/20 objectives

Health and Social Care Partnership:
 Age Group for indicators 1 to 3: 18+

	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				4. Delayed discharge bed days (18+)				5. Percentage of last 6 months of life spent in community (all ages)				6. Proportion of 65+ population living at home (supported and unsupported)					
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total	All reasons	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %
Objective	2015/16	9,388	-7	8,731		2015/16	71,679	-6	67,378	2015/16	23,689	-3	22,978		2015/16	2,588	-20	2,070	2015/16	84.5%	2	86.5%	2015/16	94.0%	1	95.0%
					Geriatric Long Stay	Baseline year	Baseline total	% change	Expected 2019/20 total					H&SC/patient and family related reasons	Baseline year	Baseline total	% change	Expected 2019/20 total								
					Mental Health	2015/16	6,342	-6	5,961					Code 9	Baseline year	Baseline total	% change	Expected 2019/20 total								
How will it be achieved	Continue with ACPs to be completed within all care homes and within community, Care Homes to continue with Red Bag process, Care Home Liaison Nurses working within care homes. Two Band 5 long term conditions in primary care. Increase capacity on step up beds.				Home 1st Service - all service users to be assessed to go home first.				Continue to promote choose the right service programme, community link worker to continue to direct service users to right service. Publicity campaign similar to choose the right service campaign. Information available at A and E for choose the right service and potential community link worker to be present at a and e. Enhanced approach to managing distress which includes addictions in mental health. Move towards a seven day service. Since the baseline year of 2015/16, A&E attendances across all 6 HSCPs have increased. Across NHSGGC, there are a range of work streams underway which will impact on reducing attendances at A&E over 2019/20. These include work on a redirection policy, directing people from A&E to more appropriate services; the role out of Primary Care Improvement Plans, which will see the introduction of a range of new professional roles in primary care; and focused work to support individuals who frequently attend A&E to be supported more effectively in the community. Assuming the projected impact of this range of work streams, the HSCPs are anticipating that activity levels can be returned to the 15/16 level or marginally below, by March 2020. In some areas, this will require and improvement of up to 25%.				Home 1st Service - all service users to be assessed to go home first.				Future role for acute staff in completion of ACP Palliative care home care service in place Shifting the balance of care through Home 1st									
Notes																										

Health and Social Care Partnership:
 Age Group for indicators 1 to 3: < 18

	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total
Objective													
How will it be achieved					Menal Health								
Notes													

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/16/2019/DG

Contact Officer: Deborah Gillespie
Head of Service **Contact No:** 715284

Subject: **UPDATE REPORT: 5 YEAR MENTAL HEALTH STRATEGY AND
ACTION 15 IMPLEMENTATION**

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board on progress with the implementation plan for the 5 year Mental Health Strategy within Inverclyde, and Action 15, and the proposal to establish a local mental health programme board.

2.0 SUMMARY

- 2.1 In September 2018 the Integration Joint Board received a report detailing the establishment of work streams and the emerging work plan for implementation of the 5 year strategy.
- 2.2 There is continuing work to take forward the implementation of the 5 year Mental Health Strategy through the GG&C wide Programme Board and key work streams which includes representatives from Inverclyde. The Programme Board reports to the Chief Officers Group.
- 2.3 A local implementation plan has been developed to map key local actions for 2019/20 to the wider implementation plan and to support safe sustainable services.
- 2.4 The delivery of the mental health strategy extends beyond the mental health services, and the programme of work requires wider engagement to focus on key developments to achieve the outcomes anticipated.
- 2.5 A local Mental Health Programme Board is being established to enable this work.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note ongoing progress with this work and to agree to receive further updates on a six monthly basis.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The 5 year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by a range of documents including the Scottish Government's Mental Health Strategy 2017-2027 and the Healthy Minds 2017 report by NHS GG&C's Director of Public Health. The proposals within the Mental Health Strategy are consistent with the Health Board's vision for Moving Forward Together and are aligned to the national strategic direction and deliver a whole system programme across Mental Health.
- 4.2 In December 2017 the Scottish Government announced further funding for mental health services across Scotland. They set a target of introducing 800 additional mental health workers over a three year period to improve access to dedicated mental health workers across key settings including Accident and Emergency departments, GP practices, Police Station Custody suites and prisons (Action 15 of Mental Health Strategy 2017-2027). This required a local plan to be developed by July 2018 that outlined the goals for improving capacity within the settings outlined in Action 15.
- 4.3 The strategy identifies priorities for mental health services which include:
- Medium to long term planning for the prevention of and early intervention with mental health problems; this includes wellbeing oriented care including working with children's services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start;
 - Recovery oriented care: supporting people to develop the capacity to manage their own health, and developing a range of community based supports and services to underpin this, including within inpatient services;
 - Productivity initiatives in community services to enhance capacity while maintaining quality of care;
 - Unscheduled care across the health system including responses to distress (linked to prevention), crisis, home treatment and acute hospital liaison;
 - Shifting the balance of care identifying the plan for a review and reduction in inpatient capacity.
- 4.4 The work to take forward the implementation of the 5 year Mental Health Strategy is led by the Programme Board, with implementation work streams undertaking the detailed work to deliver the strategy. The full project plan with timetable for delivery of the actions required from the strategy is currently being finalised.
- 4.5 This includes work in relation to the financial framework which includes both HSCP financial commitments to mental health aligned to service delivery, and the use of additional money committed by the HSCP's from Action 15 to support board wide developments required to enable the strategy to be delivered. The detail of the spend for 2018/19, and key areas for ongoing investment over the 4 years is attached at appendix 1.
- 4.6 Within Inverclyde a local implementation plan has been developed within the mental health service to map local actions to the strategy and the board wide work for 2019/20. As the project plan is finalised this will inform more detail of timescales for changes within the local service. The current plan is attached at appendix 2.
- 4.7 Within the Adult Mental Health Strategy there are identified areas of development which cross cut to other services. Within the Action 15 Plan for Inverclyde we identified further opportunities to develop our approach to improving responses to mental health and distress across our system of care. The key elements of the strategy which are cross cutting relate to prevention and early intervention, managing distress and better

responses to urgent or unscheduled care and supporting and sustaining recovery.

- 4.8 A local Mental Health Programme Board is currently being established to provide oversight and enable coordination of the whole programme of work across the HSCP to deliver on the strategic objectives of the 5 year Mental Health Strategy, Action 15 of the National Mental Health Strategy and the actions within the new Strategic Plan. There are issues with recruitment and retention of clinical and community staff that are having an impact on how the mental health service is operating. A review to support a safe sustainable model for now and the future is being undertaken and this will report to the Programme Board and future report to IJB. The Programme Board will be chaired by the Chief Officer.

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 There are no legal consequences arising from this report.

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?
This will be undertaken as part of the implementation work.

	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.

- 5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The Action 15 initiatives aim to increase access to mental health support.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The 5 year mental health strategy includes actions to promote mental health

	and destigmatise mental health to support inclusion and recovery.
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	The service user and carer reference group is engaged with the 5 year mental health strategy.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	A key element of the strategy is on prevention, early intervention and improving self management.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The strategy aims to enable people with significant mental ill-health to remain within their own community with appropriate support.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	A key element of the strategy is the further development of supports that enable people's recovery and inclusion.
Health and social care services contribute to reducing health inequalities.	A central aim of the mental health strategy is to ensure people with mental ill health receive care and treatment that has parity with physical health needs.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The focus on prevention and early intervention will address the needs of carers.
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The strategy includes the development of the workforce, both in mental health and to develop the awareness of mental health

	needs across the wider HSCP workforce.
Resources are used effectively in the provision of health and social care services.	The strategy implementation is supported by the development of a financial framework, and includes GG&C wide service provision where this enables an effective, safe and responsive service.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 Adult Mental Health Strategy; report to IJB 30th January 2018. Report no: IJB/07/2018/DG; 5 year Mental Health Strategy report to IJB, 11th September IJB/47/2018/DG

INVERCLYDE HSCP - MENTAL HEALTH ACTION 15 PLAN

Plan as submitted to Scottish Government 05/10/2018

Action 15 Mental Health Workforce Funding - Expenditure Forecast 2018-19

Expenditure Category (choose from drop down list):	Brief Description of Funded Activities:	Total Costs 2018-19
	LOCAL ACTIVITIES/PROJECTS	
Staff Costs (new workforce)	Extend access to Psychiatric Liaison Service within A&E & Acute hospital care	23.0
Staff Costs (new workforce)	Investment in Primary Care Mental Health pathways	23.0
Staff Costs (new workforce)	Prevention & Recovery development	23.0
	INVERCLYDE SHARE OF GG&C WIDE ACTIVITIES & PROJECTS	
	Prevention and Early Intervention	
Staff Costs (new workforce)	Computerised CBT Service	0.0
	<i>Collection Prevention Programme</i>	
Training costs	- Mental Health and Suicide Prevention Training	1.6
Staff Costs (new workforce)	- Digital Support	2.2
Staff Costs (new workforce)	Bipolar Hub	0.0
Staff Costs (new workforce)	Dementia - Young Onset Dementia	1.1
	Productivity	
	<i>Unscheduled Care</i>	
Staff Costs (new workforce)	- Adult Liaison services to Acute Hospitals	6.2
Staff Costs (new workforce)	- Out of Hours CPNs	0.0
Staff Costs (new workforce)	Police Custody	0.0
Staff Costs (new workforce)	Borderline Personality Disorder	24.2
Planning / Project Mgmt / Mgmt support	Project Management Support	2.1
	Recovery	
Staff Costs (new workforce)	Recovery Peer support workers	8.1
Staff Costs (new workforce)	Psychological Interventions in Prisons	9.7
Total Expenditure		124.2

Planned Spend over 4 Years

Financial Year	A&Es	Custody Suites	GP Practices	Prisons	Other Settings / Other	Total Planned Expenditure
2018-19	29.2	0.0	23.0	9.7	62.2	124.2
2019-20	77.0	8.8	48.0	18.5	112.3	264.6
2020-21	104.1	11.2	49.0	25.9	138.1	328.2
2021-22	116.9	13.3	51.0	26.7	175.7	383.6
Total Expenditure	327	33	171	81	488	1,101

Planned additional WTE over 4 Years

Financial Year	A&Es	Custody Suites	GP Practices	Prisons	Other Settings	Total
2018-19	1.1	0.0	1.0	0.2	1.2	3.5
2019-20	0.2	0.1	0.0	0.2	1.2	1.8
2020-21	0.3	0.1	0.0	0.2	1.2	1.8
2021-22	0.3	0.1	0.0	0.2	1.3	1.9
Total WTE	1.9	0.3	1.0	0.8	4.9	8.9

Workforce planning locally and GG&C wide is still under development so these figures will change as the detailed workforce requirements are identified

These figures do not include any additional skills development WTEs

MENTAL HEALTH 5 year STRATEGY IMPLEMENTATION PLAN 2019/20

APPENDIX 2

Updated for February 2019

Key Areas of Development	What are the Board wide Actions	What are the local actions currently	Local Resources & Workforce Implications	Timescales & Leads [Bold denotes rep on Board wide workstream]
Prevention & Early Intervention; Digital	Self-management - computerised- Cognitive Behavioural Therapy [cCBT] Training: Trauma Informed & Mental Health Training (e.g. Suicide prevention) Health Improvement post re Wellbeing Peri-natal mental health pathway improvement Band 6 post to support training implementation	Provide Survive & Thrive training in mental health Wider roll out within HSCP Explore 3 rd Sector options		Maureen O'Neil-Craig Mary Howley John Smith
Primary Care	Identifying workstream group to take forward. Shared learning from SHIP and Jigsaw approaches; models for managing distress Primary Care/Mental Health Interface group	Additional post in Primary Care Mental Health Team [PCMHT] focus on older people's needs Link in with local Primary Care Improvement Plan work to discuss further developments	Action 15 funded permanent post	Susan Lindsay Deborah G Emma C [PCIP]
Community Services	Improving Efficiency & Effectiveness Referrals management Initial Assessment Template Discharges & Rapid access back to service Capacity modelling linked to performance Activity Group approaches to common	Data quality and use of information systems- EMIS and Psycis data Caseload waiting and management; link to capacity modelling work- plan in development Group development work underway Training for staff – Stabilisation NHS Education Scotland [NES]	Assistant Psychology role – work on info/audits/ improvements Input from Board Mental Health Planning/ Clinical Lead for 3 month project	Alan Crawford Kate Lowson CMHT Team Leads Susan Lindsay Mary Howley

Key Areas of Development	What are the Board wide Actions	What are the local actions currently	Local Resources & Workforce Implications	Timescales & Leads [Bold denotes rep on Board wide workstream]
Community Services (con't)	MH conditions- proposals developed by Psychology	2 days – staff to access Feb 2019 Risk Assessment and management – 31/01/19		
Recovery	Peer Support Workers [IMROC] model – community based working in to inpatients Recovery College	Peer Support Worker scoping work – Renfrewshire to employ Discussion re interface with wider service areas, e.g. Addictions Peer evaluation of services – development of capacity Scottish Recovery Network training 6 people Embedding recovery outcomes within support planning – need to link into caseload weighting Maintain the profile of recovery across all components of service Develop Recovery strategy linking with Addictions review outcomes, including with providers and service users	Identify Lead for Peer support implementation – Occupational Therapy [OT] Need to identify Champions Role – OT lead Action 15 development money agreed - local	John Smith Kate Lowson Lorraine McFarlane ACUMEN; Mental Health Network
Unscheduled Care	Liaison / Emergency Department pathway Crisis and home treatment Board wide Liaison Service	Current scoping change to a board wide liaison service; staff engagement sessions in March 2019 Explore approach to Distress e.g. Hubs – link with Addictions	Action 15 investment – additional post into Crisis Response Service	Deborah G Steering Group Carol F Liaison subgroup Alan Crawford Crisis subgroup Carolanne McCormick

Key Areas of Development	What are the Board wide Actions	What are the local actions currently	Local Resources & Workforce Implications	Timescales & Leads [Bold denotes rep on Board wide workstream]
Unscheduled Care (con't)	Alternative responses to distress – outcome of multi agency distress collaborative work March 2019	cross cuts to primary care development		
Inpatient Acute Beds	<p>Adult acute care pathway</p> <p>Discharge co-ordination</p> <p>AIMS implementation – Quality Assurance programme for inpatient services</p> <p>Harmonisation of bed management</p> <p>Borderline Personality Disorder [BPD] pathway- steering group being established</p> <p>Use of inpatient Sites</p> <p>Use of Intensive Psychiatric Care Units [IPCU]</p> <p>Link to rehabilitation beds model and Older Peoples Mental Health bed model</p>	<p>AIMS implementation identifying gaps and challenges</p> <p>STEPS – Therapy programme development Scope Demand</p>	<p>Need to identify medic for Acute Admission Unit [AAU]; Pharmacy; Psychology – gap in resources</p>	<p>Deborah Gillespie Carol Fitzharris</p> <p>Dougie Salmon/SCN</p> <p>Mary Howley</p> <p>Kate Lowson</p>
Workforce Development	<p>Organisation development and culture change work</p> <p>Impact on current workforce; workforce planning and modelling for strategy implementation</p> <p>Staff partnership and Trade</p>	<p>Training plan being developed</p> <p>Local workforce planning required</p> <p>Initial Staff engagement session held 17/01/19 – follow up survey to be completed Feb 2019</p>	<p>Support to use planning information</p>	<p>Deborah Gillespie Kate Lowson Mary Howley</p>

Key Areas of Development	What are the Board wide Actions	What are the local actions currently	Local Resources & Workforce Implications	Timescales & Leads [Bold denotes rep on Board wide workstream]
Workforce Development (con't)	Union engaged	Reporting to Staff Partnership Forum Undertake review of current staffing model to support a safe sustainable model for the future	Input from Board MH Planning/ Clinical Lead for 3 month project	
Older Peoples Mental Health	Workstream established- initial work underway CPN and Psychologist input to extend Cognitive Stimulation Therapy [CST] and approaches across GG&C	Young Onset Dementia development – linked to recommissioning specialist day care	Action 15 investment in Board wide Psychology for Young Onset Dementia	Deborah Gillespie Vicky O'Reilly; Alan Crawford
Community Engagement & Consultation with service users	Mental Health Network led engagement in localities	Service user Recovery focussed engagement events held Service User reference group established Input to local working groups to be enabled – for Recovery and Crisis /Distress developments Link with HSCP Strategic Plan – locality consultation complete		Deborah Gillespie John Smith ACUMEN Mental Health Network

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/12/2019/HW

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

Subject: MINISTERIAL STRATEGIC GROUP FOR HEALTH AND
COMMUNITY CARE: REVIEW OF PROGRESS WITH
INTEGRATION

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update on the Ministerial Strategic Group's review of progress of integration.

2.0 SUMMARY

- 2.1 In May 2018, the then Cabinet Secretary for Health and Sport committed to a national review of progress of health and social care integration. This was taken forward by a small leadership group of senior officers, chaired by Paul Gray (Director General: Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). The Chief Officer of Glasgow City HSCP has represented Chief Officers on the group, and the voluntary and independent sectors have also been key members.
- 2.2 Officers will discuss the recommendations and bring relevant updates to the IJB as these are developed.

3.0 RECOMMENDATION

- 3.1 The Integration Joint Board is asked to approve the contents of the report, and direct officers to bring an action plan to a future meeting of the IJB.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 In May 2018, the then Cabinet Secretary for Health and Sport committed to a national review of progress of health and social care integration. This was taken forward by a small leadership group of senior officers, chaired by Paul Gray (Director General: Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). The Chief Officer of Glasgow City HSCP has represented Chief Officers on the group, and the voluntary and independent sectors have also been key members.
- 4.2 The leadership group undertook its review on the context of the recent Audit Scotland Report on integration, which recommends that successful integration is predicated on 6 key features. The Review Group considered each of these recommendations and endorsed them for implementation.

5.0 NEXT STEPS

- 5.1 This is a challenging report with a number of complex issues which require consideration. Officers are in discussion with colleagues in Health, the Council, other IJBs and Scottish Government in respect of the report recommendations. Further updates will be brought to the IJB as this work is developed.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

7.0 IMPLICATIONS

FINANCE

- 7.1 There are no direct financial implications within this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

- 7.2 There are no specific legal implications arising from this report, although the proposals of the Ministerial Strategic Group indicate that some additional statutory guidance is likely to be issued in the coming months.

HUMAN RESOURCES

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

EQUALITIES

- 7.4 There are no equality issues within this report.

- 7.4.1 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

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

- 7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

- 7.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

- 7.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The spirit of the proposals is to improve integration, and actively extend it to in-scope hospital services. This should improve service user experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The explicit requirements to support carers will help to anchor current good practice.
People using health and social care services are safe from harm.	The explicit requirements around clinical and care governance will help to anchor current good practice.
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.	The explicit requirements around information-sharing, benchmarking and learning will help to anchor current good practice.
Resources are used effectively in the provision of health and social care services.	Clarity around budgets and additional support for commissioning will support more effective use of resources.

8.0 CONSULTATION

- 8.1 This report has been prepared by the Head of Strategy & Support Services in consultation with other members of the Senior Management Team.

REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

PROPOSALS FROM THE REVIEW LEADERSHIP GROUP

1 FEBRUARY 2019

Background

1. At a health debate in Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.
2. At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.
3. Membership of the review leadership group is as follows:
 - Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
 - Sally Loudon (co-chair) (Chief Executive of COSLA)
 - Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
 - Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
 - David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers’ network, representing IJB Chief Officers)
 - Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
 - Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)
4. The work of the review leadership group followed this timetable:

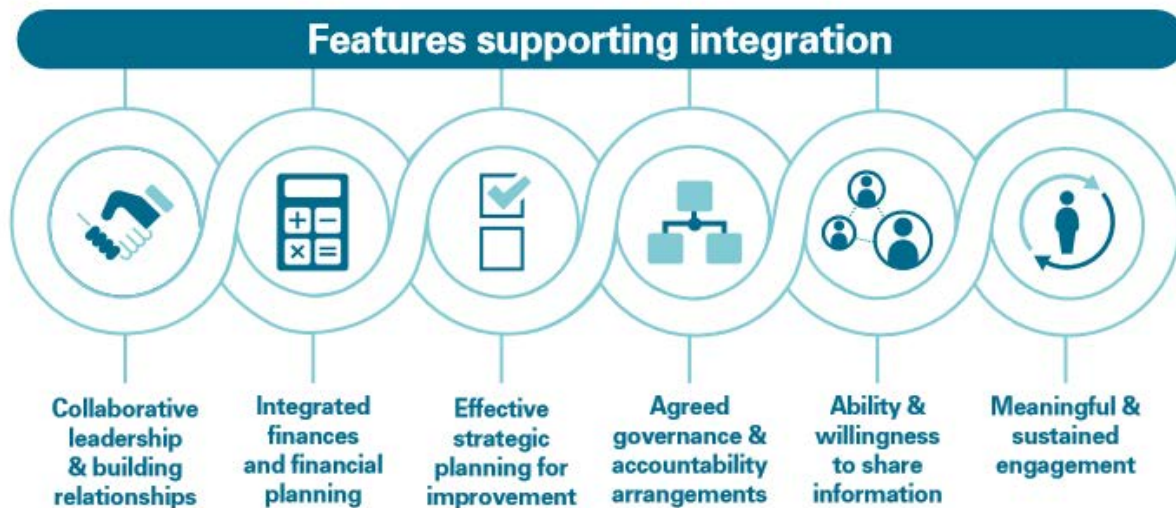
Meeting date	Topics for discussion
24/09/18	Finance: agreeing, delegating and using integrated budgets
23/10/18	Governance and commissioning arrangements, including clinical and care governance
27/11/18	Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18)
19/12/18	Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19

5. This report draws together the group’s proposals for ensuring the success of integration.

Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published on 15 November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland's recommendations, which can be found here: (<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>). The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. The group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



Source: Audit Scotland

3. As a group, we decided to set out "proposals" rather than "recommendations" to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used "we" throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

Leadership Group Proposals

Our proposals focus on our shared responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

1. Collaborative leadership and building relationships

We propose that:

1. (i) **All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.

Timescale: 6 months

1. (ii) **Relationships and collaborative working between partners must improve.** Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.

Timescale: 12 months

1. (iii) **Relationships with the third and independent sectors must improve.** Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.

Timescale: 12 months

2. Integrated finances and financial planning

We propose that:

2. (i) **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.** In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.

Timescale: By 1st April 2019 and thereafter each year by end March.

2. (ii) **Delegated budgets for IJBs must be agreed timeously.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.

Timescale: By end of March 2019 and thereafter each year by end March

2. (iii) **Delegated hospital budgets and set aside requirements must be fully implemented.** Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.

Timescale: 6 months

2. (iv) **Each IJB must develop a transparent and prudent reserves policy.** This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies Reserves must not be built up unnecessarily.

Timescale: 3 months

2. (v) **Statutory partners must ensure appropriate support is provided to IJB S95 Officers.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.

Timescale: 6 months

2. (vi) **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.** Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.

Timescale: from 31st March 2019 onwards.

3. Effective strategic planning for improvement

We propose that:

3. (i) **Improved strategic inspection of health and social care is developed to better reflect integration.** As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

Timescale: 6 months

3. (ii) **Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.

Timescale: 12 months

3 (iii) **Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.

Timescale: 12 months

3 (iv) **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities beyond strategic planning.

Timescale: 12 months

4. Governance and accountability arrangements

We propose that:

4. (i) **The understanding of accountabilities and responsibilities between statutory partners must improve.** The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions that are now the responsibility of the IJB should be removed.

Timescale: 6 months

4. (ii) **Accountability processes across statutory partners will be streamlined.** Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.

Timescale: 12 months

4. (iii) **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.

Timescale: 12 months

4. (iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.

Timescale: 6 months

4. (v) **Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

Timescale: 6 months

5. Ability and willingness to share information

We propose that:

5. (i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data. Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.

Timescale: By publication of next round of annual reports in July 2019

5. (ii) Identifying and implementing good practice will be systematically undertaken by all partnerships. Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.

Timescale: 6 - 12 months

5. (iii) A framework for community based health and social care integrated services will be developed. The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.

Timescale: 3 months

6. Meaningful and sustained engagement

We propose that:

6. (i) **Effective approaches for community engagement and participation must be put in place for integration.** Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is critically important to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.

Timescale: 6 months

6. (ii) **Improved understanding of effective working relationships with carers, people using services and local communities is required.** Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.

Timescale: 12 months

6. (iii) **We will support carers and representatives of people using services better to enable their full involvement in integration.** Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

Timescale: 6 -12 months

In support of these proposals we will:

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Continue to provide leadership to making progress with integration.

In support of these proposals we expect:

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.
- Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.
- Partnerships to be innovative in progressing integration.
- National improvement bodies, including Healthcare Improvement Scotland, Care Inspectorate, Improvement Service, National Services Scotland and others to work more collaboratively and to work with us to ensure improvement support is more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include a consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/13/2019/AS

Contact Officer: Allen Stevenson
Head of Health and Community Care
Inverclyde Health and Social Care Partnership (HSCP) **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, Inverclyde Carers Centre and Alzheimer's Scotland.

2.0 SUMMARY

- 2.1 There is increasing recognition of social isolation and loneliness as major social and health issue 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 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
- 2.4 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 is such activities.
- 2.5 This paper is not able to list all services that are available in Inverclyde but identifies key features of the work in this area.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the positive work undertaken in relation to social isolation by the HSCP and partner Agencies.
- 3.2 The Integration Joint Board is asked to note the commitment to addressing social isolation and loneliness within the HSCP Strategic Plan.

**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 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.

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 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 Purly 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.

5.4 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 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.

5.5 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.

5.6 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.

5.7 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 to 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.

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 legal issues within this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 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.

6.4.1 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

6.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Addressing social isolation on an individual and community level will have direct positive impact on improving health and wellbeing
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	Social isolation can often be a key motivation for people to seek group or communal living. Addressing social isolation on an individual and community level will have direct positive

	impact on supporting people to remain in their home and local community
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Addressing social isolation on an individual and community level will improve individuals experience of social and health care services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Addressing social isolation on an individual and community level will improve individuals quality of life
Health and social care services contribute to reducing health inequalities.	Addressing social isolation on an individual and community level will 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.	Addressing social isolation on an individual and community level will support Carers in their caring role
People using health and social care services are safe from harm.	Addressing social isolation on an individual and community level will help safeguard individuals and vulnerable adults
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.	Addressing social isolation on an individual and community level will contribute improvement of support and care and improve colleagues satisfaction with the outcomes they achieve for service users
Resources are used effectively in the provision of health and social care services.	Addressing social isolation on an individual and community level will contribute to ensuring effective use of resources

7.0 DIRECTIONS

7.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

8.1 The report has been completed with input from Your Voice, Council for Voluntary

Services, Inverclyde Carers Centre and Alzheimer's Scotland.

9.0 BACKGROUND PAPERS

9.1 None.

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long **Report No:**
Corporate Director, (Chief Officer) IJB/19/2019/LL
Inverclyde Health and Social Care
Partnership (HSCP)

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

Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to brief the Integration Joint Board on activities undertaken across Inverclyde HSCP.

2.0 SUMMARY

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

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the contents of the report.
- 3.2 The Integration Joint Board is asked to note that a fuller report on the Review of Out of Hours will be presented to the May IJB.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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

5.0 BUSINESS ITEMS

5.1 CORPORATE PARENTING

National Care Day on 15th February 2019 was a week-long celebration of our local care experienced young people, their activities and their achievements. Over the course of the week our Corporate Parents here in Inverclyde took to twitter to express their care. Inverclyde Proud 2 Care undertook a wide range of activities including visiting the local chocolate factory to make sweets, participate in Scotland Independent Care Review and on 3rd May, Greenock plan to hold a Masquerade Ball for care experienced young people.

5.2 NEW GREENOCK HEALTH CENTRE

The new Health and Care Centre moved a step closer after funding was released last month. The Inverclyde Planning Committee agreed the travel plan on 6th February 2019. The ground breaking ceremony will take place at the end March (date still to be confirmed).

5.3 OUT OF HOURS COMMUNITY NURSING AND SOCIAL WORK SERVICES

As part of the continuing development of Inverclyde HSCP community services, we are undertaking a review of Out of Hours provision to ensure we build on existing close relationships. Inverclyde's Community Alarm Team, District Nursing and Home Care are co-located at the Hillend Centre providing evening and through the night care, working collaboratively to provide ongoing assessment and support to facilitate discharge from hospital and maintain people safely at home. A new team leader post is leading the review of the service in Inverclyde to support activity to ensure Inverclyde is able to take its part in the larger GGC out of hour review. The review will seek to formalise links between the teams in the face of challenges around pathways of care. A report on the wider GGC out of hour review will be presented in May.

5.4 COMMISSIONING

A refreshed contract management framework has been created to support the Market Facilitation and Commissioning Plan. A commissioning group has been established to prioritise the tendering and commissioning of services across the HSCP. A meeting is planned with providers. Capacity to undertake large scale review and additional support from Council Legal Services has been purchased to support the increased activities.

5.5 IMATTERS

Inverclyde HSCP is approaching the 2019 run of iMatters. 100% of managers have confirmed structures and sessions to support staff are in place. Plans are in place to increase last year's 54% return rate aiming for over 60% so that a full report can be provided.

Sickness across the Council and Health Board has improved on this time last year, however it is not meeting the 4% targets. Specific actions have been taken to support staff and managers. Kinharvie Institute have been commissioned to undertake supervision training and Better Conversation Workshops. Over 100 leaders within the HSCP have undertaken high quality training. Plans are in place to provide additional Human Resources support to the areas with the highest levels of sickness.

5.6 PETS AS THERAPY (PAT) IN ORCHARD VIEW

Patients and staff at Orchard View celebrated 5 years volunteering service from Pat dog Arwen with a gift presented in December 2016. Organised by Occupational Health Service, Arwen, a Rhodesian Ridgeback and her owner Willie Shaw, retired Police Sergeant, have been visiting the complex care wards, initially Ravenscraig Hospital and now Orchard View, since 2013.

Pets as Therapy is a national charity with the aim to enhance health and wellbeing in the community through the visits of trusted volunteers with behaviourally assessed animals.

The therapeutic benefits of PAT are well recognised. The visits of Orchard View create a relaxing and fun atmosphere which encourages patients and their carers to engage in conversation and reduce stress and distress.

5.7 INVERCLYDE HSCP DIGITAL MONEY ADVICE PROJECT

Inverclyde HSCP Digital Money Advice Project was initially launched in September 2018 with funding that was provided by the Scottish Legal AIB Board from the Financial Conduct Authority's Debt Advice Levy. The funding was for a fixed period until 31st March 2019 and also provided for a full time F Grade adviser.

The purpose of the project was to pilot different models of delivering advice to Inverclyde HSCP money advice clients, using webchat and other online tools like benefit calculators, with the hope that this would allow more choice for clients, but also assist channel shifting clients from face-to-face and telephone advice, to digital advice where possible. It was hoped this would introduce efficiencies and increase capacity at a time of growing demand. It was also hoped the lessons learned and models used will be ones that can be adopted and applied to other services across Inverclyde HSCP.

The Scottish Government's Consumer and Competition Policy Unit have now agreed to continue this funding until the 31st March 2020.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 IMPLICATIONS

FINANCE

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

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 There are no legal issues within this report.

HUMAN RESOURCES

7.3 There are no human resources issues within this report.

EQUALITIES

7.4 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.

7.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	The review of OOH Services will take account of improving access for people with protected characteristics.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Not applicable
People with protected characteristics feel safe within their communities.	Not applicable

People with protected characteristics feel included in the planning and developing of services.	X
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Not applicable
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 The Health and Care Standards and the Staff Governance Standards support and promote the principles of good clinical and care governance.

8.0 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Pets as Therapy (PAT) programme support empowering people to improve their own mental health.
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	Out of Hours Services are vital to supporting independent living.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The PAT programme supports this outcome, as it consistently delivers positive experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Out of Hours review will have a specific focus on this outcome.
Health and social care services contribute to reducing health inequalities.	Our commissioning approach is aimed at improving outcomes and reducing inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative	N/A

impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	N/A
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.	The iMatters program captures staff experience, and helps teams identify good practice and improvement actions.
Resources are used effectively in the provision of health and social care services.	N/A

9.0 CONSULTATION

9.1 There are no consultation requirements related to this report.

10.0 LIST OF BACKGROUND PAPERS

10.1 None.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 29 JANUARY 2019

Inverclyde Integration Joint Board Audit Committee

Tuesday 29 January 2019 at 1pm

Present: Councillors L Quinn and L Rebecchi, Mr A Cowan and Dr D Lyons.

Chair: Councillor Rebecchi presided.

In attendance: Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms L Aird, Chief Financial Officer, HSCP, Ms S McAlees, Head of Children's Services & Criminal Justice, Ms A Priestman, Chief Internal Auditor, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

1 Apologies, Substitutions and Declarations of Interest 1

No apologies for absence or declarations of interest were intimated.

2 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 11 September 2018 2

There was submitted minute of the meeting of the Inverclyde Integration Joint Board (IJB) Audit Committee of 11 September 2018.

It was noted in relation to decision 16(3) (IJB Risk Management Update), that representatives of CIPFA would be in attendance at the 20 February 2019 development session to provide a brief overview of the processes involved in moving from the existing to new risk register and that a report would be submitted to the March meeting of the IJB Audit Committee.

Decided: that the minute be agreed.

3 Internal Audit Progress Report – 20 August 2018 to 4 January 2019 3

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 20 August 2018 to 4 January 2019.

The Chief Internal Auditor presented the report, being the regular progress report and advised as follows:-

(1) that one Internal Audit report (IJB Directions) had been finalised since the last meeting in September 2018 with an overall control environment opinion of satisfactory. There are 2 green issues and an action plan to address both issues by the expected date of 30 April 2019 was in place;

(2) Fieldwork is underway in respect of the IJB Financial Planning Audit;

(3) There are nine current action points from previous IJB audits being progressed by Officers, five of those action points have missed agreed deadlines and management comments on this are detailed in the report;

(4) Greater Glasgow & Clyde NHS Board have appointed Scott Moncrieff as Internal Auditors; and

(5) Since September 2018, there were no internal audit reports presented to Inverclyde Council which are of relevance to the IJB Audit Committee.

During the discussion on this item, key issues highlighted were:

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 29 JANUARY 2019

IJB Directions – There was discussion on the necessity of joint directions involving two or more IJBs with an explanation given as to possible circumstances in which joint directions could be used.

It was confirmed that any changes to the IJB Directions Policy as a result the Scottish Government's statutory guidance would be reported to the IJB Audit Committee.

Review of Key Governance Documents – It was noted that this action had now been completed.

Training and Development of Personal Development Plans – Governance Matters – It was noted that the proposed approach would combine standard training for all IJB members, as identified by Officers, together with an element of self-assessment which would enable members to highlight any individual training and development needs. It was suggested that the preparation of a Personal Development Plan for each IJB member, particularly those serving on more than one IJB, may not be proportionate and it was agreed that this action required further consideration with a view to a possible alteration to the wording.

Decided: that the progress made by Internal Audit in the period from 20 August 2018 to 4 January 2019 be noted.

4 External Audit – Proposed Audit Fee 2018/19**4**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Committee of the proposed Audit Scotland External Audit fee of £25,000 for 2018/19, a further £1,000 or 4.2% increase from 2017/18.

Decided: that the proposed Audit fee be noted and that it be agreed that the Chair write to Audit Scotland querying the level of fee, asking for an itemised breakdown of chargeable time in relation to the fee and requesting that the level of the proposed fee be reviewed as a matter of urgency.