Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 29 August 2019

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 10 September 2019 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
Items for Action:		
2.	**Non-Voting Membership of the Integration Joint Board** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
3.	**Inverclyde Integration Joint Board Audit Committee – Appointment of Non-Voting Members** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
4.	**Minute of Meeting of Inverclyde Integration Joint Board of 24 June 2019**	**p**
5.	**Rolling Action List**	**p**
6.	**Annual Report to the IJB and the Controller of Audit for the Financial Year Ended 31 March 2019** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7.	**Financial Monitoring Report 2018/19 – Period to 30 June 2019, Period 3** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8.	**Ministerial Strategic Group (MSG) Integration Action Plan** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
9.	**Review of Inverclyde HSCP Alcohol and Drugs Services – Progress Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Annual Performance Report 2018 - 2019** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

11.	**Criminal Justice Social Work Inspection** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
12.	**Technology Enabled Care (TEC)** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		
13.	**Access 1st** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
Items for Noting:			
14.	**Inverclyde Integration Joint Board Audit Committee – 19 March 2019** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
15.	**NHS GG&C Musculoskeletal (MSK) Physiotherapy Services** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
16.	**Staff Governance Plan** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
17.	**Scottish Government Report on Out of Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
18.	**Chief Officer's Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**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			
19.	**Progress of Learning Disability (LD) Redesign** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress of the Learning Disability (LD) Redesign and seeking approval of a recommendation in this regard	**Para 6**	**p**
20.	**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**

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

AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 September 2019**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/110/19**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Non-Voting Membership of the Integration Joint Board**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change in its non-voting membership arrangements.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

2.2 The third sector representative member on the IJB, Mr Ian Bruce, has intimated his resignation from the IJB. It is proposed to appoint Mr Bill Clements in his place.

2.3 This report sets out the revised non-voting membership arrangements for the IJB.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:-

(1) notes the resignation of Mr Ian Bruce as the third sector representative non-voting member of the Inverclyde Integration Joint Board; and
(2) agrees the appointment of Mr Bill Clements as the third sector representative non-voting member of the Inverclyde Integration Joint Board.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all Integration Joint Boards.

4.2 The third sector representative member on the IJB, Mr Ian Bruce, has intimated his resignation from the IJB with effect from 9 August 2019. It is proposed to appoint Mr Bill Clements in his place.

4.3 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one third sector representative.

5.0 PROPOSALS

5.1 It is proposed that the IJB agree the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C.

6.0 IMPLICATIONS

Finance

6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Human Resources

6.3 None.

Equalities

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or

	strategy. Therefore, no Equality Impact Assessment is required.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

6.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

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

Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

7.1

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	

8.0 CONSULTATIONS

8.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 N/A

Inverclyde Integration Joint Board Membership as at September 2019

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Chair) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Elizabeth Robertson	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor John Crowther
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice-Chair) Mr Simon Carr Dr Donald Lyons Ms Dorothy McErlean	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Professional Nurse Advisor Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	Proxy – Ms Gemma Eardley
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Mr Bill Clements Deputy Manager CVS Policy and Public Partnership	

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Telfer
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

AGENDA ITEM NO: 3

Report To:	**Inverclyde Integration Joint Board**	**Report To:**	**10 September 2019**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/112/19**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board Audit Committee - Appointment of Non-Voting Members**		

1.0 PURPOSE

1.1 The purpose of this report is to agree the appointment of non-voting members of the Integration Joint Board ("IJB") to the Inverclyde Integration Joint Board Audit Committee ("IJB Audit Committee").

2.0 SUMMARY

2.1 The IJB agreed the appointment of voting members, including the Chair and Vice-Chair, to the IJB Audit Committee on 14 May 2019 and 24 June 2019. It was agreed to continue consideration of the appointment of non-voting members to allow the Chief Officer to discuss nominations with the IJB non-voting members.

2.2 It is necessary now to complete the appointment of non-voting members of the IJB Audit Committee.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board appoints 2 non-voting members of the Integration Joint Board to serve on the Inverclyde Integration Joint Board Audit Committee, with nominations and appointments being made at the meeting.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 On 14 May 2019 and 24 June 2019, the IJB agreed revised membership arrangements of the IJB Audit Committee. However, there continue to be vacancies on the IJB Audit Committee which require to be filled by non-voting members of the IJB. As membership of the IJB Audit Committee is a matter for decision by the IJB, it requires to agree the appointment of non-voting members to the IJB Audit Committee.

5.0 AUDIT COMMITTEE - MEMBERSHIP

5.1 The current membership of the IJB Audit Committee is set out at Appendix 1. The Committee's Terms of Reference are set out at Appendix 2.

5.2 Membership of the IJB Audit Committee comprises 4 IJB voting members (2 from the NHS Board and 2 from Inverclyde Council), with an additional 2 members drawn from the wider non-voting membership of the IJB.

5.3 The voting members from the NHS Board and Inverclyde Council have been agreed and the Chair and Vice-Chair have been appointed from these voting members.

5.4 It is now necessary for the IJB to appoint 2 non-voting IJB members to the IJB Audit Committee.

6.0 PROPOSALS

6.1 It is proposed that the IJB agrees the appointment of 2 non-voting members to the IJB Audit Committee.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 Standing Order 13 of the IJB's Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

Human Resources

7.3 None.

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

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

Clinical or Care Governance

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

National Wellbeing Outcomes

7.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

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

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

8.0 DIRECTIONS

8.1

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	

9.0 CONSULTATIONS

9.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 N/A

Inverclyde Integration Joint Board
Audit Committee Membership – as at 10 September 2019

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Elizabeth Robertson (Vice-Chair) Councillor Lynne Quinn	Councillor John Crowther Councillor Ronnie Ahlfeld
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair) Dr Donald Lyons	
SECTION B. NON-VOTING MEMBERS		
Vacant		
Vacant		

INVERCLYDE INTEGRATION JOINT BOARD
AUDIT COMMITTEE
TERMS OF REFERENCE

1	**Introduction**
1.1	The Audit Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.2	The Committee will be known as the Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	**Constitution**
2.1	The IJB shall appoint the Committee. Membership must comprise an equal number of voting members from both NHS GCC and the Council. The Audit Committee shall comprise 2 voting members from NHS GGC, 2 voting members from the Council and 2 non-voting members from the IJB (excluding professional advisers).
2.2	The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to code of conduct and declaration of interest will be those which apply to the IJB.
3	**Chair**
3.1	The Chair and Vice Chair of the Audit Committee will be voting members nominated by the IJB but will not be the Chair of the IJB. The Chair and Vice Chair of the Audit Committee should be selected from the voting members nominated by the organisation which does not currently chair the IJB. For example, if the Chair of the IJB is a voting member nominated by the Council then the Chair of the Audit Committee should be a voting member nominated by NHS GCC and vice versa.
4	**Quorum**
4.1	Three Members of the Audit Committee will constitute a quorum. At least two members present at a meeting of the Audit Committee shall be IJB voting members.
5	**Attendance at meetings**
5.1	In addition to Audit Committee members the Chief Officer, Chief Financial Officer, Chief Internal Auditor and other professional advisors and senior officers will attend as required as a matter of course. External audit or other persons shall attend meetings at the invitation of the Audit Committee.

5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Audit Committee may co-opt additional advisors as required.
6	**Meeting Frequency**
6.1	The Audit Committee will meet at least three times each financial year. There should be at least one meeting a year, or part thereof, where the Audit Committee meets the external and Chief Internal Auditor without other senior officers present.
7	**Authority**
7.1	The Audit Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
8	**Duties**
8.1	The Audit Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. Acting as a focus for value for money and service quality initiatives;
	2. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	3. Monitoring the annual work programme of Internal Audit;
	4. To consider matters arising from Internal and External Audit reports;
	5. Review on a regular basis action planned by management to remedy weaknesses or other criticisms made by Internal or External Audit
	6. Review risk management arrangements, receive annual Risk Management updates and reports.
	7. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	8. To consider annual financial accounts and related matters before submission to and approval by the IJB;
	9. To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;

	10.	The Audit Committee may at its discretion set up short term working groups for review work. Membership of which will be open to anyone whom the Audit Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;
	11.	Promoting the highest standards of conduct by Board Members;
	12.	Monitoring and keeping under review the Codes of Conduct maintained by the IJB, and.
	13.	Will have oversight of Information Governance arrangements as part of the performance and audit process.
9	**Conduct of Meetings**	
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.	

Inverclyde Integration Joint Board

Monday 24 June 2019 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi, 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 L Aird, Mr I Bruce, Ms C Boyd, Mr S McLachlan and Mr A Stevenson (for Ms S McAlees).

Chair: Councillor Clocherty presided.

In attendance: Ms H Watson, Head of Strategy & Support Services, Mr B Young, Health Improvement Lead Officer, Ms A Hunter (for Head of Mental Health, Addictions & Homelessness), Ms C Champion, Localities & Engagement Officer, Ms G Baxter, Corporate Policy Officer, Ms V Pollock (for Head of Legal & Property Services) and Ms D Sweeney (Legal & Property Services).

53 Apologies, Substitutions and Declarations of Interest **53**

Apologies for absence were intimated on behalf of Ms S McAlees and Ms G Eardley.

No declarations of interest were intimated.

54 Inverclyde Integration Joint Board – Membership Update **54**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update in respect of the Inverclyde Integration Joint Board voting and non-voting membership arrangements.
Decided:

(1) that the re-appointment by Inverclyde Council of the following voting members be noted:
Councillor Jim Clocherty with Councillor Robert Moran as proxy,
Councillor Luciano Rebecchi with Councillor Gerry Dorrian as proxy,
Councillor Lynne Quinn with Councillor Ronnie Ahlfeld as proxy,
Councillor Elizabeth Robertson with Councillor John Crowther as proxy; and
(2) that the appointment by Inverclyde Council of Councillor Jim Clocherty as Chair of the Inverclyde Integration Joint Board be noted;
(3) that it be noted that Heather Davis has been agreed as the proxy member for Christina Boyd, Carer Representative, for meetings of the Inverclyde Integration Joint Board.

55 Inverclyde Integration Joint Board Audit Committee – Appointment of Members and Vice-Chair **55**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership requesting the Integration Joint Board to agree the appointment of two Inverclyde Council voting members, one to be appointed as Vice-Chair, and two non-voting members to serve on the Inverclyde Integration Joint Board Audit Committee (IJB Audit Committee).
Decided:

(1) that it be agreed to appoint Councillors Lynne Quinn and Elizabeth Robertson to serve on the IJB Audit Committee;
(2) that Councillor Elizabeth Robertson be appointed Vice-Chair of the IJB Audit Committee; and
(3) that consideration of the appointment of non-voting members to the IJB Audit Committee be continued to the September meeting of the Integration Joint Board.

56 Minute of Meeting of Inverclyde Integration Joint Board of 14 May 2019 **56**

There was submitted minute of the Inverclyde Integration Joint Board of 14 May 2019.
Decided: that the minute be agreed.

57 Rolling Action List **57**

There was submitted a Rolling Action List of items arising from previous decisions of the Integration Joint Board.
Reference was made to the action in respect of Sandyford Sexual Health Services. Ms Long advised that the timelines would be aligned to those of Glasgow City IJB and that a further update report would be submitted to a future meeting of the Integration Joint Board. Ms Long advised that a report would be submitted to the October meeting of the Inverclyde Alliance Board on young people and addictions, which would include information in relation to gambling addictions.
Decided: that the Rolling Action List be noted.

The Chair, being of the opinion that the undernoted report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership was relevant, competent and urgent moved its consideration in terms of the relevant Standing Order to allow the Board to consider the draft Local Child Poverty Action Report at the earliest opportunity.

58 Local Child Poverty Action Report **58**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the draft Inverclyde Local Child Poverty Action Report.
(Dr Jones entered the meeting during consideration of this item of business).
Decided: that the themes and detail contained within the draft report be agreed.

59 2018/19 Draft Annual Accounts **59**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) setting out the proposed approach for the Board to comply with its statutory requirements in respect of its Annual Accounts and (2) appending the draft 2018/19 Annual Accounts and Annual Governance Statement.
(Councillor Robertson entered the meeting during consideration of this item of business).
Decided:
(1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;
(2) that approval be given to the Annual Governance Statement included within the Accounts; and
(3) that the unaudited Accounts for 2018/19 be submitted to the Auditor.

60 Inverclyde IJB Budget 2019/20 **60**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking agreement of the budget for the Inverclyde Integration Joint Board for 2019/20 in line with the Strategic Plan.

Decided:

(1) that the contents of the report be noted;

(2) that the agreed funding of £50.617m from Inverclyde Council be noted;

(3) that the agreed funding of £86.876m from Greater Glasgow & Clyde (GG&C) Health Board and notional Set Aside budget of £16.857m be noted;

(4) that the anticipated additional health funding for Continuing Care be noted;

(5) that it be noted that the additional costs and funding, which were still to be confirmed for the Health superannuation employer's cost increase, were not currently reflected in the budget but were expected to be in the region of £1m;

(6) that approval be given to the net expenditure budgets of £67.368m to Inverclyde Council and £70.650m, excluding the Set Aside budget and direct that this funding be spent in line with the Strategic Plan;

(7) that Officers be authorised to issue updated Directions to the Health Board and Council;

(8) that proposals relating to the creation and/or use of Reserves at the year-end be noted and approved; and

(9) that the ongoing work in relation to the Set Aside budget be noted.

61 Annual Report – Clinical and Care Governance 2018-2019 **61**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing a summary of the yearly activity of the Clinical and Care Governance Group for 2018-2019, (2) advising that this report would be submitted to NHS Greater Glasgow & Clyde and (3) advising that there would be a Development Day on 23 July 2019 to discuss the role and remit of the Group.

Decided: that the contents of the report be noted.

Dr MacDonald left the meeting at this juncture.

62 Annual Performance Report 2018-2019 **62**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the overall performance of Inverclyde Health & Social Care Partnership during the reporting period 1 April 2018 to 31 March 2019.

Decided:

(1) that the HSCP's third Annual Performance Report be approved;

(2) that Members acknowledge the improvements achieved during the third year of the HSCP and the further foundations which had been established and which continued to drive forward transformational change; and

(3) that the Board's appreciation and congratulations be extended to all those involved in the service provision.

63 Locality Planning Groups (LPGs) **63**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) outlining proposals for the establishment and

development of the HSCP Locality Planning Groups (LPGs) in line with legislation and Scottish Government statutory guidance and (2) advising on how the LPGs will align with and support Inverclyde Alliance requirements for locality planning with a focus on inequalities.

Decided:

(1) that approval be given to the proposal for establishing and developing the six Locality Planning Groups (LPGs) and line of accountability and governance between the Strategic Planning Group and LPGs as detailed in the report;

(2) that it be noted that the LPGs will produce Locality Action Plans outlining how they will deliver the Strategic Plan 2019-2024 and Big 6 Actions in their localities to drive forward transformational change and provide regular updates as part of the performance management framework;

(3) that agreement be given to the proposed LPG development sessions to facilitate locality planning and operating arrangements to enable LPGs to "plan, own and deliver" services at local level;

(4) that it be remitted to the HSCP Localities and Engagement Officer to draft a revised Communications and Engagement Strategy to underpin all communications and engagement activities for Inverclyde HSCP and ensure that a consistent, agreed standard be established in line with legislation, statutory guidance and best practice, it being noted that the revised Strategy would be submitted to the IJB in September for approval; and

(5) that it be remitted to the Corporate Director to submit a progress report to the Board in early 2020.

64 Early Mental Wellbeing Help for Children and Young People (Primary Care) **64**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising of planned developments in relation to maintaining and sustaining the mental health and wellbeing of children and young people and their families and (2) seeking approval for the development of a commissioned service which would utilise some of the Transformation Fund to enable commissioning of a service.

(Mr Stevenson left the meeting during consideration of this item of business).

Decided:

(1) that the contents of the report be noted;

(2) that the direction of travel outlined in the report be agreed;

(3) that approval be given to increased funding of £300,000, from the Transformation Fund to support commissioning and service delivery for up to 3 years; and

(4) that agreement be given to further progress reports being submitted to the Board following the commissioning of the service.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 May 2018 (Para 36(5))	Enhancing Children's Wellbeing – Support for Inverclyde GIRFEC Pathway – Update Report	Sharon McAlees	January 2019	Report delayed to November/December IJB	IJB November /December
11 September 2018 (Para 55(3))	Sandyford Sexual Health Services – Update on Direction of Travel	Helen Watson	March 2019	Once agreed by Glasgow IJB	August
19 March 2019 (Para 18(11))	Audit Scotland's Opinion regarding Earmarked Reserves Allocation for Budget Smoothing/Contingency Purposes	Lesley Aird	September 2019	Within Finance report to September IJB	September
19 March 2019 (Para 19(3))	Strategic Plan Reporting Framework (Autumn 2019)	Helen Watson	September 2019	SPG agreed reporting framework to Development Session in October.	November IJB
19 March 2019 (Para 27(3))	Learning Disability Out-of-Area Placements report on placements (within 12 months of March 2019)	Allen Stevenson	September	Report to September IJG.	September IJB
14 May 2019 (Para 35(2))	Review of Alcohol & Drug Service – Phase 2 Recommendations and Associated Implementation Plan (after agreement by Programme Board and Staff Partnership)	Deborah Gillespie	September	Report to September IJB	September IJB

AGENDA ITEM NO: 5

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
14 May 2019 (Para 36(2))	Progress of test of change within 'New Pathways for Service Users' Project	Deborah Gillespie	January 2020	CORRA Project being recruited	January 2020 IJB
14 May 2019 (Para 37(3))	Update on Implementation of Primary Care Improvement Plan – November 2019	Allen Stevenson	November	Report	November IJB
14 May 2019 (Para 42(2))	MSK Hosted Physiotherapy Services – Waiting Times: Attendance by Representative	Helen Watson	September	Report to September IJB	September IJB
14 May 2019 (Para 44(2))	Review of Out-of-Hours Provision (after summer 2019)	Helen Watson	September	Awaiting report NHS Board Committee before submission to IJB	September IJB
24 June 2019 (Para 55(3))	Appointment of Non-Voting Members to IJB Audit Committee (September 2019)	Vicky Pollock	September 2019	Report to September IJB	September IJB
24 June 2019 (Para 63(4))	Locality Planning Groups – Communications and Engagement Strategy (September 2019)	Helen Watson	January 2019	Paper on communication strategy to SPG then to IJB	February 2020 IJB
24 June 2019 (Para 63(5))	Locality Planning Groups – Progress Report (Early 2020)	Helen Watson	January 2019	Update report	February 2020 IJB

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/60/19/LA**
Contact Officer:	**Lesley Aird**	**Contact No:**	**01475 715381**
Subject:	**ANNUAL REPORT TO THE IJB AND THE CONTROLLER OF AUDIT FOR THE FINANCIAL YEAR ENDED 31 MARCH 2019**		

1.0 PURPOSE

1.1 The purpose of this report is to present the Annual Report and Auditors' letter to Integration Joint Board (IJB) Members for the financial year ended 31 March 2019 which has been prepared by the IJB's external auditors, Audit Scotland. Brian Howarth from Audit Scotland will be at the meeting to present the report.

2.0 SUMMARY

2.1 It is a statutory requirement of the accounts closure process that the IJB receives a letter (ISA260) from the appointed External Auditors highlighting the main matters arising in respect of prior years accounts.

2.2 There are a number of key appendices to the report:

- The Annual Report to the IJB from External Audit is attached at Appendix 1.
- The letter of representation from the Chief Financial Officer is enclosed at Appendix 2. This letter provides External Auditors with assurance regarding some of the key accounting requirements and assumptions utilised when closing the 2018/19 Accounts. From this letter, the IJB's External Auditors can arrive at a view when expressing an opinion as to whether the financial statement presented a true and fair view of the financial position of the Inverclyde IJB at 31 March 2019.
- A copy of the final 2018/19 Annual Accounts is also attached at Appendix 3.

2.3 The IJB reviewed the unaudited accounts and approved their submission to External Audit on 24 June. There were limited changes arising from the audit. The ISA 260 and Annual Report to the IJB are prepared by the IJB's External Auditors. It covers the nature and scope of the audit, details any qualifications, details of any unadjusted misstatements, details of any material weaknesses in the accounting and internal control systems, gives a view on the qualitative aspects of the accounting practices and any other matters specifically required to be communicated to the IJB.

2.4 The Chief Financial Officer, Chief Officer and the External Auditors will be present at the meeting to answer any questions members may have in regard to this paper.

2.5 The information provided is the culmination of a significant amount of work by Officers

and the IJB's External Auditors. Based on the reports presented today, the IJB are advised that the accounts closure process for 2018/19 has been of a high quality. This is a testament to the significant work by Officers and the positive working relationship with Audit Scotland.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Considers the contents of the Annual Report to the IJB and Controller of Audit for the Financial Year ending 31 March 2019.
2. Authorises the Chair, Chief Officer and Chief Financial Officer to accept and sign the final 2018/19 Accounts on behalf of the IJB.
3. Considers the Letter of Representation in Appendix 2 of the Annual Report and approves the signing of this by the Chief Financial Officer.

Louise Long, Chief Officer **Lesley Aird, Chief Financial Officer**

4.0 BACKGROUND

4.1 All IJBs are required to submit draft accounts by 30 June each year with final, Audited Accounts required by 30 September.

4.2 It is a statutory requirement of the accounts closure process that the IJB receives a letter from the appointed External Auditors highlighting the main matters arising in respect of the prior year accounts. This letter, (ISA260), has been incorporated into the enclosed Annual Report to the IJB.

4.3 The IJB's External Auditors, Audit Scotland, have carried out the audit and the main matters arising are presented in their enclosed ISA 260 document. All relevant changes resulting from the ISA 260 have been reflected in the IJB's final Audited Accounts which are also attached, in Appendix 2.

4.4 The information provided to the IJB is the culmination of a significant amount of work by Officers and External Auditors who worked closely together to ensure the audit process has been as efficient as possible. The accounts closure process and subsequent audit have produced a high quality Annual Accounts. This is a testament to the significant work by Officers and their positive working relationship with Audit Scotland.

5.0 MAIN AREAS TO HIGHLIGHT

5.1 In respect of the Annual Accounts, it has been confirmed that the IJB has received an unqualified opinion on the financial statements for the financial year ended 31 March 2019 and that there are no unadjusted differences to report. Both these are very welcome and significant achievements.

5.2 Some minor presentational changes from the draft accounts were identified during the course of the audit and have been actioned.

6.0 IMPLICATIONS

6.1 FINANCE

There are no direct financial implications within this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

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

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

6.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

7.0 DIRECTIONS

7.1

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	

8.0 CONSULTATION

8.1 This report has been prepared by the Chief Financial Officer of the IJB after due consultation with External Audit and the Chief Officer and input from the Finance teams of the Health Board and Inverclyde Council together with the Director of Finance for Greater Glasgow & Clyde NHS and the Chief Finance Officer for Inverclyde Council.

Inverclyde Integration Joint Board

2018/19 Annual Audit Report

AUDIT SCOTLAND

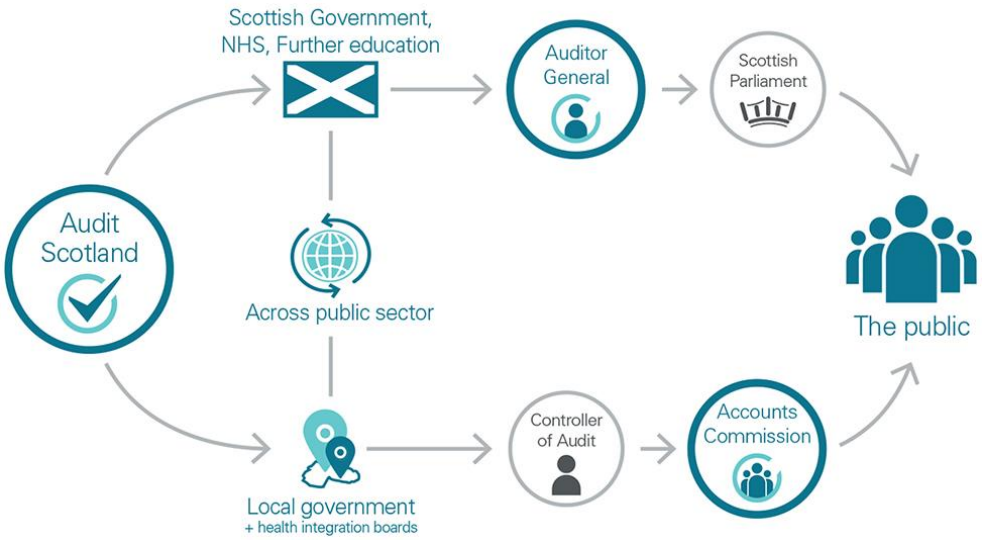
Prepared for Inverclyde Integration Joint Board and the Controller of Audit

10 September 2019

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Key messages

2018/19 annual report and accounts

1 Our audit opinions on the annual report and accounts are all unqualified.

2 The accounts include a significant estimate of set aside which is consistent across NHSGG&C area.

Financial management and sustainability

3 Budget agreement and financial monitoring reports to the Board are still not timely, though verbal updates now accompany Board reporting.

4 The IJB achieved a surplus of £1.5 million and now has cumulative reserves of £7.3 million. with £1.01 million in unearmarked reserves.

5 A medium-term financial plan is in place on a five-year rolling basis. The medium-term plan estimates a funding shortfall of £8.9m over the period 2020/21 to 2023/24.

Governance, transparency and value for money

6 A new Strategic Plan has been approved and the IJB has undertaken a self-evaluation review.

7 The IJB recognises difficulties with the set aside arrangements that is preventing reinvestment in community-based services, but is working with others to address this

8 Performance arrangements are effective, and performance is improving slightly overall.

Introduction

1. This report is a summary of our findings arising from the 2018/19 audit of Inverclyde Integration Joint Board (the IJB).

2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit Committee meeting on 19 March 2019. This report comprises the findings from our main elements of work in 2018/19 including:

- an audit of the IJB's 2018/19 annual accounts including issuing an independent auditor's report setting out my opinion
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the *Code of Audit Practice 2016* as illustrated in Exhibit 1.

Exhibit 1
Audit dimensions

Source: *Code of Audit Practice 2016*

Adding value through the audit

3. We add value to the IJB, through audit, by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations for improvements that have been accepted by management
- reporting our findings and conclusions in public
- sharing intelligence and good practice through our national reports (Appendix 3) and good practice guides

- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability

4. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (2016), supplementary guidance, and International Standards on Auditing in the UK.

7. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements,
- the financial position and arrangements for securing financial sustainability.

8. In doing this we aim to support improvement and accountability. Further details of the respective responsibilities of management and the auditor can be found in the *Code of Audit Practice 2016* and supplementary guidance.

9. This report raises matters from the audit of the annual accounts and consideration of the audit dimensions. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

10. Our annual audit report contains an agreed action plan at Appendix 1. It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and the steps being taken to implement them.

11. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2018/19 audit fee of £25,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

12. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

13. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2018/19 annual accounts

Main judgements

Our audit opinions on the annual report and accounts are all unqualified.

The accounts include significant estimates for set aside and this is consistent across the NHSGG&C area.

The annual accounts are the principal means of accounting for the stewardship of resources and performance in the use of those resources.

14. Audit opinions on the annual accounts were unqualified.

15. The annual accounts for the year ended 31 March 2019 were approved by the IJB on 10 September 2019. We reported within the independent auditor's report that:

- the financial statements give a true and fair view and were properly prepared
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

16. Additionally, we have nothing to report in respect of misstatements in information other than the financial statements, the adequacy of accounting records, and the information and explanations we received.

Annual accounts were submitted on time and the audit was well-supported

17. We received the unaudited annual accounts on 24 June 2019 in line with our agreed audit timetable. The working papers provided with the unaudited annual accounts were of a good standard and finance staff provided good support to the audit team which helped ensure the audit process ran smoothly.

We identified and addressed risks of material misstatement

18. Appendix 2 provides a description of those assessed risks of material misstatement in the financial statements and any wider audit dimension risks that were identified during the audit planning process. It also summarises the work we have done to gain assurance over the outcome of these risks.

Our materiality values were unchanged from our plans

19. Misstatements are material if they could reasonably be expected to influence the economic decisions of users taken based on the financial statements. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.

20. Our initial assessment of materiality for the annual report and accounts was carried out during the planning phase of the audit and is summarised in Exhibit 2. Specifically, regarding the annual accounts we assess the materiality of uncorrected misstatements, both individually and collectively.

21. On receipt of the unaudited annual accounts we reviewed our materiality calculations and concluded that they remained appropriate.

Exhibit 2
Materiality values

Materiality level	Amount
Overall materiality	£1.5 million
Performance materiality	£0.75 million
Reporting threshold	£50,000

Source: Audit Scotland, 2018/19 Annual Audit Plan

Set aside is based on significant estimates by a partner organisation

22. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. Where a finding has resulted in a recommendation to management, a cross reference to the Action Plan in Appendix 1 has been included.

23. The annual accounts include significant accounting estimates for the amount set aside. The set aside amount in 2018/19 is £16.4 million and the full cost of services hosted by Inverclyde is £8.6 million. We received assurance from the auditor of NHS Greater Glasgow & Clyde that the estimation basis used for set aside in 2018/19 was appropriate.

Recommendation 1

We expect that further progress is made to determine set aside costs in 2019/20.

There were no misstatements requiring adjustment

24. There were no material adjustments to the unaudited annual accounts arising from our audit.

Reasonable progress has been made with prior year recommendations

25. Two of the three recommendations are now complete, and one partially complete. For the action not fully implemented, a revised response and has been agreed with management, and is set out in Appendix 1.

Part 2

Financial management and sustainability

Main judgements

Financial monitoring reports are out of date when considered by the Board, but a verbal update is given at each meeting

An agreed budget for 2018/19 was not in place till June 2018. The agreed budget was in line with the indicative budget agreed in March 2018.

The IJB achieved a surplus of £1.5 million and now has cumulative reserves of £7.3 million, with £1.01 million in unearmarked reserves.

Planned savings were delivered

A medium-term financial plan is in place on a five-year rolling basis. The medium-term plan estimates a funding shortfall of £8.9m over the period 2020/21 to 2023/24.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. Financial sustainability looks forward to the medium and longer term to consider whether the body is planning.

Written reports on financial management are out of date by the time they are reported to the IJB

26. The Chief Financial Officer (CFO) of the IJB regularly reports to the IJB and the Audit Committee. In 2017/18, we reported that the Board does not have the opportunity to scrutinise an up-to-date financial position, due to delays in reporting. Timelines for committee paper submission in the partner organisations mean that finance reports often don't reflect the current position by the time they come to the IJB. Four financial monitoring reports were taken to the IJB in 2018/19. The first of these covered the period to July 2018 and was presented in September 2018.

27. This issue is now mitigated by the CFO verbally reporting any significant changes to financial forecasts that have occurred since the date of the report, at each meeting from the October report onwards.

The 2018/19 budget was approved in June 2018 and included planned use of reserves

28. The 2018/19 budget was not approved until June 2018 due to funding from NHSGG&C not being confirmed until May. The IJB identified savings of £2.2 million and planned to use £2.0 million of its reserves. This was in line with the indicative budget agreed in March 2018.

A surplus of £1.5 million (1%) was achieved in 2018/19

29. As detailed in Exhibit 3, the IJB had a forecast deficit, which reduced to £0.9 million at period 9. The audited accounts at the year-end disclosed a surplus of £1.5 million on the provision of services for the year. This is after net additional

funding of £1.6 million had been provided by the Council. This additional funding had been agreed as part of the 2018/19 budget but was not transferred until the year end. It mostly relates to pay awards (£0.8 million), re-determination and anti-poverty funding (£0.2 million) and Children and Families, and Mental Health Development Services transfer (£0.5 million).

Exhibit 3

Financial Monitoring reports showing projected outturn for (over)/underspends

	Year end forecast £m	Position as a percentage of net expenditure
January 2019 (period 7 – October 2018)	(2.2)	(1.4%)
March 2019 (period 9 – December 2018)	(0.9)	(0.6%)
Accounts as at March 2019	1.5	1.0%

Source: IJB Financial Monitoring Reports

30. The accounts surplus of £1.5 million when added to the balance carried forward from 2017/18 provides the IJB with accumulated reserves of £7.3 million.

Efficiency savings were achieved in 2018/19

31. In 2018/19 the IJB set a budget based on the planned use of reserves and expected efficiency savings of £2.2 million. The IJB achieved the efficiencies during the year and reported the position throughout the year via budget monitoring reports presented to the Board. The IJB has a history of achieving identified savings.

32. A savings target of £1.6 million has been set for 2019/20 (split £1.4 million Social Care and £0.2 million Health) with efficiency savings plans developed to deliver them.

The host bodies have sound systems of internal control

33. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and CFO. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounts. Satisfactory arrangements are in place to identify this income and expenditure and report this to the IJB.

34. As part of our audit approach we sought assurances from the external auditor of NHS Greater Glasgow and Clyde and Inverclyde Council (in accordance with ISA 402) and confirmed there were no significant weaknesses in the systems of internal controls for both the health board and the Council.

Internal audit arrangements are effective

35. The work of internal audit provides the IJB and the Chief Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

36. The IJB’s internal audit function is carried out by the internal audit department of Inverclyde Council. During our planning stage, we carried out a review of the adequacy of the internal audit function and concluded that it operates in

accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

37. In 2018/19 we did not place any formal reliance on internal audit reviews, however we did consider their work throughout the year for any potential impact on our work. There were no issues identified by internal audit that have had an impact on our audit of the IJB's annual accounts.

The host bodies have sound arrangements for the prevention and detection of fraud and error

38. The IJB uses the financial systems of Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) and so arrangements for the prevention and detection of fraud, bribery and corruption in respect of the financial systems is the responsibility of these organisations.

39. We have received assurances from the auditors of NHSGGC and Inverclyde Council (in accordance with ISA 402) that there are no issues of concern.

The IJB has developed a medium-term financial plan on a five-year rolling basis

40. The IJB approved its first medium term financial plan in March 2018. An updated Financial Plan 2019/20 to 2023/24 agreed by the Board in March 2019 aligns to the new five-year Strategic Plan for the same period.

41. A detailed analysis of costs and demands was undertaken. In addition, scenario planning looking at a range of options around each assumption to establish best case, worst case and probable outcomes. For each element the most probable scenario, based on information currently available has been used. Taking into account costs, demands and estimated changes to funding using the five-year outlook for the Scottish budget, the Financial Plan estimates a funding shortfall of £8.9m over the period 2020/21 to 2023/24.

42. A number of service reviews and redesigns are already ongoing with others due to commence. These include Long Term Care Placements, Learning Disabilities and Mental Health.

A reserves strategy is in place and the IJB has an unearmarked reserve

43. The IJB approved its reserves strategy in May 2016. The current level of reserves is £7.3 million, and this includes £1.01 million (0.75% of net expenditure) in unearmarked reserves, to meet unforeseen contingencies.

44. Total earmarked reserves include a balance of £1.046 million for budget smoothing which we understand will be used as required over the life of the medium-term financial plan. We will continue to monitor this.

Part 3

Governance, transparency and value for money

Main judgements

A new Strategic Plan has been approved and the IJB has undertaken a self-evaluation review.

The IJB recognises difficulties with the set aside arrangements that is preventing reinvestment in community-based services, but is working with others to address this

Performance arrangements are effective, and performance is improving slightly overall.

Governance and transparency are concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. Value for money is concerned with using resources effectively and continually improving services

Governance arrangements are appropriate

45. The Integration Scheme sets out the governance arrangements for membership of the IJB. The IJB has 20 members and is comprised of eight voting members; four elected members of Inverclyde Council and four non-executive members of NHSGG&C as well as a number of professional members and stakeholder representatives.

46. In 2017/18, we reported that following a review of the adequacy and effectiveness of the IJB's local governance arrangements, a number of action points were identified. These included the introduction of self-assessment for IJB members and specific training for IJB members around ethics, equalities and diversity and similar areas within the member training programme. In March 2019, a further programme of development sessions for the IJB were agreed including, Strategic Planning, Leadership and Addiction.

47. The IJB is supported by an Audit Committee. Our observations at committee meetings throughout the year has found that these are conducted in a professional manner and there is a good degree of scrutiny and challenge by members.

The IJB conducts its business openly and transparently

48. Full details of the meetings held by the IJB are available on Inverclyde Council's website; committee papers and minutes of meetings are publicly available; and members of the public are permitted to attend and observe meetings. Public notice of each meeting is given on the council's website.

49. Financial information disclosed in the management commentary is consistent with both the financial statements and financial monitoring reports presented to the IJB throughout the year. Overall, we concluded that the IJB conducts its business in an open and transparent manner.

A new Strategic Plan has been approved

50. In March 2019, the Inverclyde HSCP Strategic Plan 2019-2024 was approved by the Board which aims to provide more targeted commitments, specifically aimed at improving lives and tackling inequalities.

51. The Plan contains six 'Big Actions' which will contribute to the delivery of the national wellbeing outcomes. The Strategic Plan records that development of the Big Actions is an ongoing process and progress will be reviewed and reported through regular updates to and by the 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.

The IJB has undertaken a self-evaluation based on recommendations in the Strategic Group for Health and Community Care report

52. In November 2018, Audit Scotland published its review of Health and Social Care Integration in Scotland. That review was considered by the Ministerial Strategic Group (MSG) for Health and Community Care which developed a number of specific proposals in light of the Audit Scotland recommendations. The MSG also requested that each Health Board, Local Authority and Integration Joint Board should undertake a self-evaluation of their progress in relation to those proposals.

53. Inverclyde IJB's self-evaluation rated 19 of the 22 local proposals as 'Established' with the remaining 3 classed as 'Partly Established'. The 3 proposals classed as 'Partly Established' were:

- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside budget requirements must be fully implemented
- Improved capacity for strategic commissioning of delegated hospital services must be in place

Reinvestment in community services depends on addressing the set aside issue to reflect reductions in hospital care

54. When the six Greater Glasgow and Clyde Health Board Integration Joint Boards were created in April 2016, each Partnership was given a notional Set Aside budget for unscheduled care within Acute Services, based on 3-year historical usage

55. The February 2019 Ministerial Strategic Group's review of progress of integration recommended that delegated hospital budgets and set aside requirements must be fully implemented in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from hospital care and 50% reinvestment in the community.

56. Several meetings have taken place between the NHSGGC Finance Team, the IJB CFOs and planning representatives together with Scottish Government and ISD to move this forward. Full datasets are in the process of being agreed which will be used to calculate the baseline sums for set aside to identify an appropriate tariff. Once agreed, a methodology for quantifying the resource release from set aside budgets linked to projected changes in bed capacity will require to be developed.

57. A report by the Chief Officer to the Board in January 2019 set out that latest activity figures show that Inverclyde's unscheduled care (Set Aside) usage is decreasing and this is expected to continue as the impact of Inverclyde IJB's

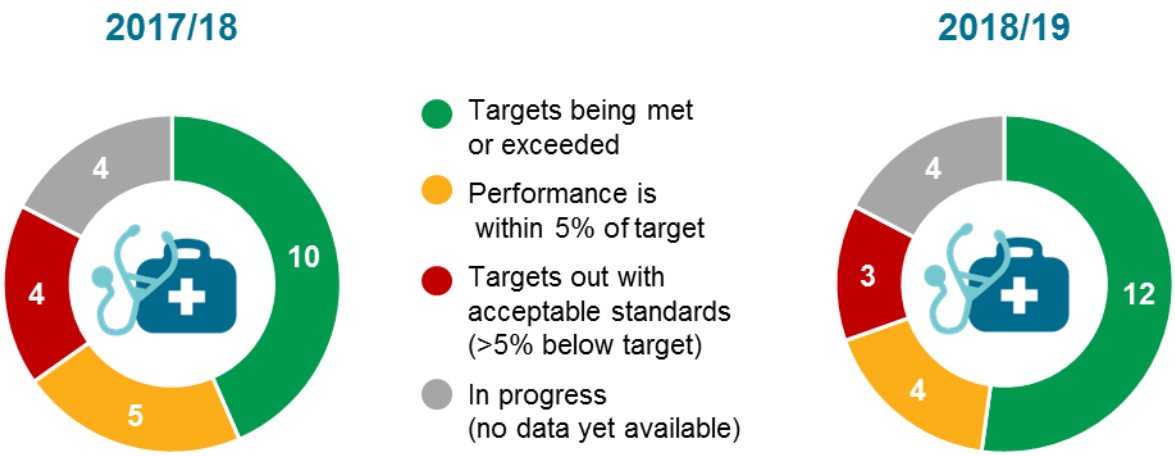
Primary Care work and other local measures continue to have a positive impact on shifting the balance of care. The report concluded that it is therefore vital that a resource transfer model is agreed to ensure that the funding adjusts towards community services. Discussions with Health colleagues will continue to move toward delivering this in by 31 March 2020.

Performance arrangements are effective, and performance is improving slightly

58. The IJB receives performance exception reports every six months. These reports highlight performance indicators that have been marked as red or amber and identify the corrective action that has been.

59. The HSCP's performance against the 23 National Core Integration Indicators, as reported in the 2018/19 Annual Performance Report is based on the most up-to-date position at the end of March 2019 (where data is available) and is summarised in Exhibit 8.

Exhibit 8
Overall performance against National core integration standards



Source: Inverclyde HSCP Annual Performance Reports

60. Inverclyde HSCP's performance against the standards has improved but it continues to face a number of challenges in delivering performance targets. Exhibit 8 above shows 3 targets (39%) categorised as red and outwith target. These are:

- Emergency admission rate (per 100,000 population)
- Emergency bed day rate (per 100,000 population)
- Premature mortality rate per 100,000 persons

61. Work is ongoing by the HSCP to reduce numbers of A&E attendances by expanding the "Choose the Right Service" programme to the emergency department and the wider acute setting. The 2019-24 Strategic Plan also contains a commitment to increase hospital care planning, and so reduce emergency admissions and hospital stays.

62. The premature mortality rate per 100,000 persons for Inverclyde in 2017 (latest data available) was 567 against the Scottish average of 425. The Annual Performance Report acknowledges that the causes of premature mortality are many, and are underpinned by social, health and economic inequalities. Reducing these inequalities is included as one of the six 'Big Actions' included in the 2019-24 Strategic Plan.

63. The Annual Performance Report highlights that bed days lost to delayed discharge is an area where Inverclyde has continued to show significant gains in performance and for 2017/18 was the lowest in Scotland.

The IJBs performance assessment highlights areas of good practice

64. The June 2018 review by the Strategic Planning Group (SPG) highlighted a number of areas where they consider Inverclyde's performance to be excellent. In particular:

- The October 2017 Care Inspectorate report 'Services for children and young people in Inverclyde' rated the service as 'Excellent' in relation to the participation of children, young people, families and other stakeholders and 'Very Good' for five of the other eight indicators.
- Inverclyde HSCP currently funds a part- time post of Independent sector development worker to enhance relationships between the HSCP and independent sector care providers The HSCP also funds a Partnership Facilitator post to support connections between the HSCP and other third sector organisations.
- The Home First approach has contributed to a reduction in long term care placements, the average length of stay in care homes and a reduction in delayed discharges. This work has been underpinned by "Ten Actions to Transform Discharge Approach".
- "Compassionate Inverclyde" is a multi-agency, community wide initiative which encourages the community to accept that responsibility for the health of its citizens cannot be left solely to health and social care services.

EU Withdrawal

65. As the IJB does not directly incur expenditure or employ its own staff, it is heavily dependent on the preparations of NHSGGC and Inverclyde Council to mitigate the risks associated with EU withdrawal. The IJB is fully participating in the resilience arrangements of the health board and the council.

66. We have taken assurance from the conclusions reported by the external auditors of NHSGGC and Inverclyde Council that both bodies are making reasonable preparations for EU withdrawal. On this basis, we have no specific risks to highlight.

National performance audit reports

67. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2018/19 we published some reports which are of direct interest to the board as outlined in Appendix 3.

68. A number of Audit Scotland reports were presented and discussed at Board meetings during the year. These included the Audit Scotland's 2018 reports "What is Integration?", "NHS in Scotland" and "Health & Social Care Integration: Update on Progress".

Appendix 1

Action plan 2018/19

No.	Issue/risk	Recommendation	Agreed management action/timing
1	**Set aside** Arrangements for the sum set aside for hospital acute services are not yet operating as required by legislation and statutory guidance. A notional figure for the sum set aside in 2018/19 was agreed with NHSGGC. **Risk** In future years the sum set aside included in the annual accounts will not reflect actual costs.	Full datasets are in the process of being agreed which will be used to calculate baseline sums for set aside to identify an appropriate tariff. The Scottish Government in their Guidance on Financial Planning for Large Hospital Services and Hosted Services, recommended that this approach should also be used for hosted services The work ongoing by the NHSGGC Set Aside Group should continue to implement the set aside arrangements to move to actual costs and activity for 2019/20 per Scottish Government expectations and determine consumption of hosted services.	Work is ongoing across GG&C and Scotland wide around Set Aside services and the development of commissioning plans and agreed methodologies for transferring Set Aside from a notional to actual basis. This work is being led by the Unscheduled Care Programme Board and should hopefully conclude by the end of 2020/21. The Chief Officer, Head of Strategy and Support Services and Chief Financial Officer are all involved in this process. The Chief Officer will ensure that Inverclyde continues to take an active role in this GG&C wide piece of work ***Chief Officer*** ***31/03/2021***
Follow up of prior year recommendations			
b/f	**Provision of financial information by Council**	The IJB should review its financial monitoring arrangements and work with partner organisations to ensure that timely information is available.	**Partially complete - remaining elements not accepted** The IJB considers this Complete. During 2018/19 a new process was introduced to ensure that the IJB had the most up to date financial information available for each meeting. Month end timelines and Committee Services publication schedules mean that there is always an unavoidable lag in written reporting to both the Council and the IJB. To address this for financial monitoring a verbal update was given at the January and March IJBs on

			any significant variances since the current monitoring report was written. At the January IJB the update reflected the December 2018 position at the March IJB an update was given based on Feb 2019 information.
b/f	**Long term financial planning**	We recommend that a long-term financial strategy (5 years +) is prepared. This should include scenario planning (best, worst, most likely).	**Complete** An updated Financial Plan 2019/20 to 2023/24 agreed by the Board in March 2019 aligns to the new 5-year Strategic Plan for the same period. The 5-year Financial Plan will be maintained on a rolling basis. The IJB consider that due to uncertainties around funding it is currently difficult to plan realistically beyond that timeframe.
b/f	**Unallocated reserves**	The Board should consider creating an uncommitted reserves balance in line with its reserve strategy.	**Complete** The current level of reserves is £7.3m and this includes £1.01 million (0.75% of net expenditure) in unearmarked reserves, to meet unforeseen contingencies.

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the *Code of Audit Practice 2016*.

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
1 **Management override of controls** ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.	• Obtain assurances from the auditors of Inverclyde Council and NHSGGC over the completeness, accuracy and allocation of the income and expenditure. • Complete detailed testing of significant adjustments at year end. • Agree balances and transactions to Inverclyde Council and NHSGGC financial reports / correspondence.	**Results:** We obtained relevant assurances from the auditors of Inverclyde Council and NHS GGC. We undertook detailed testing of journal entries, accruals and prepayments. We also reviewed accounting estimates and transactions for appropriateness. **Conclusion:** We did not identify any incidents of management override of controls.

Appendix 3

Summary of national performance reports 2018/19

Reports relevant to Integration Joint Boards

Local government in Scotland: Challenges and performance 2018 – April 2018

Councils' use of arm's-length organisations – May 2018

Children and young people's mental health – September 2018

NHS in Scotland 2018 – October 2018

Health and social care integration: update on progress – November 2018

Local government in Scotland: Financial overview 2017/18 – November 2018

Local government in Scotland: Challenges and performance 2019 – March 2019

Inverclyde IJB

2018/19 Annual Audit Report

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or **info@audit-scotland.gov.uk**

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AUDIT SCOTLAND

Inverclyde IJB Audit Committee

10 September 2019

Inverclyde Integration Joint Board
Audit of 2018/19 annual accounts

Independent auditor's report

1. Our audit work on the 2018/19 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 10 September 2019 (the proposed report is attached at **Appendix A**).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Audit Committee's consideration our draft annual report on the 2018/19 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.

3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.

4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.

6. We have no unadjusted misstatements to be corrected.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.

8. A draft letter of representation is attached at **Appendix B**. This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Inverclyde Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements
I certify that I have audited the financial statements in the annual accounts of Inverclyde Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, Cash-Flow Statement, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).
In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of Inverclyde Integration Joint Board as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion
I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 18 July 2016. The period of total uninterrupted appointment is 5 years. I am independent of the integration joint board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the integration joint board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting
I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about integration joint board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement
I have reported in a separate Annual Audit Report, which is available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Financial Officer of Inverclyde Integration Joint Board audit committee for the financial statements
As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
In preparing the financial statements, the Chief Financial Officer is responsible for assessing the integration joint board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate. The Inverclyde Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements
My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.
A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts
The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.
In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission
In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.
In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception
I am required by the Accounts Commission to report to you if, in my opinion:
- adequate accounting records have not been kept; or

- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or

- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities
In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report
This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth
Audit Director (Audit Services)
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT
10th September 2019

APPENDIX B: Letter of Representation (ISA 580)

Brian Howarth, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Brian

Inverclyde Integration Joint Board (IJB)
Annual Accounts 2018/19

1. This representation letter is provided in connection with your audit of the annual accounts of Inverclyde IJB for the year ended 31 March 2019 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Inverclyde IJB, the following representations given to you in connection with your audit of Inverclyde IJB's annual accounts for the year ended 31 March 2019.

General

3. Inverclyde IJB and I have fulfilled our statutory responsibilities for the preparation of the 2018/19 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Inverclyde IJB have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (2018/19 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the IJB at 31 March 2019 and the transactions for 2018/19.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2018/19 accounting code, where applicable.

Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Inverclyde IJB's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Inverclyde IJB's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Inverclyde IJB's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2019 of which I am aware have been recognised in the annual accounts.

11. Provisions have been recognised in the financial statements for all liabilities of uncertain timing or amount at 31 March 2019 of which I am aware where the conditions specified in the 2018/19 accounting code have been met. The amount recognised as a provision is the best estimate of the expenditure likely to be required to settle the obligation at 31 March 2019. Where the effect of the time value of money is material, the amount of the provision has been discounted to the present value of the expected payments.

12. Provisions recognised in previous years have been reviewed and adjusted, where appropriate, to reflect the best estimate at 31 March 2019 or to reflect material changes in the assumptions underlying the calculations of the cash flows.

13. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

14. I have provided you with all information in relation to
    - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
    - any allegations of fraud or suspected fraud affecting the financial statements
    - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

15. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

16. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2018/19 accounting code. I have made available to you the identity of all the Inverclyde IJB's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

17. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

18. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

19. I confirm that the IJB has undertaken a review of the system of internal control during 2018/19 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

20. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2019, which require to be reflected.

Balance Sheet

21. All events subsequent to 31 March 2019 for which the 2018/19 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Chief Finance Officer

APPENDIX 3

Inverclyde Integration Joint Board

The Governing Body of the

INVERCLYDE HSCP
Health and Social Care Partnership

Audited Annual Accounts 2018/19

Table of Contents

Management Commentary

Introduction

This publication contains the financial statements for the Inverclyde Integration Joint Board (IJB) for the year ended 31 March 2019.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2018/19 and how this has supported delivery of the IJB's core objectives. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks which we will face as we strive to meet the needs of the people of Inverclyde.

Inverclyde IJB

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

The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. From 1st April 2016, the IJB took formal delegated responsibility from the NHS Greater Glasgow and Clyde and Inverclyde Council for the delivery and/or planning of local health and social care services.

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

Inverclyde is located in West Central Scotland along the south bank of the River Clyde. It is one of the smallest local authority areas in Scotland, home to 78,150 people and covering an area of 61 square miles. Our communities are unique and varied.

The IJB Strategic Plan 2019-24 outlines our vision for the Inverclyde Health & Social Care Partnership as well as our core objectives and services which are delivered through four core teams. The HSCP has worked hard during 2018/19 to develop and deliver the 6 Big Actions within the plan.

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

The Strategic Plan and other key documents can be accessed online at:

https://www.inverclyde.gov.uk/health-and-social-care

The operational HSCP Structure responsible for delivering services is illustrated below.

HSCP Operational Structure

The Annual Accounts 2018/19

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2018/19 Accounts have been prepared in accordance with this Code.

The Financial Plan

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

For 2018/19 the IJB budgeted to deliver Partnership Services at a cost of £149.9m, including £16.4m of notional budget for Set Aside and £2.8m of spend through Earmarked Reserves. During the year funding adjustments and reductions in spend resulted in actual spend of £152.0m, including Set Aside and spend from Reserves, for the year. Funding rose during the year from a budgeted £147.1m to an actual £153.5m, the majority of the additional income was non-recurring. This generated a yearend surplus of £1.485m. The movement in budget vs actual and analysis of the surplus are shown in the tables on pages 7 and 8.

Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to the values included for set aside services. The set-aside figure included in the IJB accounts is based on acute hospital activity data provided in September 2018 and is based on 3 year average activity and cost data to 2016/17. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2018/19.

The IJB also has to make critical judgement relating services hosted within Inverclyde for other IJBs within the NHS Greater Glasgow & Clyde area. In preparing the 2018/19 financial statements the IJB is considered to be acting as 'principal', and the full costs of hosted services are reflected within the financial statements. The services which are hosted by Inverclyde are identified in the table below. This also shows expenditure in 2018/19 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure 2018/19	Consumed by other IJBs
Inverclyde	General Psychiatry	£5,477,833	£370,348
Inverclyde	Old Age Psychiatry	£3,152,932	£74,121
	Total	**£8,630,765**	**£444,469**

The services which are hosted by other IJB's on behalf of the other IJB's including Inverclyde are identified in the table below. This also shows expenditure in 2018/19 and the value consumed by Inverclyde IJB.

Host	Service	Actual Net Expenditure 2018/19	Consumed by Inverclyde IJB
East Dunbartonshire	Oral Health	£9,719,289	£602,167
	Total	**£9,719,289**	**£602,167**
East Renfrewshire	Learning Disability	£7,961,400	£176,320
	Total	**£7,961,400**	**£176,320**
Glasgow	Continence	£3,802,932	£283,176
Glasgow	Sexual Health	£10,164,132	£453,010
Glasgow	Mh Central Services	£6,027,304	£1,532,639
Glasgow	MH Specialist services	£11,345,743	£1,049,726
Glasgow	Alcohol + Drugs Hosted	£16,019,893	£531,967
Glasgow	Prison Healthcare	£6,905,286	£548,648
Glasgow	HC In Police Custody	£2,330,293	£182,617
Glasgow	Old Age Psychiatry	£17,870,028	£2,358
Glasgow	General Psychiatry	£37,675,266	£23,296
	Total	**£112,140,877**	**£4,607,439**
Renfrewshire	Podiatry	£6,563,080	£574,122
Renfrewshire	Primary Care support	£4,040,145	£266,961
Renfrewshire	General Psychiatry	£6,938,153	£0
Renfrewshire	Old Age Psychiatry	£6,330,739	£6,135
	Total	**£23,872,117**	**£847,217**
West Dunbartonshire	MSK Physio	£5,864,493	£427,227
West Dunbartonshire	Retinal Screening	£752,278	£56,721
West Dunbartonshire	Old Age Psychiatry	£1,107,840	£0
	Total	**£7,724,611**	**£483,948**
Total		**£161,418,293**	**£6,717,091**

Performance

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

outcomes, based on 23 national indicators and a requirement to publish an annual performance report by 31st July. Inverclyde's Annual Performance Report 2018/19 was published 24 June 2019.

The IJB's 2018/19 Performance against the 23 National Indicators is shown in the table below:

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

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
1*	Percentage of adults able to look after their health very well or quite well	2017/18	91%	93%	↓
2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2017/18	80%	81%	↓
3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	77%	76%	↑
4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	79%	74%	↑
5*	Total % of adults receiving any care or support who rated it as excellent or good	2017/18	83%	80%	↑
6*	Percentage of people with positive experience of the care provided by their GP practice	2017/18	83%	83%	↑
7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2017/18	77%	80%	↓
8*	Total combined percentage of carers who feel supported to continue in their caring role *While we are performing better than the Scottish average we are working to improve support to our carers	2017/18	40%	37%	↑
9*	Percentage of adults supported at home who agreed they felt safe	2017/18	84%	83%	↑
10	Percentage of staff who say they would recommend their workplace as a good place to work		Indicator under development (ISD)		
11	Premature mortality rate per 100,000 persons	2017	567	425	↑

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
12	Emergency admission rate (per 100,000 population)	2018/19	12851	11492	↓
13	Emergency bed day rate (per 100,000 population)	2018/19	135045	107921	↓
14	Readmission to hospital within 28 days (per 1,000 population)	2018/19	85	98	↓
15	Proportion of last 6 months of life spent at home or in a community setting	2018/19	88%	89%	↑
16	Falls rate per 1,000 population aged 65+	2018/19	21	22	↓
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2018/19	86%	82%	↓
18	Percentage of adults with intensive care needs receiving care at home	2016/17	63%	61%	↑
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2018/19	88	805	↓
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2018/19	21%	22%	↓
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready		Indicator under development (ISD)		
23	Expenditure on end of life care, cost in last 6 months per death		Indicator under development (ISD)		

The data presented against these National Integration Indicators is the most up-to-date as available from ISD in May 2019. Those marked with an * are taken from the 2017/18 biennial Health and Care Experience Survey (http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/).

Financial Performance

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2018/19.

(a) Partnership Revenue Expenditure 2018/19

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

to offset the remaining budget pressure. Monies were received in year from Scottish Government for Mental Health Action 15, ADP developments and Primary Care Improvement Planning. As projected, at the end of the year £0.333m of these funds remained unspent and was carried forward into specific Earmarked Reserves. Non recurring funding of £0.130m was received from the Health Board for Primary Care investment, this was also carried forward in an earmarked reserve. Also as projected, there was a core Health services underspend which totalled £0.249m. This related to delays in filling of vacancies during the year, this was also transferred to Earmarked Reserves for use in future years.

Partnership services saw continued demand growth with numbers of service users and cost per service user rising across a number of services. The Partnership was able to effectively manage this budget pressure in year and generate an overall surplus on social care services which was carried into Earmarked Reserves.

In previous years the Social Care budget has experienced a degree of short term volatility in certain demand led budgets. In order to address this any one off underspends on these budgets have been placed in Earmarked Reserves to cover any one off overspends in future years. In 2018/19 a net £0.380m was used from the Adoption, Fostering and Residential fund within Children & Families and £0.430m was added to the existing Earmarked Reserve for Older People Residential and Nursing Homes.

During the year £3.766m of Earmarked Reserves were used to fund specific spend and projects and an additional £5.251m was transferred into Earmarked Reserves, leading to a net increase of £1.485m in Reserves over the year.

Total net expenditure for the year was £152.053m against the overall funding received of £153.538m, generating a revenue surplus of £1.485m. This was made up as follows:

Analysis of Surplus on Provision on Services

	£000
Underspend on Children & Families and Criminal Justice	324
Underspend on Learning Disabilities early delivery of future years savings	282
Underspend on Older People services	572
Underspend on Business Support mainly due to turnover savings	207
Underspend on Mental Health Services due to delays in filling vacancies and	134
Underspend on Advice Services	43
Additional funding from the Council for Children & Families, Anti Poverty and Mental Health	688
Carry forward funding for Scottish Government Projects - Action 15, ADP	353
Additional funding from Health for Primary Care at yearend	130
Underspend on Addictions mainly due to delay in filling vacancies and early	153
Other services various minor underspends	72
Homelessness net underspend linked to reduction in bad debt provision	67
Spend through EMRs	(1,540)
Surplus on Provision of Services	**1,485**

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

Budget agreed at Period 9 vs Final Outturn

Original Budget	IJB FUNDING	Projected Outturn @ P9	Outturn	P9 vs Actual Outturn
	Operational funding budget			
82,880	Health Board	87,402	87,446	44
47,795	Council	48,062	49,653	1,591
16,439	Set Aside	16,439	16,439	0
147,114	**TOTAL IJB FUNDING**	**151,903**	**153,538**	**1,635**
Original Budget	**IJB NET EXPENDITURE**	**Projected Outturn @ P9**	**Outturn**	**Difference**
	Operational net expend budget			
67,141	Health	70,254	70,680	426
63,534	Social Care	64,113	63,875	(238)
16,439	Set Aside	16,439	16,439	0
2,847	Movement on Earmarked Reserves (Decrease)/Increase	1,994	1,059	(935)
149,961	**TOTAL IJB NET EXPENDITURE**	**152,800**	**152,053**	**(747)**
(2,847)	**Surplus/(Deficit) on Provision of Operating Services**	**(897)**	**1,485**	**2,382**

(b) The Balance Sheet

The Balance Sheet summarises the IJB's assets and liabilities as at 31 March 2019, with explanatory notes provided in the full accounts.

Financial Outlook, Risks and Plans for the Future

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

Additional funding of £160m has been announced for Integration Authorities across Scotland for 2019/20 to address health and social care pressures. Despite this, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted. In addition to economic performance, other factors influence the availability of funding for the public sector including demographic challenges that Inverclyde is facing.

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

- Governance arrangements not being sufficiently effective in developing and delivering strategic objectives; and
- Financial sustainability around cost pressures and funding linked to unfunded/unanticipated/unplanned demand for services and/or partners being unable to allocate sufficient resources.

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

Moving into 2019/20, we are working to proactively address the funding challenges presented while, at the same time, providing effective services for the residents of Inverclyde. In March 2019 the IJB agreed a balanced budget which included a savings plan totalling £1.664m. All savings are expected to be delivered in full in 2019/20, in line with the IJB's Medium Term Financial Plan.

We have well established plans for the future, and the IJB Strategic Plan 2019/20 to 2023/24 and 5 year Financial Plan were approved by the IJB in March 2019 these plans outlined the overarching vision and financial landscape for the coming years.

Following on from our last Strategic Plan we are still committed to "Improving Lives", and our vision is underpinned by the "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**

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

Conclusion

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

The new Strategic Plan, associated Implementation Plan and Medium Term Financial Plan will lead the IJB forward over the next 5 years and improve the lives of the people of Inverclyde.

Where to Find More Information

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

Louise Long

Chief Officer _____ **Date:** 10 September 2019

Lesley Aird, CPFA

Chief Financial Officer _____ **Date:** 10 September 2019

Councillor Jim Clocherty

IJB Chair _____ **Date:** 10 September 2019

Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

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

I confirm that the audited Annual Accounts were approved for signature at a meeting of the IJB on 10 September 2019.

Signed on behalf of the Inverclyde IJB

Councillor Jim Clocherty

IJB Chair _____ **Date:** 10 September 2019

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

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

Lesley Aird, CPFA

Chief Financial Officer _____ **Date:** 10 September 2019

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.
The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

1 Integration Joint Board

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

2 Senior officers

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

Chief Officer

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

Chief Financial Officer

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

Other officers

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

Salary, Fees & Allowances 2017/18 £	Name and Post Title	Salary, Fees & Allowances 2018/19 £
100,075	Louise Long (started 08 May 2017) Chief Officer	109,475
41,469	Lesley Aird (part time 0.5 WTE) Chief Financial Officer	45,500

There were no exit packages paid in either financial year.

3 Remuneration: IJB Chair, Vice Chair and Voting Members

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

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

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

Voting IJB Members Remuneration Table

Name	Post(s) Held	Nominated By
Simon Carr	IJB Chair (until 24/06/19)	NHS GG&C
Councillor Jim Clocherty	IJB Vice Chair, Chair (from 24/06/19)	Inverclyde Council
Alan Cowan	IJB Member, Vice Chair (from 24/06/19) Vice Chair Audit Committee	NHS GG&C
Dr Donald Lyons	IJB Member Audit Commitee Member	NHS GG&C
Dorothy McErlean	IJB Member	NHS GG&C
Councillor Jim MacLeod	IJB Member (until 06/11/18)	Inverclyde Council
Councillor Elizabeth Robertson	IJB Member (from 06/11/18)	Inverclyde Council
Councillor Ciano Rebecchi	IJB Member Chair Audit Committee	Inverclyde Council
Councillor Lynne Quinn	IJB Member Audit Committee Member	Inverclyde Council

There were no Inverclyde IJB specific expenses recorded for voting members of the IJB during 2018/19. Any expenses claimed by voting members are paid through the relevant IJB partner organisation.

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

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

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/18 £	For Year to 31/03/19 £		Difference from 31/03/18 £	As at 31/03/19 £
Louise Long Chief Officer since 08/05/2017	19,147	21,073	Pension	2,720	13,434
			Lump Sum	0	0
Lesley Aird Chief Financial Officer	5,187	5,342	Pension	710	2,119
			Lump Sum	0	0

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

Disclosure by Pay Bands

Pay band information is not separately provided as all staff pay information has been disclosed in the information above

Louise Long

Chief Officer _____ **Date:** 10 September 2019

Councillor Jim Clocherty

IJB Chair _____ **Date:** 10 September 2019

Annual Governance Statement

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

Scope of Responsibility

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

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

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

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

The Governance Framework and Internal Control System

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

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

- The IJB was the key decision making body. The IJB's membership (voting and non-voting), as set by statutory instrument, is fully established. An Audit Committee with detailed remit and powers and clearly defined membership was set up in 2018/19 to consider all matters in relation to Internal and External Audit and Risk Management;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, Standing Orders, and Financial Regulations.
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which was approved and published on 19 March 2019 and which links closely to the vision of the Inverclyde Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and national statutory performance indicators;
- The Performance Management Strategy focuses very firmly on embedding a performance management culture that measures delivery of improved outcomes rather than systems and processes throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has a Code of Conduct based on the Model Code of Conduct for Integration Joint Boards. The register of members' interests is published and made available for inspection.
- The IJB has in place a development programme for all Board Members. The IJB places reliance on the organisational development activity undertaken through partnership organisations for senior managers and employees;

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

The governance framework was in place throughout 2018/19.

The System of Internal Financial Control

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of the Health and Social Care Partnership. During 2018/19 this included the following:

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

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

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

Review of Effectiveness

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

The Internal Audit functions of the Council and Health Board have independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2018/19, these services operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditors prepared annual reports to the relevant Audit Committees, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

Significant Governance Issues during 2018/19

The Internal Audit Annual Reports 2018/19 for the Council and Health Board identify no significant control issues. Some actions have been agreed within the Council and Health Board Annual Governance statements to further enhance those internal control environments. None of these are considered material enough to have a significant impact on the overall control environment.

The Internal Audit Annual Report and Assurance Statement for 2018/19 concludes: *"On the basis of Internal Audit work carried out in 2018/2019, the majority of the IJB's established internal control procedures appeared to operate as intended to meet Management's requirements for the individual systems reviewed by Internal Audit. On the basis of selective testing of key controls it can be concluded that, in the main, controls were generally operating as expected during the period under review, although it does need to be recognised that some recommendations were made by Internal Audit to improve controls. The overall opinion is* ***Satisfactory****".*

Action Plan

Following consideration of adequacy and effectiveness of our local governance arrangements the IJB approved a local code of good governance on 20 March 2018. A number of actions were identified to enhance local governance and ensure continual improvement of the IJB's governance, all of those actions have been delivered in full, as reported in the 2017/18 Annual Accounts.

Conclusion and Opinion on Assurance

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

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

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

Louise Long

Chief Officer _____ **Date:** 10 September 2019

Councillor Jim Clocherty

IJB Chair _____ **Date:** 10 September 2019

The Financial Statements

Comprehensive Income and Expenditure Statement

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

2017/18				2018/19		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
2,648	(57)	**2,591**	Strategy & Support Services	3,520	(1,104)	**2,416**
29,037	(2,170)	**26,867**	Older Persons	29,302	(2,282)	**27,020**
11,326	(673)	**10,653**	Learning Disabilities	12,157	(259)	**11,898**
6,048	(244)	**5,804**	Mental Health – Communities	6,862	(150)	**6,712**
9,381	(43)	**9,338**	Mental Health – Inpatients	9,017	(288)	**8,729**
13,453	(467)	**12,986**	Children & Families	14,353	(615)	**13,738**
2,885	(226)	**2,659**	Physical & Sensory	3,376	(259)	**3,117**
3,488	(99)	**3,389**	Addiction/Substance Misuse	3,464	0	**3,464**
8,239	(467)	**7,772**	Assessment & Care Management / Health & Community Care	8,548	(290)	**8,258**
4,233	(634)	**3,599**	Support / Management / Admin	4,951	(1,038)	**3,913**
1,959	(1,997)	**(38)**	Criminal Justice / Prison Service	1,932	(1,906)	**26**
1,689	(722)	**967**	Homelessness	1,442	(651)	**791**
22,660	(894)	**21,766**	Family Health Services	26,528	(981)	**25,547**
18,817	0	**18,817**	Prescribing	18,591	0	**18,591**
1,236	0	**1,236**	Change Fund	1,133	0	**1,133**
208	0	**208**	IJB Operational Costs (see note 4)	261	0	**261**
137,307	**(8,693)**	128,614	**Cost of Services Directly Managed by Inverclyde IJB**	**145,437**	**(9,823)**	135,614
16,439	0	**16,439**	Set Aside	16,439	0	**16,439**
153,746	**(8,693)**	145,053	**Total Cost of Services to Inverclyde IJB**	**161,876**	**(9,823)**	152,053
0	(146,889)	**(146,889)**	Taxation and Non-Specific Grant Income (Note 2)	0	(153,538)	**(153,538)**
153,746	**(155,582)**	**(1,836)**	**Surplus on Provision of Services**	**161,876**	**(163,361)**	**(1,485)**
		(1,836)	**Total Comprehensive Income and Expenditure**			**(1,485)**

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

Movement in Reserves Statement

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

Movements in Reserves During 2018/19	General Reserves £000	Earmarked Reserves £000	TOTAL Reserves £000
Opening Balance at 31 March 2018	**0**	**(5,796)**	**(5,796)**
Total Comprehensive Income and Expenditure	0	(1,485)	(1,485)
Closing Balance at 31 March 2019	**0**	**(7,281)**	**(7,281)**

Balance Sheet

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

31 March 2018 £000		Notes	31 March 2019 £000
	Current Assets		
5,820	Short term debtors	5	7,298
	Current Liabilities		
(24)	Short term creditors	6	(17)
5,796	**Net Assets**		**7,281**
5,796	Reserves	8	7,281
5,796	**Total Reserves**		**7,281**

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2019 and its income and expenditure for the year then ended.

The audited financial statements were authorised for issue on 10 September 2019.

Lesley Aird, CPFA

Chief Financial Officer _____ **Date:** 10 September 2019

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General principles

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

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

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

The Annual Accounts summarise the IJB's transactions for the 2018/19 financial year and its position at the year end of 31 March 2019.

1.2 Accruals of expenditure and income

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

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

1.3 Funding

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

1.4 Cash and Cash Equivalents

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

1.5 Employee Benefits

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

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

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

1.6 Provisions, Contingent Liabilities and Contingent Assets

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

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

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

1.7 Events After The Reporting Period

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

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts are adjusted to reflect such events

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

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

1.8 Exceptional items

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

1.9 Related Party Transactions

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

1.10 Support services

Support services were not delegated to the IJB through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided are

mainly comprised of: provision of financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

1.11 Indemnity Insurance

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

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

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

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

1.12 Clinical and Medical Negligence

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

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

1.13 Reserves

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

1.14 VAT

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

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

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

2 Taxation and Non-Specific Grant Income

31 March 2018 £000	Taxation and Non-Specific Grant Income	31 March 2019 £000
99,568	NHS Greater Glasgow and Clyde Health Board	103,885
47,321	Inverclyde Council	49,653
146,889	**TOTAL**	**153,538**

Health Board Contribution

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

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

3 Related Party Transactions

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

31 March 2018 £000		31 March 2019 £000
	Transactions with NHS Greater Glasgow & Clyde	
(99,568)	Funding Contributions received	(103,885)
(1,865)	Service Income received	(2,151)
85,232	Expenditure on Services Provided	89,270
(16,201)	**TOTAL**	**(16,766)**
	Transactions with Inverclyde Council	
(47,321)	Funding Contributions received	(49,653)
(6,829)	Service Income received	(7,672)
68,515	Expenditure on Services Provided	72,605
14,365	**TOTAL**	**15,280**

31 March 2018 £000		31 March 2019 £000
	Balances with NHS Greater Glasgow & Clyde	
0	Debtor balances: Amounts due to the NHS	0
0	Creditor balances: Amounts due from the NHS	0
0	**Net Balance with the NHS Board**	**0**
	Balances with Inverclyde Council	
0	Debtor balances: Amounts due to the Council	0
5,820	Creditor balances: Amounts due from the Council	7,298
(5,820)	**Net Balance with the Council**	**(7,298)**

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

4 IJB Operational Costs

31 March 2018 £000	Core and Democratic Core Services	31 March 2019 £000
152	Staff costs	194
32	Administrative costs	42
24	Audit fees	25
208	**TOTAL**	**261**

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Inverclyde Council. For the 2018/19 Accounts this is combined within the gross expenditure for both partners.

5 Short Term Debtors

31 March 2018 £000	Short Term Debtors	31 March 2019 £000
5,820	Other local authorities	7,298
5,820	**TOTAL**	**7,298**

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

6 Short Term Creditors

31 March 2018 £000	Short Term Creditors	31 March 2019 £000
(24)	Other local authorities	(17)
(24)	**TOTAL**	**(17)**

7 Movement in reserves

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

2017/18			2018/19		
Balance at 31 March 2018 £000		To be used by	Transfers Out 2018/19 £000	Transfers In 2018/19 £000	Balance at 31 March 2019 £000
	SCOTTISH GOVERNMENT FUNDING				
0	Mental Health Action 15	31/03/2020	0	98	98
0	Alcohol & Drug Partnerships	31/03/2020	0	235	235
	EXISTING PROJECTS/COMMITMENTS				
43	Self Directed Support/SWIFT Finance Module	31/03/2020	0	0	43
26	Growth Fund - Loan Default Write Off	ongoing	1	0	25
49	Integrated Care Fund	ongoing	1,027	989	11
462	Delayed Discharge	ongoing	402	368	428
15	Veterans Officer Funding	-	15	0	0
69	CJA Preparatory Work	31/03/2020	57	100	112
22	Welfare Reform - HSCP	-	22	0	0
264	Service Reviews	31/03/2021	307	283	240
469	Primary Care Support	31/03/2020	469	241	241
55	Patient/Client Transport Coordinator Role	-	55	0	0
76	SWIFT Replacement Project	30/09/2019	49	0	27
66	LD - Integrated Team Leader	-	66	0	0
0	Rapid Rehousing Transition Plan (RRTP)	31/03/2020	0	30	30
0	Dementia Friendly Inverclyde	tbc once strategy finalised	0	100	100
340	Contribution to Partner Capital Projects	ongoing	307	112	145
152	Continuous Care	ongoing	193	716	675
	TRANSFORMATION PROJECTS				
1,461	IJB Transformation Fund	ongoing	414	1,458	2,505
310	Mental Health Transformation	ongoing	0	0	310
	BUDGET SMOOTHING				
1,112	Adoption/Fostering/Residential Childcare	ongoing	438	58	732
0	Advice Service Smoothing Reserve	ongoing		88	88
310	Prescribing	-	310	0	0
496	Residential & Nursing Placements	ongoing	700	430	226
5,796	**Total Earmarked**		**4,831**	**5,306**	**6,271**

	UN-EARMARKED RESERVES				
0	General		0	1,010	1,010
5,796	**TOTAL Reserves**		**4,831**	**6,316**	**7,281**

The IJB's Prescribing and a portion of the Residential and Nursing Placements Budget Smoothing Reserves were transferred from Earmarked to Un-Earmarked Reserves as part of the 2018/19 Year End process.

8 Expenditure and Funding Analysis

31 March 2018 £000	Inverclyde Integration Joint Board	31 March 2019 £000
	HEALTH SERVICES	
21,570	Employee Costs	22,030
2	Property Costs	20
4,596	Supplies & Services	5,815
23,731	Family Health Service	25,547
18,817	Prescribing	18,394
16,439	Set Aside	16,439
(1,865)	Income	(1,171)
	SOCIAL CARE SERVICES	
27,203	Employee Costs	28,372
1,130	Property Costs	1,028
1,042	Supplies & Services	1,242
371	Transport	411
1,084	Administration	770
37,553	Payments to Other Bodies	40,568
(6,828)	Income	(7,672)
	CORPORATE & DEMOCRATIC CORE/IJB COSTS	
152	Employee Costs	194
32	Administration	42
24	Audit Fee	25
145,053	**TOTAL NET EXPENDITURE**	**152,053**
(146,889)	Grant Income	(153,538)
(1,836)	**(SURPLUS) ON PROVISION OF SERVICES**	**(1,485)**

9 External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2018/19 are £25,000. There were no fees paid to Audit Scotland in respect of any other services.

10 Post balance sheet events

These are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Statement of Accounts is authorised for issue. An adjustment is made to the financial statements where there is evidence that the event relates to the reporting period; otherwise the financial statements are not adjusted, and where the amount is material, a disclosure is made in the notes.

The Chief Financial Officer issued the unaudited Statement of Accounts on 24 June 2019. There have been no material events after the balance sheet date which necessitate revision of figures in the financial statements or notes thereto including contingent assets or liabilities.

The Annual Accounts were authorised for issue by the Chief Financial Officer on 10 September 2019. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

11 Contingent assets and liabilities

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

12 New standards issued but not yet adopted

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

Independent Auditor's Report

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

Report on the audit of the financial statements

Opinion on financial statements
I certify that I have audited the financial statements in the annual accounts of Inverclyde Integration Joint Board for the year ended 31 March 2019 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, Cash-Flow Statement, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code).
In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2018/19 Code of the state of affairs of Inverclyde Integration Joint Board as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion
I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 18 July 2016. The period of total uninterrupted appointment is 5 years. I am independent of the integration joint board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the integration joint board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting
I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about integration joint board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement
I have reported in a separate Annual Audit Report, which is available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Financial Officer of Inverclyde Integration Joint Board audit committee for the financial statements
As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the integration joint board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.
The Inverclyde Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements
My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts
The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.
In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.
In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception
I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities
In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report
This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth
Audit Director (Audit Services)
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT
10th September 2019

UPDATED REPORT

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/61/19/LA**
Contact Officer:	**Lesley Aird Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**FINANCIAL MONITORING REPORT 2018/19 – PERIOD TO 30 JUNE 2019, PERIOD 3**		

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 3 to 30 June 2019.

2.0 SUMMARY

2.1 The detailed report outlines the financial position at Period 3 to the end of June 2019. The current year end operating projection for the Partnership is a projected underspend of £0.513m. The IJB is expected to utilise a net £1.747m of its Earmarked Reserves in year on previously agreed projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and under spends.

2.2 At Period 3 there is a projected underspend of £0.513m 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 to outturn in line with the revised budget.

2.4 The 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 £1.093m for 2019/20 with an actual spend to date of £0.107m.

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 this financial year were £6.271m, with £1.010m in Un-Earmarked Reserves, giving a total Reserve of £7.281. The projected yearend position is a carry forward of £5.534m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 3 forecast position for 2019/20 and Period 3 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. Approves 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 2019/20 was set on 24 June 2019. The table below summarises the agreed budget and funding together with the projected operating outturn at 30 June:

	Revised Budget 2019/20 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	67,154	66,641	(513)
Health Services	71,287	71,287	0
Set Aside	16,857	16,857	0
HSCP NET EXPENDITURE	**155,298**	**154,785**	**(513)**
FUNDED BY			
Transfer from / (to) Reserves	0	(513)	(513)
NHS Contribution to the IJB	104,769	104,769	0
Council Contribution to the IJB	50,529	50,529	0
HSCP OPERATING SURPLUS/(DEFICIT)	**155,298**	**154,785**	**(513)**
Planned Use of Reserves	(1,747)	(1,747)	
Annual Accounts CIES Position	**(1,747)**	**(1,747)**	**(513)**

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 the IJB in late January and the December report in mid-March

These are being 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 ensures 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 30 June 2019 is a £0.513m underspend.

5.2 The Social Work budget includes agreed savings of £1.429m. It is anticipated that this will be delivered in full during the year.

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

- Additional turnover savings being projected across services £0.323m,
- A £0.166m underspend over various budget lines due to the Learning Disability estates programme,
- A projected underspend of £0.360m due to budget that has been identified within the Directorate to assist with funding of the proposed Learning Disability Hub.

Offset in part by:

- An £0.085m projected overspend on agency staff costs,
- A projected overspend of £0.312m due to one client's package cost shared between Criminal Justice and Learning Disabilities.

6.0 HEALTH SERVICES

6.1 The projected outturn for health services at 30 June 2019 is in line with the revised budget.

6.2 The total budget pressure for Health was £0.657m which is covered by efficiencies made in previous years and additional in year uplift and continuing care monies.

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 3 the year to date overspend on Mental Health is £0.115m.

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
Currently projected as in line with budget. This has been based on latest advice from the prescribing teams. Any overall over or underspend on prescribing will be taken from or transferred to a Prescribing 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 To mitigate the risk associated with prescribing cost volatility, the IJB agreed as part of its 2018/19 and 2019/20 budgets to invest additional monies into prescribing. However, due to the uncertain, 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.

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 are heavily tied in to the commissioning/market facilitation work that is ongoing

Work is ongoing detailing the Set Aside position within GG&C for each HSCP. Activity data is now available in almost real time and will be converted to "bed days" over the next few weeks. Budgets are being worked up based on this data. 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 Prior Year Savings

As part of the 2017/18 budget the IJB approved a saving of £0.140m against Allied Health Professional Services (AHP). Due to service changes and increased demand for Occupational Therapy and other AHP services to help reduce service pressures and improve delayed discharge performance this saving has not yet been delivered on a recurring basis. Some posts have been held as vacant for periods of time to deliver the saving non recurringly but this creates a service pressure and does not address the underlying budget gap. To address this going forward it is proposed to amend the original saving proposal to the following which can be delivered in year:

- 0.3 vacant Addictions OT post to be funded from new ADP monies
- Remodelling inpatient OT provision and re-provision of balance of existing resource to community in line with the 5 year mental health strategy
- £0.018m to be funded recurrently from Integrated Care Fund budget
- Balance to be funded from various other non-staff budgets with historic underspends

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.

7.2 In addition to the virement detailed in Appendix 4 the IJB is asked to approve the transfer of a 0.6 WTE Grade F post from Social Care to the Council to undertake duties currently carried out by the Homelessness Service. This would result in a recurring budget transfer from the IJB to the Council of £0.020m.

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. The Fund was increased at the end of 2018/19 from in-year underspends. At the beginning of this financial year the Fund had grown to £2.505m. 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 3 there is £1.403m committed and £1.101m 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 The IJB is asked to approve up to £0.200m from the Transformation Fund to put additional support in place to support the implementation of the Commissioning Workplan as part of the Market Facilitation and Commissioning Plan.

The IJB currently spends around £35m per annum on commissioned services. This £0.200m investment would:

- Allow for additional staffing resource 3 WTE to be brought into the Strategic Commissioning Team for a 2 year period to progress commissioning work (pending Council CMT approval of the additional posts):
    - 1 Procurement Officer (temp 2 years)
    - 1 Strategic Commissioning Officer (temp 2 years)
    - 1 Strategic Commissioning Support Officer (temp 2 years)
- Help ensure that the IJB is able to deliver best value in its commissioned services.
- Support the delivery of future years savings linked to commissioned services

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

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

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget is £1.861m over the life of the projects with £1.093m budgeted to be spent in 2019/20, comprising:

- £0.995m for the replacement of Crosshill Children's Home,
- £0.055m for the upgrade of the Equipment Store in the Inverclyde Centre for Independent Living,
- £0.043m for projects complete on site.

9.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the existing Crosshill building was completed in Autumn 2018. Main contract work commenced on site in October 2018.
- Foundation and drainage works were completed 1st Quarter 2019. As previously reported, site issues had delayed the progress of the foundations and this affected the delivery time of the timber kit. The external timber kit and roof trusses have now been installed. Roof tiling is in progress. Installation of internal partitions is in progress.
- A minor redesign to provide an additional bedroom and en-suite (within the existing floor plate) has been progressed to address concerns on future capacity. It should be noted that should this be taken forward there is likely to be a minor cost impact and further delay to the programme both of which are currently being assessed.
- The original Contract Period was 39 calendar weeks with completion in July 2019 however as previously reported the delays above have impacted the completion date. The Contractor is currently intimating completion late November 2019.

9.3 Inverclyde Centre for Independent Living

The works to the above are being progressed in conjunction with essential roofing works. The HSCP funded element addresses alterations to the decontamination area to comply with current hygiene regulations. The replacement of the existing roof covering which contains asbestos is being funded from the Core Property General Allocation. The store will be decanted for the duration of the works. Tenders for the main works have been returned and are being assessed. It is anticipated the works will commence mid-August with a completion in November 2019.

10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked and Un-Earmarked Reserves; these are managed

in line with the IJB Reserves Policy. As part of the 2018/19 year-end, following feedback from the June IJB, a £1.010m general reserve was created from in year underspends previously earmarked for OP Residential and Nursing Smoothing reserve and the Prescribing smoothing reserve. Total reserves at the start of 2019/20 are £7.281m, £6.271m of Earmarked reserves and £1.01m of general reserves. To date at Period 3, £1.711m of new reserves are expected in year, £0.515m has been spent, projected carry forward at the yearend is £5.534m. Appendix 9 shows all reserves under the following categories:

Earmarked Reserves

- 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 - monies held as a contingency against one-off pressures in the IJBs more volatile budgets eg Children & Families Residential

Un-Earmarked Reserves

- General

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 on the operating position, will impact the year-end CIES outturn. For 2019/20, it is anticipated that as a portion of the brought forward £7.281m and any new Reserves are used the CIES will reflect a deficit. At Period 3, 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

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.

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2019/20 PROJECTED POSITION

PERIOD 3: 1 April 2019 - 30 June 2019

SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	49,264	51,002	50,679	(323)	-0.6%
Property Costs	1,121	1,076	1,012	(64)	-5.9%
Supplies & Services	49,521	48,742	48,665	(77)	-0.2%
Family Health Services	24,617	25,141	25,141	0	0.0%
Prescribing	18,054	18,054	18,054	0	0.0%
Income	(5,426)	(5,574)	(5,623)	(49)	0.9%
HSCP NET DIRECT EXPENDITURE	**137,151**	**138,441**	**137,928**	**(513)**	**-5.9%**
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	**154,008**	**155,296**	**154,785**	**(513)**	**-0.3%**

OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,138	2,114	2,109	(5)	-0.2%
Older Persons	28,267	28,591	28,593	2	0.0%
Learning Disabilities	11,510	11,819	11,572	(247)	-2.1%
Mental Health - Communities	6,541	6,701	6,691	(10)	-0.1%
Mental Health - Inpatient Services	8,400	9,139	9,139	0	0.0%
Children & Families	12,774	13,767	13,849	82	0.6%
Physical & Sensory	2,828	2,872	2,901	29	1.0%
Addiction / Substance Misuse	3,324	3,444	3,299	(145)	-4.2%
Assessment & Care Management / Health & Community Care	7,583	8,273	8,278	5	0.1%
Support / Management / Admin	5,769	6,040	5,555	(485)	-8.0%
Criminal Justice / Prison Service **	0	20	252	232	0.0%
Homelessness	743	1,026	1,055	29	2.8%
Family Health Services	24,618	25,142	25,142	0	0.0%
Prescribing	18,262	18,262	18,262	0	0.0%
Change Fund	1,228	1,231	1,231	0	0.0%
Unallocated Funds	3,167	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	**137,151**	**138,441**	**137,928**	**(513)**	**-0.4%**
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	**154,008**	**155,298**	**154,785**	**(513)**	**-0.3%**
FUNDED BY					
NHS Contribution to the IJB	86,534	87,912	87,912	0	0.0%
NHS Contribution for Set Aside	16,857	16,857	16,857	0	0.0%
Council Contribution to the IJB	50,617	50,529	50,529	0	0.0%
Transfer from / (to) Reserves	0	0	(513)	(513)	0.0%
HSCP NET INCOME	**154,008**	**155,298**	**154,785**	**(513)**	**-0.3%**
HSCP OPERATING SURPLUS/(DEFICIT)	**0**	**0**	**0**	**0**	**0.0%**
Anticipated movement in reserves ***	(1,747)	(1,747)	(1,747)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	**(1,747)**	**(1,747)**	**(1,747)**		

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

*** See Reserves Analysis for full breakdown

APPENDIX 2

SOCIAL CARE

REVENUE BUDGET PROJECTED POSITION 2018/19

PERIOD 3: 1 April 2019 - 30 June 2019

2018/19 Actual £000	SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
26,882	Employee Costs	28,443	27,939	27,616	(323)	-1.2%
1,028	Property costs	1,115	1,071	1,007	(64)	-6.0%
1,185	Supplies and Services	912	933	909	(24)	-2.6%
411	Transport and Plant	381	377	367	(10)	-2.7%
799	Administration Costs	783	759	768	9	1.2%
39,552	Payments to Other Bodies	41,117	40,734	40,682	(52)	-0.1%
(16,765)	Resource Transfer	(16,751)	(16,625)	(16,625)	0	0.0%
(5,980)	Income	(5,382)	(4,659)	(4,708)	(49)	1.1%
47,112	**SOCIAL CARE NET EXPENDITURE**	**50,617**	**50,529**	**50,016**	**(513)**	**-1.0%**

2018/19 Actual £000	OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
1,802	Strategy & Support Services	1,700	1,677	1,672	(5)	-0.3%
27,154	Older Persons	28,267	28,591	28,593	2	0.0%
11,054	Learning Disabilities	11,049	11,312	11,065	(247)	-2.2%
3,740	Mental Health	3,539	3,644	3,634	(10)	-0.3%
10,079	Children & Families	9,837	10,524	10,606	82	0.8%
2,921	Physical & Sensory	2,828	2,872	2,901	29	1.0%
1,759	Addiction / Substance Misuse	1,772	1,751	1,606	(145)	-8.3%
2,507	Business Support	3,087	3,366	2,881	(485)	-14.4%
2,101	Assessment & Care Management	2,123	2,371	2,376	5	0.2%
(32)	Criminal Justice / Scottish Prison Service	0	20	252	232	0.0%
(16,764)	Resource Transfer	(16,751)	(16,625)	(16,625)	0	0.0%
0	Unallocated Funds	2,424	0	0	0	0.0%
791	Homelessness	743	1,026	1,055	29	2.8%
47,112	**SOCIAL CARE NET EXPENDITURE**	**50,617**	**50,529**	**50,016**	**(513)**	**-1.0%**

2018/19 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
49,653	**Council Contribution to the IJB**	**50,617**	**50,529**	**50,529**	**0**	**0.0%**
(2,541)	**Transfer from / (to) Reserves**	**0**	**0**	**(513)**	**(513)**	

APPENDIX 2A

SOCIAL CARE
PERIOD 3: 1 April 2019 - 30 June 2019

Extract from report to the Health & Social Care Committee

Children & Families: Projected £82,000 (0.77%) overspend
The projected overspend primarily relates to employee costs and in the main relates to residential accommodation where there is a requirement for minimum staffing levels. This is a continuing pressure area.

Any over/ underspends on adoption, fostering, kinship and 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. The balance on the reserve is £1,407,000. At period 3 there is a projected net overspend of £100,000 on children's external residential accommodation, adoption, fostering and kinship and continuing care which would be funded from the earmarked reserves at the end of the year it if continues.

Criminal Justice: Projected £232,000 (12.75%) overspend
The projected overspend primarily relates to a client package cost shared with Learning Disabilities for which we are seeking additional funding from Scottish Government.

Note that the percentage variance is based on the grant total not the net budget.

Older People: Projected £1,000 (0.00%) overspend
The projected underspend comprises:
> A projected overspend of £77,000 mainly within Respite due to overspends in overtime, travel, sessional, additional basic and allowances partially offset by an underspend due to vacant posts,
> A projected underspend on day care contract of £32,000 and £22,000 for housing wardens contract,
> A £35,000 projected underspend resulting from partial implementation of Ethical Care.

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 £926,000. At period 3 we are projecting residential & nursing online with budget.

Learning Disabilities: Projected £247,000 (3.22%) underspend
The projected underspend comprises:
> A projected underspend of £149,000 on employee costs mainly due to vacant posts resulting in additional turnover being achieved,
> A projected underspend of £166,000 across various non-pay budget lines due to the planned estates programme.
> A £68,000 overspend on Payments to other Bodies based on current client commitments. £61,000 relates to one client package cost shared with Criminal Justice.

Physical & Sensory: Projected £29,000 (1.19%) overspend

The overspend mainly relates to client commitments of £40,000.

Mental Health: Projected £10,000 (0.67%) underspend
The projected underspend comprises:
> A projected underspend of £67,000 on employee costs mainly due to vacant posts resulting in additional turnover being achieved,
> A £85,000 projected overspend on agency staff costs which is in line with previous year out-turn. This is partly offset by a £41,000 projected underspend on externally provided commissioned services.

Addictions: Projected £145,000 (14.91%) underspend
The projected underspend consists mainly of an over-recovery of turnover target of £134,000 on employee costs due to vacancies being held in connection with the addictions review.

Business Support: Projected £484,000 (14.24%) underspend
The projected underspend comprises:
> A projected underspend of £73,000 on employee costs mainly due to vacant posts resulting in additional turnover being achieved,
> A projected underspend of £360,000 that relates to funding which is being held back for the LD estates programme,
> A projected underspend of £69,000 for unfunded criminal justice pay inflation which at this stage is not required.

APPENDIX 3

HEALTH

REVENUE BUDGET PROJECTED POSITION 2018/19

PERIOD 3: 1 April 2019 - 30 June 2019

2018/19 Actual £000	SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
22,075	Employee Costs	20,821	23,063	23,063	0	0.0%
20	Property	5	5	5	0	0.0%
5,815	Supplies & Services	5,586	5,939	5,939	0	0.0%
25,547	Family Health Services (net)	24,617	25,141	25,141	0	0.0%
18,394	Prescribing (net)	18,054	18,054	18,054	0	0.0%
16,764	Resource Transfer	16,751	16,625	16,625	0	0.0%
	Unallocated Funds/(Savings)	743	0	0	0	0.0%
(1,171)	Income	(44)	(915)	(915)	0	0.0%
87,444	**HEALTH NET DIRECT EXPENDITURE**	**86,534.0**	**87,912**	**87,912**	**0**	**0.0%**
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	**HEALTH NET DIRECT EXPENDITURE**	**103,391**	**104,769**	**104,769**	**0**	**0.0%**

2018/19 Actual £000	OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,993	Children & Families	2,937	3,243	3,243	0	0.0%
6,081	Health & Community Care	5,460	5,902	5,902	0	0.0%
2,118	Management & Admin	2,682	2,674	2,674	0	0.0%
480	Learning Disabilities	461	507	507	0	0.0%
1,537	Addictions	1,552	1,693	1,693	0	0.0%
2,972	Mental Health - Communities	3,002	3,057	3,057	0	0.0%
8,729	Mental Health - Inpatient Services	8,400	9,139	9,139	0	0.0%
499	Strategy & Support Services	438	437	437	0	0.0%
1,133	Change Fund	1,228	1,231	1,231	0	0.0%
25,547	Family Health Services	24,618	25,142	25,142	0	0.0%
18,591	Prescribing	18,262	18,262	18,262	0	0.0%
	Unallocated Funds/(Savings)	743	0	0	0	0.0%
16,764	Resource Transfer	16,751	16,625	16,625	0	0.0%
87,444	**HEALTH NET DIRECT EXPENDITURE**	**86,534.0**	**87,912**	**87,912**	**0**	**0.0%**
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	**HEALTH NET DIRECT EXPENDITURE**	**103,391**	**104,769**	**104,769**	**0**	**0.0%**

2018/19 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
103,883	**NHS Contribution to the IJB**	**103,391**	**104,769**	**104,769**	**0**	**0.0%**

Budget Movements 2019/20

Appendix 4

Inverclyde HSCP	Approved Budget	Movements				Revised Budget
Service	2019/20 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	2019/20 £000
Children & Families	12,774	0	994	0	0	13,767
Criminal Justice	0	0	20	0	0	20
Older Persons	28,267	0	324	0	0	28,591
Learning Disabilities	11,510	0	309	0	0	11,819
Physical & Sensory	2,828	0	44	0	0	2,872
Assessment & Care Management/ Health & Community Care	7,583	0	690	0	0	8,273
Mental Health - Communities	6,541	0	160	0	0	6,701
Mental Health - In Patient Services	8,400	0	739	0	0	9,139
Addiction / Substance Misuse	3,324	0	120	0	0	3,444
Homelessness	743	0	284	0	0	1,026
Strategy & Support Services	2,138	0	(24)	0	0	2,114
Management, Admin & Business Support	5,769	0	(495)	766	0	6,040
Family Health Services	24,618	0	0	524	0	25,142
Prescribing	18,262	0	0	0	0	18,262
Change Fund	1,228	0	3	0	0	1,231
Resource Transfer	0	0	0	0	0	0
Unallocated Funds *	3,167	0	(3,167)	0	0	0
Totals	137,151	0	0	1,290	0	138,442

* 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

Budget Virements since last report	Increase Budget £000	(Decrease) Budget £000
Health - Reallocation of Unallocated Funds and in year uplifts as at P3		
Children & Families	306	
Learning Disabilities	46	
Health & Community Care	442	
Mental Health - Communities	55	
Mental Health - Inpatient Services	739	
Addiction / Substance Misuse	141	
Strategy & Support Services	(1)	
Change Fund	3	
Management, Admin & Business Support		898
Resource Transfer		90
Unallocated Funds/(Savings)		743
Social Care - Reallocation of Unallocated Funds and in year uplifts as at P3		
Children & Families	687	
Learning Disabilities	263	
Physical Disabilities	44	
Health & Community Care	324	
Mental Health - Communities	105	
Homelessness	284	
Addiction / Substance Misuse		21
Strategy & Support Services		23
Assessment & Care Management	248	
Criminal Justice	20	
Management, Admin & Business Support	403	
Resource Transfer	90	
Unallocated Funds		2,424
	4,199	4,199

Supplementary Budget Movement Detail

	£000	£000
Management & Admin		**766**
Health - Budget realignment linked to uplift	854	
Social Care - £88k linked to Advice Services EMR already passed across in 18/19	(88)	
Family Health Services		**524**
Additional in year funding - Non Cash Limited Budget	524	
		1,290

APPENDIX 5

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 CARE	
Employee Costs	27,939
Property costs	1,071
Supplies and Services	933
Transport and Plant	377
Administration Costs	759
Payments to Other Bodies	40,734
Income (incl Resource Transfer)	(21,284)
Transfer to EMR	0
SOCIAL CARE NET EXPENDITURE	**50,529**

OBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL CARE	
Strategy & Support Services	1,677
Older Persons	28,591
Learning Disabilities	11,312
Mental Health	3,644
Children & Families	10,524
Physical & Sensory	2,872
Addiction / Substance Misuse	1,751
Business Support	3,366
Assessment & Care Management	2,371
Criminal Justice / Scottish Prison	20
Change Fund	0
Homelessness	1,026
Unallocated Budget Changes	0
Resource Transfer	(16,625)
SOCIAL CARE NET EXPENDITURE	**50,529**

This direction is effective from 10 September 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	23,063
Property costs	5
Supplies and Services	5,939
Family Health Services (net)	25,141
Prescribing (net)	18,054
Resources Transfer	16,625
Unidentified Savings	0
Income	(915)
HEALTH NET DIRECT EXPENDITURE	**87,912**
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	**104,769**

OBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Children & Families	3,243
Health & Community Care	5,902
Management & Admin	2,674
Learning Disabilities	507
Addictions	1,693
Mental Health - Communities	3,057
Mental Health - Inpatient Services	9,139
Strategy & Support Services	437
Change Fund	1,231
Family Health Services	25,142
Prescribing	18,262
Unallocated Funds/(Savings)	0
Resource Transfer	16,625
HEALTH NET DIRECT EXPENDITURE	**87,912**
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	**104,769**

This direction is effective from 10 September 2019.

APPENDIX 6

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 3: 1 April 2019 - 30 June 2019

Total Fund at 31/03	2,505,000
Balance Committed to Date	1,403,229
Balance Still to be Committed	1,101,771

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	31,600	6,367	90,633
Infant Feeding Coordinator - FT 18 mths	Children's Services	TB	12/09/18	27,900	7,384	20,516
Infant Feeding Coordinator - FT 18 mths - Part 2	Children's Services	TB	09/01/19	9,200		9,200
ICIL - Joint Equipment Store Upgrade	HCC	IJB	11/09/18	70,000		70,000
Unscheduled Care Plan 2018/19 - Interim Funding till NHSGG&C Funds allocated	Health & Community Care	SMT	19/09/18	44,804	8,090	36,714
Winter Plan 2018/19 - 7 month project - interim funding till NHSGG&C winter plan funding allocated	Health & Community Care	SMT	19/09/18	97,683	97,683	0
Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370		59,370
Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000		70,000
TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340		22,340
OOH Community Nursing & Homecare Review - 6 mths Band 8A	Community Nursing	TB	09/01/19	7,000	4,181	2,819
Long Term Conditions Nurses - 2 x 1wte Band 5 nurses to cover Diabetes, COPD and Hyper-tension for a fixed term of one year.	Community Nursing	SMT	09/01/19	80,500	4,318	76,182
Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	150,000		150,000
Localities Enagement Officer - 1 year	Strategy & Support Services	TB	27/03/19	61,000	9,843	51,157
Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100		51,100
Domestic Abuse	Children's and Criminal Justice Services	TB	27/03/19	20,000	0	20,000

Project Title	Service Area	Approved IJB/TB	Date Approved	Agreed Funding	Spend to date	Balance to spend
Signposting/Care Navigation	Health & Community Care	TB	27/03/19	10,400		10,400
CAMHS - Tier 3 service development - £50k per annum for 3 years	Children & Families	IJB	24/06/19	300,000		300,000
Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500		42,500
Priority Management & Resiliance Training	All	TB	01/05/19	76,500		76,500
SWIFT replacement project - extension of Project Manager contract by one year and employ fixed term Project Assistant for one year.	Quality & Development	TB	26/06/19	95,240		95,240
Homelessness Team Agile Working/new network. Provions of 9 laptops and 3 desktops for staff at Crown House.	Homelessness Team	TB	26/06/19	5,092		5,092
Temp HR advisor for 18 months to support absence management process and occupational health provision within	Strategy & Support Services	TB	26/06/19	66,000		66,000
IDEAS project - commissioning of dedicated staff to solely complete claims	Quality & Development	TB	26/06/19	5,000		5,000

APPENDIX 7

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET 2018/19
PERIOD 3: 1 April 2019 - 30 June 2019

Integrated Care Fund (ICF)

By Organisation	Revised Budget	Projected outturn	Variance	YTD Actuals
HSCP Council	866,216	866,216	0	201,897
HSCP Council Third Sector	202,800	202,800	0	23,750
HSCP Health	115,975	115,975	0	10,000
Acute	70,000	70,000	0	
	1,254,991	**1,254,991**	**0**	**235,647**

Delayed Discharge (DD)

Summary of allocations	Revised Budget	Projected outturn	Variance	YTD Actuals
Council	616,270	616,270	0	121,084
Health	144,300	144,300	0	0
Acute	50,000	50,000	0	0
	810,570	**810,570**	**0**	**121,084**

APPENDIX 8

INVERCLYDE HSCP - CAPITAL BUDGET 2018/19

PERIOD 3: 1 April 2019 - 30 June 2019

Project Name	Est Total Cost £000	Actual to 31/3/19 £000	Approved Budget 2019/20 £000	Actual YTD £000	Est 2020/21 £000	Est 2021/22 £000	Future Years £000
SOCIAL CARE							
Crosshill Children's Home Replacement	1,748	582	995	107	171	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	70	0	55	0	15	0	0
Completed on site	43	0	43	0	0	0	0
Social Care Total	**1,861**	**582**	**1,093**	**107**	**186**	**0**	**0**
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	**1,861**	**582**	**1,093**	**107**	**186**	**0**	**0**

EARMARKED RESERVES POSITION STATEMENT **APPENDIX 9**

INVERCLYDE HSCP

PERIOD 3: 1 April 2019 - 30 June 2019

Project	Lead Officer/ Responsible Manager	Planned Use By Date	b/f Funding 2018/19 £000	New Funding 2019/20 £000	Total Funding 2019/20 £000	YTD Actual 2019/20 £000	Projected Net Spend 2019/20 £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Scottish Government Funding			**333**	**0**	**333**	**0**	**333**	**0**	
Mental Health Action 15		31/03/2020	98		98		98	0	In year underspend will be carried forward earmarked for use on this SG initiative
ADP		31/03/2020	235		235		235	0	In year underspend will be carried forward earmarked for use on this SG initiative
Existing Projects/Commitments			**2,077**	**1,711**	**3,788**	**425**	**2,348**	**1,440**	
Self Directed Support	Alan Brown	31/03/2020	43		43		43	0	This supports the continuing promotion of SDS and full spend is projected for 2019/20.
Growth Fund - Loan Default Write Off	Helen Watson	ongoing	25		25		1	24	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	ongoing	11	864	875	239	875	0	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Full spend is expected for 2019/20.
Delayed Discharge	Allen Stevenson	ongoing	428	334	762	112	712	50	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support.
CJA Preparatory Work	Sharon McAlees	31/03/2020	112		112	14	112	0	Budget is for post to address the changes in Community Justice and shortfall of savings target for 2019/20 and also £25k for Whole Systems Approach.
Swift Replacement Programme	Helen Watson	30/09/2019	27		27	14	27	0	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
Service Reviews	Alan Best	31/03/2021	240		240	46	236	4	Funding for two posts to carry out service reviews. Posts appointed to in September 2018. Funding for 1 grade L post and 2 grade H/I posts to 31/03/2020, all posts currently filled. Funding for one year for Your Voice and TAG support.
Continuous Care	Sharon McAlees	ongoing	675		675		127	548	To address continuing care legislation. Based on period 3 projections it is assumed that £127k of the EMR will be spent at the end of 19/20.
Rapid Rehousing Transition Plan (RRTP)	Deborah Gillepsie	31/03/2020	30		30			30	Funding to support RRTP development
Dementia Friendly Inverclyde	Deborah Gillepsie	tbc once Strategy finalised	100		100			100	Dementia Friendly Inverclyde. Dementia Strategy reviewed, action plan being revised. iHub 2 year project to develop Care Coordination
Primary Care Support	Allen Stevenson	31/03/2020	241		241		200	41	`
Contribution to Partner Capital Projects	Lesley Aird	ongoing	145		145		15	130	Funding to support capital projects linked to HSCP service delivery: Fitzgerald, Wellpark, PGHC & Crosshill
New LD Centre	Allen Stevenson	31/03/2021	0	513	513		0	513	Planned underspend in 2019/20 to support future costs of new LD Centre
Transformation Projects			**2,815**	**0**	**2,815**	**65**	**500**	**2,315**	

Project	Lead Officer/ Responsible Manager	Planned Use By Date	b/f Funding 2018/19 £000	New Funding 2019/20 £000	Total Funding 2019/20 £000	YTD Actual 2019/20 £000	Projected Net Spend 2019/20 £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Transformation Fund	Louise Long	ongoing	2,505		2,505	65	500	2,005	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	ongoing	310		310		0	310	Anticipated that this will be required to fund future 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			**1,046**	**0**	**1,046**	**25**	**277**	**769**	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	732		732	25	189	543	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. Projection assumes £189k of the EMR will be spent at the end of 19/20.
Advice Service Smoothing	Helen Watson	31/03/2020	88		88		88	0	EMR budget from Anti Poverty to assist in achieving £105k savings within Planning & Improvement services.
Residential & Nursing Placements	Allen Stevenson	ongoing	226		226		0	226	This reserve is used to smooth the spend on nursing and residential care beds across the years. At present the projection assumes that the 2019/20 core budget will be spent in full.
TOTAL EARMARKED			**6,271**	**1,711**	**7,982**	**515**	**3,458**	**4,524**	
UN-EARMARKED RESERVES									
General			1,010		1,010		0	1,010	
			1,010	**0**	**1,010**	**0**	**0**	**1,010**	
TOTAL IJB RESERVES			**7,281**	**1,711**	**8,992**	**515**	**3,458**	**5,534**	
							b/f Funding	7,281	
							Earmark to be carried forward	5,534	
							Projected Movement in Reserves	**(1,747)**	

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:** **IJB/55/2019/HW**
Contact Officer:	**Helen Watson** **Head of Strategy & Support Services**	**Contact No:** **01475 715285**
Subject:	**MINISTERIAL STRATEGIC GROUP (MSG) INTEGRATION ACTION PLAN**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on the development of an Improvement Action Plan for Inverclyde in relation to the proposals made by the Ministerial Strategic Group (MSG) for Health and Community Care in its national review of progress of integration.

2.0 SUMMARY

2.1 In May 2019 the IJB received and approved the Inverclyde Integration Self-Evaluation, required by the Ministerial Strategic Group of the Scottish Government. The Integration Action Plan (to follow) proposes some key actions that will support our well-established integration approach, and also identifies some opportunities for joint working with other key partners. All of the proposed actions are in line with the 6 Big Actions in our Strategic Plan.

3.0 RECOMMENDATIONS

3.1 The IJB is asked to approve the Action Plan, and receive regular updates describing progress with its implementation.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 In November 2018, Audit Scotland published its review of Health and Social Care Integration in Scotland. That review was considered by the Ministerial Strategic Group (MSG) for Health and Community Care which developed a number of specific proposals in light of the Audit Scotland recommendations. The MSG also requested that each Health Board, Local Authority and Integration Joint Board should undertake a self-evaluation of their progress in relation to those proposals, using a template designed for that purpose.

4.2 That self-evaluation was undertaken in Inverclyde, and approved by the IJB in May 2019. Out of a total of 25 proposals, 4 were required to be actioned by the Scottish Government and the other 21 carry responsibilities for IJBs Council and NHS. The self-evaluation identified that Inverclyde HSCP has already established arrangements for a number of the proposals, but that there are opportunities to improve what we currently do, in the spirit of the integration legislation.

4.3 The actions described in the Action Plan aim to progress our position on each of the proposals, and are in line with the HSCP vision and values. They also support the delivery of our Strategic Plan.

5.0 IMPLICATIONS

FINANCE

5.1

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 specific legal implications 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?

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

5.4.2 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 integration legislation aims to reduce inequalities, and the action plan is focused on realising the ambitions of the legislation.
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

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.	The purpose of integration is to deliver the National Wellbeing Outcomes, therefore this report supports all nine outcomes.
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	As above.

People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above.
Health and social care services contribute to reducing health inequalities.	As above.
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.	As above.
People using health and social care services are safe from harm.	As above.
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.	As above.
Resources are used effectively in the provision of health and social care services.	As above.

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 None.

Inverclyde Tripartite Submission

MSG Action Plan

In Response to MSG Integration Proposals

Draft August 2019

Key Feature 1 **Collaborative leadership and building relationships**			
Proposal 1.1: All leadership development will be focused on shared and collaborative practice.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Working to create a common approach and consistency through self-evaluation tools across all 6 partners.	Whole System Planning Group	Ongoing
Proposal 1.2: Relationships and collaborative working between partners must improve.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Focus on opportunities created by People Plan and provide consistent high quality training to staff, providers and carers.	Head of Strategy & Support Services	December 2019
Proposal 1.3: Relationships and partnership working with the 3rd and independent sectors must improve.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Self-assessment to identify any improvements in understanding of commissioned services by engaging with 3rd sector/private providers and updating Inverclyde's Market facilitation plan if required.	CVS/Head of Strategy & Support	November 2019
	Review participation and engagement structures and arrangements, and share learning.	Head of Strategy & Support Services	March 2020

Key Feature 2 **Integrated finances and financial planning**			
Proposal 2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	An opportunity to improve understanding across the system by joint meetings with CFOs and Director of Finance.	Council & IJB Chief Financial Officers and GG&C Director of Finance	November 2019
Proposal 2.2: Delegated budgets for IJBs must be agreed timeously		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		

Proposed improvement actions	Health Board to agree formal offer to IJB by early March.	Director of Finance GGC	March 2020
Proposal 2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		
Proposed improvement actions	NHSGG&C working with IJB Chief Officers, Chief Financial Officers and Heads of Planning through the Unscheduled Care workstream to establish a clear position and develop a commissioning plan for set-aside.	NHSGG&C Unscheduled Care Workstream	January 2021
Proposal 2.4: Each IJB must develop a transparent and prudent reserves policy		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Seek Audit Scotland view on IJB free reserves.	IJB Chief Financial Officer	Complete
Proposal 2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Inverclyde Council to look at enhancing reporting from Council to IJB Chief Finance Officer (CFO) in line with the MSG proposals.	Council Chief Financial Officer	November 2019
Proposal 2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Conclude the review of integration schemes as part GGC wide work.	Head of Strategy & Support Services & IJB Standards Officer	March 2020

Key Feature 3 **Effective strategic planning for improvement**			
Proposal 3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		

Proposed improvement actions	n/a		
Proposal 3.2: Improved strategic inspection of health and social care is developed to better reflect integration		**Responsible Officer(s)**	**Due by**
Proposed improvement actions	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE		
Proposal 3.3: National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.		**Responsible Officer(s)**	**Due by**
Proposed improvement actions	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE		
Proposal 3.4: Improved strategic planning and commissioning arrangements must be put in place.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Dedicated support put in place to engage with localities.	Chief Officer/Head of Strategy & Support Services	Complete
	Format agreed for quarterly service reviews with Council and Health Board Chief Executives.		Complete
	Work with NHSGGC to develop commissioning arrangement for set aside functions.	Head of Strategy & Support Services/USC GGC Group	January 2021
Proposal 3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place.		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		
Proposed improvement actions	Cross-system work to provide analysis of demand and usage of high resource individual and develop plans.	Head of Health & Community Care	March 2020
	Invest in community services to meet demographic pressures and develop more community based options.	Head of Health & Community Care	March 2020
	Improve links to Community Planning Partnership (Alliance) and regeneration to understand and meet the needs of communities.	Chief Officer	December 2019

Key Feature 4 **Governance and accountability arrangements**			
Proposal 4.1: The understanding of accountabilities and responsibilities between statutory partners must improve.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Review hosting arrangement and governance across GGC as part renew of integrations scheme	Chief Officer/Head of Strategy & Support Services	March 2020
Proposal 4.2: Accountability processes across statutory partners will be streamlined.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Review structures to design out duplication.	Head of Strategy & Support Services	June 2020
Proposal 4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	n/a		
Proposal 4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Implement directions in line with new Scottish Government guidance.	IJB Standards Officer	TBC
Proposal 4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Integrated Clinical and Care Governance Forum to be co-chaired by the Chief Social Work Officer, the Clinical Director and the Chief Nurse.	Clinical Director, Clinical Nurse, Senior Management Team	Complete
	Improve governance/reporting on hosted services.	Head of Strategy & Support Services	December 2019

Key Feature 5 **Ability and willingness to share information**			
Proposal 5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	A review of effectiveness and format of Quarterly performance review by 2 Chief Executives.	Chief Executives for NHS & Council	Complete
	Opportunity to learn from research and share locally/internationally.	Head of Strategy & Support Services	Ongoing
Proposal 5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Undertake detailed analysis of hospital usage patterns, considering demand versus need, and identify process that works across Scotland.	Head of Strategy & Support Services	March 2020
	Undertake detailed analysis of High Resource Individuals with a view to reviewing and setting up more proactive care planning. Evaluate Choose the Right Service, or equivalent, to ascertain if it has supported any shift in demand patterns, and share learning.	Chief Officer	March 2020
Proposal 5.3: A framework for community based health and social care integrated services will be developed.		**Responsible Officer(s)**	**Due by**
Proposed improvement actions	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE		

Key Feature 6 **Meaningful and sustained engagement**			
Proposal 6.1: Effective approaches for community engagement and participation must be put in place for integration.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Build in participatory budgeting to locality planning arrangements.	Head of Strategy & Support Services	Complete
	Learn from Strategic Plan development to build more effective locality planning and engagement arrangements.		March 2020
Proposal 6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Include carers as part of the workforce when undertaking workforce planning.	Head of Strategy & Support Services	March 2020
	Review the local implementation of Carers Act and how this has impacted on outcomes.	Head of Health & Community Care	June 2020
Proposal 6.3: We will support carers and representatives of people using services better to enable their full involvement in integration.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	n/a		

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/49/2019/DG**
Contact Officer:	**Deborah Gillespie Head of Mental Health, Addictions and Homelessness**	**Contact No: 01475 715284**
Subject:	**Review of Inverclyde HSCP Alcohol and Drug Services- Progress Update**	

1.0 PURPOSE

1.1 The purpose of this report is to update Inverclyde Integration Joint Board on the progress of the Inverclyde HSCP Review of Alcohol and Drug Services.

2.0 SUMMARY

2.1 A Review of Inverclyde HSCP Alcohol and Drug Services was commenced in late 2017 with an aim to develop a coherent and fully integrated model for the services in Inverclyde. Phase One of the review set out to review the current delivery models and was completed in June 2018. Phase Two has now been concluded which establishes the future model for the service.

2.2 Phase Two has been taken forward by workstream groups focused on: Prevention and Education; Assessment, Treatment and Care; Wider Multi-disciplinary Services; Recovery; and Workforce. Work is also being concluded on the financial framework for the services, including commissioned services.

2.3 The Phase Two report sets out a number of recommendations which will be taken forward through the implementation plan. This will be overseen by the Alcohol and Drug Review Programme Board which was established at the start of the review and continues to meet regularly to oversee this work.

2.4 The co-location of both the Alcohol and Drug services on the refurbished Wellpark site since the end of March 2019 will aid the development of a cohesive and fully integrated new model of delivery.

3.0 RECOMMENDATIONS

3.1 That the Integration Joint Board agrees the recommendations being made in terms of the review of the HSCP Alcohol and Drug Services and agrees to a further report being submitted as implementation of the integrated service progresses.

3.2 That the Integration Joint Board notes the progress made and that the review is part of Big Action 5 due to be delivered by 2020.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 A Review of Inverclyde HSCP Alcohol and Drug Services was commenced in late 2017 with an aim to develop a cohesive and fully integrated model for the services in Inverclyde. The review was governed by three overarching principles which anchor the service user at the heart of the new delivery model.

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

4.2 Phase One of the review set out to review all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population and was completed in June 2018 The five key areas for consideration and further action from the Phase One work were :

- Current and Future Demand
- Outcome Focused Approach
- Tiered approach to service delivery
- Integrated pathways
- Workforce

4.3 Since the commencement of this work, the Scottish Government has published both the new Drug/Alcohol Strategy. Rights, Respect and Recovery (2018) and also the new alcohol framework, Preventing Harm (2018).

Inverclyde HSCP has developed its Strategic Plan (2019-24) which includes six big actions with Big Action 5 focused on "together we will reduce the use of, and harm from, alcohol, tobacco and drugs".

4.4 In addition, the recent report, Prevalence of Problem Drug Use in Scotland 2015/16 Estimates - Information Services Division (ISD) March 2019- An Official Statistics Publication for Scotland; has recently highlighted that Inverclyde has the highest prevalence of drug use in Scotland. Of concern is that Inverclyde has the highest rate of prevalence for young people aged between 15 and 24 in Scotland (for both males and females), whilst the Inverclyde rate at 3.09% within the male population aged 15-24 is twice that for the Scotland-wide rate for this age group and gender.

4.5 This prevalence information and recent national strategies have informed and shaped the considerations of the workstreams.

4.6 Central to the work has been the requirement to ensure all stakeholders, including staff, partner organisations and service users are involved in shaping the future service and ensure communication is open, transparent and timeous. As a result of this approach, a Service User Reference Group has been established supported by YourVoice to enable their engagement.

5.0 PROGRESS TO DATE

5.1 Workstream groups were established, suitable chairs and members identified from the HSCP services and partners and action plans developed with regular reporting back to the Alcohol and Drug Service Review Programme Board. The workstream groups have undertaken a range of work to help identify a new model for delivery. Core to this will be a tiered approach which helps identify the key areas of focus of the HSCP service going forward.

5.2 **The Prevention and Education workstream** has carried out-scoping to look at what was available across Inverclyde in relation to prevention and education (adults and young people) and what partners/services are delivering this area of work. In addition, they have examined the most up-to-date national and local policies available to ensure current and future delivery meets evidence-based practice. The initial findings, including the concerning data from the recently published drugs prevalence study highlighted above, indicate that a more joined-up and active approach to prevention across the whole population, including schools network and wider communities, is required.

5.3 **The Assessment Treatment and Care Workstream** has identified new access criteria for the service. In addition, they are developing new models of delivery to establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and ensure effective liaison with acute and primary care colleagues to best support service users with drug and alcohol issues.

5.4 **The Wider Multidisciplinary Workstream** has identify a range of wider supports and interfaces across HSCP services that will ensure robust joint working and better pathways to support service users. This reflects the increasing needs of people with comorbidities in respect of impact of alcohol and drug use on their physical and mental health. This work includes a review of support that is available to families affected by drug and alcohol issues. This is being undertaken in partnership with the ADP, which has commissioned Scottish Families Affected by Drugs to lead work to co-produce the appropriate response and identify changes required in this area.

5.5 **The Recovery Workstream** has included work being undertaken by the Scottish Drugs Forum with the Alcohol and Drug Partnership. This has identified areas to focus on for development of Recovery Orientated Systems of Care (ROSC) across the whole system of support including with our third sector partners and the community.

5.6 **The Workforce Workstream** has been working to ensure staff are supported in the transition to a new integrated model and identify training and development requirements to ensure staff are adequately equipped and supported to deliver recovery orientated treatments and interventions across both alcohol and drugs. Development days, shadowing and other opportunities for joint learning are underway. The delivery of both alcohol and drug services on the newly refurbished collated site of Wellpark and the new service name of Inverclyde Alcohol and Drug Recovery Service will enhance these opportunities for closer working ahead of full integration.

5.7 The Phase Two report has now been finalised with a number of recommendations emerging from the workstream discussions. These are included within Appendix 1.

5.8 An Implementation Plan has been developed (Appendix 2) with three key overarching areas to be progressed as follows:

- Prevention- through the Alcohol and Drug Partnership
- Assessment and Treatment-through the Alcohol and Drug Review Programme Board
- Recovery- through a wider HSCP recovery development approach with mental health; supported self-care and commissioning.

5.9 A professional “critical friend” has been identified to ensure that the work to review the service is robust, and all potential recommendations and changes have been identified.

6.0 IMPLICATIONS

6.1 **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

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

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.5 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact- the new service model will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact- the new service model will ensure service users with alcohol and drug issues will not be discriminated
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.	Positive impact- refreshed training to ensure all staff working within the new service are aware of their values and beliefs to ensure non discrimination
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

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

6.7 **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.	By ensuring a ROSC approach is embedded within the new delivery model will ensure service users have access to a range of supports.
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.	The new delivery model will ensure service users have access to a professional evidence based service which will meet their needs.
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.	Reviewing the current delivery model will enable best use of resources in the future.

7.0 DIRECTIONS

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

Staff have been involved in a number of the workstream groups with staff representation on the overall Programme Board. Staff briefings are ongoing and a newsletter is currently in development.

9.0 BACKGROUND PAPERS

9.1 None.

Inverclyde HSCP Alcohol and Drug Service Review

Phase 2 Report

Final

2/6/19

OBJECTIVES AND RECCOMENDATIONS

The conclusion of this review is to establish the direction of travel and vision for the Inverclyde HSCP Alcohol and Drug Services within a wider system of care; which will implement an integrated recovery oriented treatment and care model, built around effective liaison with acute and primary care; effective and efficient pathways through the core service; and closer working with third sector providers through formal commissioning and effective partnerships.

The review is governed by three overarching principles which anchors the service user at the heart of the new delivery model.

Overarching Principles

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

Objectives

Through the development of the new service we will:

- Ensure those individuals in the greatest need are prioritised in terms of access to services.
- Ensure that services users and the wider community can benefit from the full range of care and treatment options available to meet their individual needs
- Ensure that individual needs are fully assessed by a competent, multi- skilled and multi-disciplinary team with full access to a wide range of intensive specialist services as required
- Improve the efficiency and effectiveness of addiction related intervention and pathways by effective multidisciplinary working which minimises duplication and uses shared resources to best effect.
- Ensure that service users have a robust recovery plan from the start of their addiction support journey.
- Ensure that the service and services users have a clear focus on outcomes
- Ensure that there is a joint approach to the planning and development of new services, which meet local unmet need.

Recommendations

In order to meet this vision the following recommendations have been developed and grouped under three headings:

Service Delivery Approach

1. The service will be known as the Inverclyde HSCP Alcohol and Drug Recovery Service
2. A tiered approach to care is proposed which includes:
    a. Tier 1- Prevention and Education across all age groups and wider community- delivered by wider ADP partners
    b. Tier 2- Effective Liaison with acute and primary care to develop effective in reach and outreach and pathways into recovery-delivered by the HSCP Alcohol and Drug Service
    c. Tier 3- Effective pathways for treatment and care, and pathways into recovery through the INTAKE and CORE service-delivered by HSCP Alcohol and Drug Service
    d. Tier4- Day Service/Partial Hospitalisation –delivered by HSCP Alcohol and Drug Service
3. Establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and effective duty system for all service users requiring support with regard to their alcohol and drug issues.
4. Expand the current acute addiction liaison service to cover all of acute services, with an increased focus on liaison within emergency care. (ED).
5. Develop the current liaison service to deliver effective liaison with primary care and progress discussion on the current challenges with GP shared care interfaces.
6. Implement a core service pathway which will include Intake/Core provision for statutory services including a move in the future to 7 day service.
7. Extend the model of care provided by the current Day Service to include actively offering Alcohol Home Detoxification, and extend this day service to provide treatment and support to service users with drug issues.
8. Commission a 3rd sector Recovery approach with appropriate governance, to provide a range of recovery programmes with psycho-social, training, volunteering, and employment opportunities which are available as a seven day service.
9. Undertake a review of Family Support to ensure families affected by addiction issues, and those caring for others, are appropriately supported, regardless of whether in core treatment services or not.
10. Consider the development of Recovery Link workers within the service to ensure seamless pathways and support for clients at every stage of their journey.
11. Integrate the current Persistent Offenders Project (POP) staff; Drug Treatment and Testing Order (DTTO) staff and Homelessness Health team into a

Complex Needs teams as part of the Core team to ensure ongoing support to the most vulnerable service users

12. Develop a tiered approach to Psychological Therapies which will include a review of the current counselling approaches within services and psychology staffing to ensure appropriate access across all addiction service users.
13. Ensure there is a robust whole population cohesive approach to prevention and education within schools and the wider community, and in order to do so, it is recommended that the role and remit of the current Healthier Inverclyde Team is considered within the overall review of Prevention and Education to be taken forward by the Alcohol and Drug Partnership Communities and Culture Change Group.

Process Improvements

14. Request that there is a robust review of all Prevention and Education requirements and that this should be undertaken by the ADP Communities and Culture Change Group to ensure a whole system approach is adopted.
15. Agree Access Criteria for access to the HSCP alcohol and drug services and ensure other clear routes for support are available for those that don't meet the criteria.
16. Develop Recovery Orientated Systems of Care (ROSC) approaches to ensure recovery outcomes are integral at all stages of the service user's journey.
17. Develop interface protocols and processes with HSCP services-Children and Families; Criminal Justice; Health and Community Care; Mental Health and Homelessness to ensure robust joint working and pathways to support service users.
18. Develop specific protocols and seamless pathway with Children and Families to ensure a coordinated approach to providing early support; treatment and care for young people experiencing issues with alcohol and drugs.
19. Develop a performance management framework to show progress against the Strategic Plan Big Action 5 and key national and local performance indicators.

Workforce

20. Ensure all staff are adequately equipped and supported to transition to the new delivery model to effectively deliver recovery orientated treatments and interventions across both alcohol and drugs.
21. Develop a staffing framework for the INTAKE Team and the CORE teams which includes both NHS and social care staff with leadership from appropriately qualified team leads and medical staff.
22. Consider what skill mix and range of roles (both new and existing) are required in order to deliver the new model to ensure the service is delivering across the quality and care standards.
23. Continue to develop an appropriate business support staffing structure to ensure business support staff are an integral part of the alcohol and drug service.

24. Consider whether the new Alcohol and Drug Service core model requires more qualified social work staff to ensure statutory functions in relation to child protection and adult protection are central to the team's role.

BACKGROUND

Inverclyde has significant issues with drug and alcohol misuse within the local community and the impact of this on morbidity and mortality is clear to see. The recently published *NHS GGC Director of Public Health Report: Healthy Minds 2017-19* highlights these issues.

Since 2012, the Council and NHS Drug and Alcohol teams have been steadily working to become more integrated with ongoing improvement work undertaken in these services, responding to changing demands. The work is now concluded to co-locate the two separate teams within the Wellpark Centre from April 2019.

In 2017 a review of the total service was proposed to enable the HSCP to capitalise further on integrated working, both internally and externally with a range of partners. The overall aim of the review of addiction services was to develop a cohesive and fully integrated model for Addiction services in Inverclyde. The review was to be undertaken in two phases.

Since the commencement of this work, the Scottish Government has published both the new Drug/Alcohol Strategy; Rights, Respect and Recovery (2018) and also the new alcohol framework, Preventing Harm (2018). In addition, Inverclyde HSCP has developed its Strategic Plan (2019-24) which includes six big actions with Big Action 5 focussed on "together we will reduce the use of, and harm from alcohol, tobacco and drugs".

The discrete actions related to alcohol and drugs are:

Working with the Wider System

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

Ensure Appropriate Treatment

- In 2019 we will develop further the addictions primary care model and other community based interventions
- By 2020 we will work to develop a 7 day service to better support people with alcohol and drugs problems
- By 2021 we will reduce the impact on A&E from people with alcohol and drugs problems

Focus on Recovery

- In 2019 we will deliver a recovery strategy that outlines the vision to support people on the road to recovery
- By 2020 we will commission a robust recovery network across Inverclyde for people who need support to recover from illness
- By the end of 2020 all adults will have a recovery plan in place to ensure a recovery focussed approach is at the forefront of all client journeys.

Phase One Findings

The first phase of the Alcohol and Drug Review had a focus on reviewing all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population, including the current HSCP service delivery; 3rd sector delivery and any other delivery by other relevant partners. This work concluded in mid-2018 with the following key finding and considerations reported to the Inverclyde HSCP Alcohol and Drug Service Programme Board:

Current and future demand - The demands on the services are high. The client group within the services is ageing with multiple morbidities; there are less new referrals and a number of service users remaining longer term in services. There is also evidence of missed appointments and unplanned discharges. Within both services there is a cohort of service users who are continuingly recirculating. Therefore we need to consider within a new model how this can be responded to. Within drugs there are new and emerging drugs which may require different treatment options in the future. There are small numbers of young people entering the system with no specific services for them. The demand and capacity analysis for the HSCP drug and alcohol services needs us to consider whether the staffing resource is being utilised to best effect.

Outcome focussed approach - The services are delivering on a model based on harm reduction; minimising risk and keeping people safe with less of a focus on recovery. There requires to be an agreed view on what are the successful outcomes for service users at each stage of their pathway and for services as an overall whole system approach. There is the need for delivery of both treatment and recovery therefore the system needs to effectively manage to deliver on both. This dichotomy is not just unique to Inverclyde and is being debated nationally.

Tiered approach - The Alcohol and Drug Partnership works in partnership with a range of partners to deliver a coordinated approach. Further conceptualisation of the tiered approach for responses to drug and alcohol misuse Inverclyde which would be helpful to determine what is required at each tier and importantly, who is best placed to deliver. This will help determine the distinct roles and remits of the statutory services and allow commissioning of 3rd sector and other organisations.

Integrated Pathways - There are multiple referral pathways into the drug and alcohol services therefore consideration of a single point of access for assessment, as part of a whole system integrated pathway for all drug and alcohol referrals and enquiries, would allow service users to be diverted away from specialist services directly to community based support and interventions. There are many internal cross referrals, particularly within the alcohol services, and limited referrals onto other organisations. Developing a fully integrated system wide pathway, would allow for a clear outline of treatment and care with referral onto mid and final stage recovery-focused services swiftly and safely once individuals in statutory services are deemed as stable, with the safety net of quick re-access should individuals relapse. This would enable appropriate journeys of care for service users through the system.

Workforce - The analysis shows a dedicated, experienced workforce within the drug and alcohol services. Given the long length of service evidenced, it is likely that a significant number of staff from across the 4 services will be eligible for retirement within the next 5 to10 years. It is important, therefore, to be pro-active with succession planning for the Alcohol and Drug Service workforce. By developing an integrated service, consideration will be needed as to the range of generic skills required across the drug and alcohol workforce, and identification of the roles that will require specialist skills. There is a requirement to consider the role of other disciplines e.g. pharmacists; and other roles e.g. support workers; peer recovery volunteers within the system.

PHASE TWO

Phase Two of the Alcohol and Drug Review set out to build upon the Phase One work and develop options for a new model of working with a fully integrated pathway, which will lead to the recommissioning of a whole system of care for drug and alcohol services. Inherent in this will be the utilisation of existing relationships, and the development of new and changing partnerships, within a robust governance and financial framework.

Workstreams

The workplan for Phase Two, whilst taking cognisance of actions; principles; and considerations from Phase 1, was developed around the key workstreams of:

- Prevention and Education- To develop options for future delivery of Drug and Alcohol Prevention and Education.
- Assessment, Treatment and Care- To develop an integrated model which includes a tiered approach based on risk and appropriate evidence based Intervention.
- Wider Multidisciplinary Services - To consider a range of services to best support service users and consider internal and external commissioning models.
- Recovery- To develop a recovery model which ensures recovery outcomes are built in at every stage.
- Workforce- To ensure the new model has a competent; multi-disciplinary and skilled workforce working within the wider system of care
- Finance- To consider all models and options within the current and future financial framework.

Central to all workstream development was the requirement to ensure all stakeholders, including staff, partner organisations and service users were involved and communication is open, transparent and timeous. Workstream groups were established; suitable chairs and members identified; and action plans developed with regular reporting back to the Alcohol and Drug Service Programme Board.

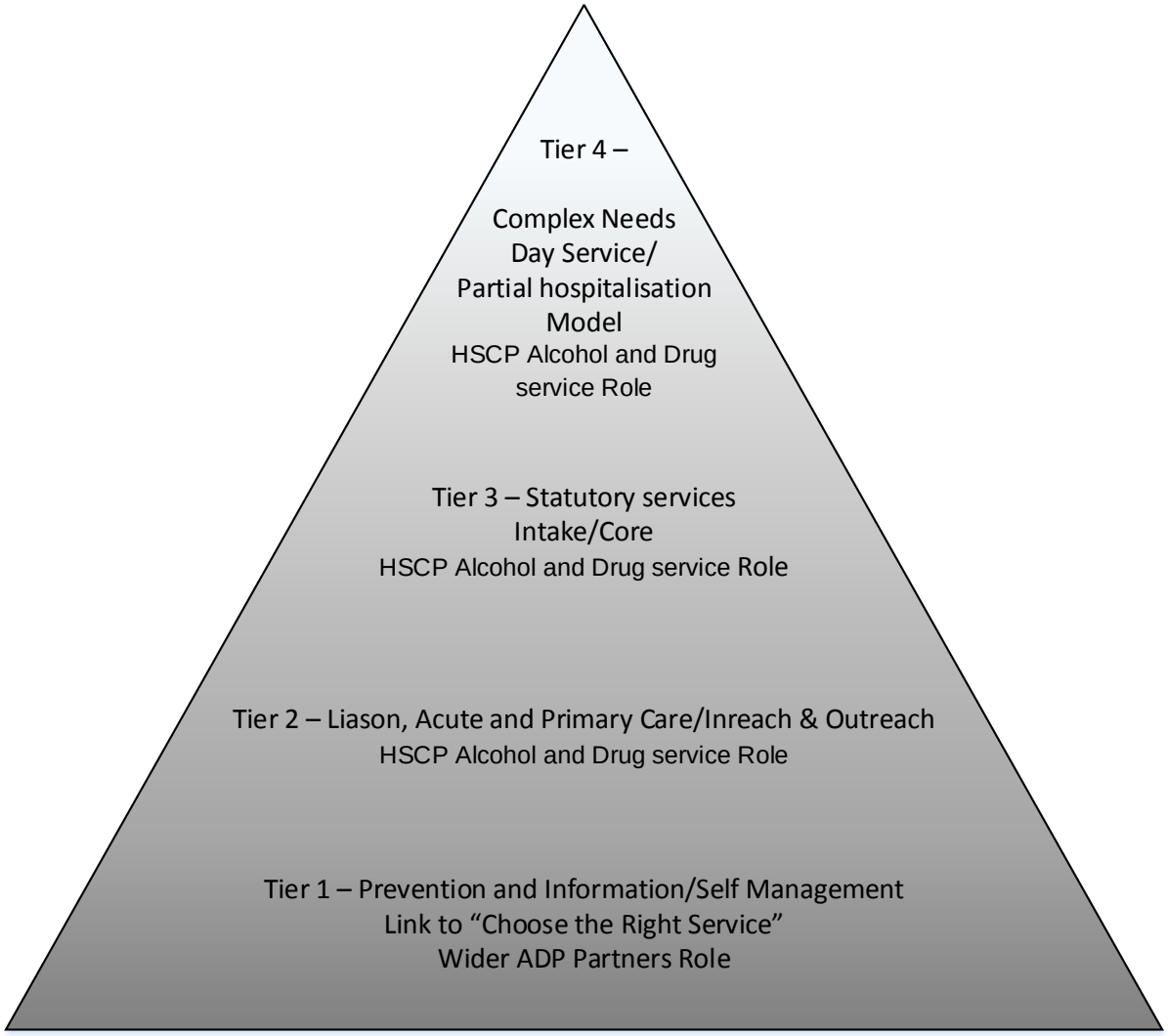
A Service User Reference Group for the Review was established and supported by YourVoice and will continue meeting to ensure that service users have an opportunity to have their views heard as part of the ongoing work around alcohol and drug service remodelling.

The work of these groups has been utilised to develop the future vision; direction of travel; and proposed new ways of working for Inverclyde HSCP alcohol and drug services.

Tiered Model of Care

Pathways for alcohol and drug services are predicated on a four tiered model of delivery with the proposal that the new HSCP Alcohol and Drug Recovery Service having roles within tiers 2-4.

Diagram 1



PREVENTION AND EDUCATION WORKSTREAM

The purpose of the Prevention and Education Sub group was to develop options for future delivery of Alcohol and Drug prevention and education work. The work stream met and was co-chaired by representatives from Education and Health Improvement. The main priority areas were:

1. To scope current delivery of prevention and education related to alcohol and drugs
2. To scope evidence base for these interventions
3. To develop proposals for future delivery model
4. Identifying who best to deliver.

Initial actions were as follows:

- To devise an Action Plan to look at mapping activities
- To carry out Prevention and Education scoping by looking at what was available in relation to prevention and education (adults and young people)
- Examine evidence available including “Improving Scotland’s Health Alcohol Framework” (2018).

Currently the alcohol prevention work in the main is carried out by HSCP Healthier Inverclyde Project whilst Inverclyde Council, Community Learning and Development carry out the drugs prevention work mainly in schools and wider community along with a range of other interventions related to wider health issues e.g. sexual health; tobacco use etc. Locally the Health Improvement Team has undergone a service redesign and no longer delivers on operational work but provides more strategic support. Across NHSGGC the model varies, however the prevention and education agenda generally sits at community level and separate from service provision.

The Communities and Culture Change Group established within the ADP Governance structure has a role to ensure a cohesive approach is taken by many partners to challenging the local culture towards drugs and alcohol through a variety of ways including wider community work; influencing through the Licencing Forum etc. NHSGGC are carrying out a review of Prevention and Education and in light of this it was deemed that this board wider review would be beneficial locally once completed.

As this work has developed, and further information published, e.g. the recent Scottish Government Drug Misuse Prevalence study figures for 2015/16, which shows prevalence within 15-24 years old in Inverclyde to be the highest across Scotland; it is evident that a wider review of prevention, education and intervention, particularly for young people is required. A more joined up approach to prevention across the whole population, including schools network and wider communities, can only strengthen progression of the prevention model. The Healthier Inverclyde Team

staff do valuable work that needs to be continued, however a more joined up approach to this would be advisable.

There is agreement that the Prevention and Education remit should not sit within the HSCP alcohol and drug service model and the Inverclyde ADP Communities and Culture Change Group should be tasked to review all aspects of prevention and education.

Recommendations from Prevention and Education workstream

- Request that there is a robust review of all Prevention and Education requirements and that this should be undertaken by the ADP Communities and Culture Change Group to ensure a whole system approach is adopted.
- Ensure there is a robust whole population cohesive approach to prevention and education within schools and the wider community, and in order to do so, it is recommended that the role and remit of the current Healthier Inverclyde Team is considered within the overall review of Prevention and Education to be taken forward by the Alcohol and Drug Partnership Communities and Culture Change Group.
- Ensure linkages to the recommendation within Assessment, Treatment and Care workstream- Develop specific protocols and seamless pathway with Children and Families to ensure a coordinated approach to providing support; treatment and care for young people experiencing issues with alcohol and drugs.

ASSESSMENT TREATMENT AND CARE WORKSTREAM

The Assessment Treatment and Care Group had a range of staff from within the current alcohol and drug services, and from children and families and criminal justice, and health and community care. The group met a number of times and focussed on developing criteria and worked through the development of a proposed new pathway as detailed in Diagram 2.

Access to HSCP Alcohol and Drug Recovery Services

Access criteria are essential to address the crucial issue of individuals being referred to the correct relevant service to best support their needs. By introducing these criteria it will enable the core Alcohol and Drug Service to focus resources on those with most complex needs. Integral to this however, is the requirement to ensure that adequate provision is available through other partners, including the proposed 3rd sector Recovery commissioned services, to support those who don't meet the criteria.

Access Criteria for core HSCP services:

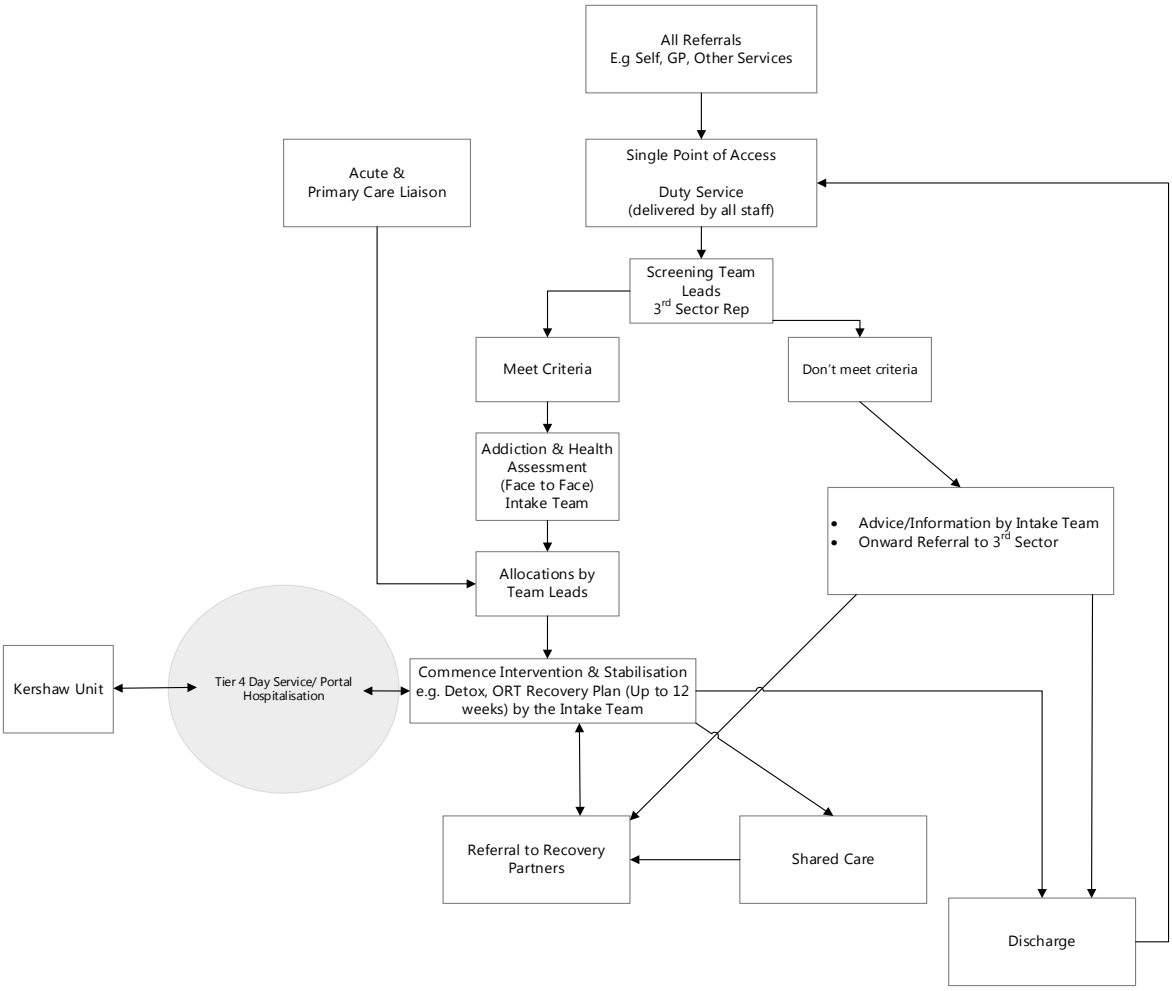
- Dependent Opiate Users - who require stabilisation, maintenance on opiate replacement therapy and/or detoxification
- Poly Drug User
- Dependent Alcohol Use - who require detoxification (community and assessment for in-patient), harm minimization, vitamin replacement therapy and protective medications
- Harmful use of alcohol and/or drugs which is impacting on self/ family or complex social needs who may fall under the following priority groups:

    - Child Protection concerns due to harmful or dependent alcohol and/or drug use
    - Special Needs in Pregnancy where drug and or alcohol use is a factor
    - Commercial and Sexual exploitation where drug and or alcohol use is a factor
    - People who are vulnerable and are subject to Adult Support and Protection legislation process, where alcohol or drug harmful or dependent use is a contributing factor
    - New/long term injectors at high risk of infections and transmission of BBV's, overdose or drug related death
    - Criminal Justice where dependent or harmful use of alcohol and drugs is a factor, Including liberation from prison
    - Mild to moderate mental health where drug and alcohol use is a factor
    - Hospital discharges following detox or other treatment intervention.

New Pathway Diagram 2

INVERCLYDE HSCP Health and Social Care Partnership

Alcohol and Drug Pathway



Intake & Core:

- Delivered by Addiction Nurses and Addiction Workers, supported by a range of multi disciplinary staff at every stage of pathway
- Recovery outcomes built in at every stage from duty onwards

The proposed model is based on a Single Point of Access (SPOA) being developed for all referrals (GP; self; other services etc.) which will then be reviewed by the duty worker. For self-referrals, initial details will be required to be collected by the duty worker to ensure the Screening Team can make informed decisions. The Screening team will comprise of senior alcohol and drug staff (Team leads) and also representation from 3rd sector to determine whether the client should be seen within the HSCP services or best supported by 3rd sector partners. This will ensure a robust risk assessment is in place to mitigate service users being referred to other inappropriate services. In the first 6 months of the implementation of this new model it is proposed that all service users referred through to screening are progressed to full assessment. Service users meeting the criteria will proceed to the **INTAKE** team.

- The **INTAKE** team will be multidisciplinary/ multi-agency with social care, nursing, medical staff, recovery and linkages to 3rd sector staff
- Screening by the duty worker may be the first face to face contact with the service user. Signposting will be given those deemed not appropriate for the service
- Assessment will include addiction assessment, SMR25a, risk assessment; physical health assessment and mental health assessment.
- This will also include meeting the requirement of the national waiting times targets
- Recovery planning will begin at first point of contact and continue with the service user throughout their engagement with the service.
- Interventions will have a combined approach of harm reduction and promoting recovery
- This model seeks to treat service users at the lowest appropriate service tier in the first instance only stepping up as clinically required.
- Each staff member of the access team will care manage a smaller caseload of service users
- ORT new patient clinics and alcohol care and treatment will be aligned to the **INTAKE** team to provide efficient pathways into treatment.
- Alcohol home detox will be undertaken as part of the **CORE** team, with any services unable to be safely detoxed at home supported by the day service
- Depending on need, service users may be transferred to the **CORE** team; referred to a 3rd sector provider for ongoing recovery support; supported by Tier 4 Day Service, referred to shared care, or have a planned discharge from the team. Service users will be have a maximum stay of 12 weeks within the **INTAKE** team.

The **CORE** team will deliver the ongoing care needs for those individuals who require more intensive interventions after a period of assessment and treatment by the INTAKE Team.

The **CORE** team will be multidisciplinary/ multi-agency with social care, nursing, medical staff, recovery and linkages to 3rd sector. It will include staff working with complex needs including DTTO; Homelessness and POP.

The **CORE** team will deliver services to the service users with complex and enduring needs.

Recommendations from Assessment Treatment and Care workstream

- A tiered approach to care is proposed which includes:
  - Tier 1- Prevention and Education across all age groups and wider community- delivered by wider ADP partners
  - Tier 2- Effective Liaison with acute and primary care to develop effective in reach and outreach and pathways into recovery-delivered by the HSCP Alcohol and drug recovery service
  - Tier 3- Effective pathways for treatment and care, and pathways into recovery through the INTAKE and CORE service-delivered by HSCP Alcohol and drug recovery service
  - Tier4- Day Service/Partial Hospitalisation –delivered by HSCP Alcohol and drug recovery service
- Agree Access Criteria for access to the HSCP alcohol and recovery drug services and ensure other clear routes for support are available for those that don't meet the criteria.
- Establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and effective duty system for all service users requiring support with regard to their alcohol and drug issue.
- Expand the current acute addiction liaison service to cover all of acute services, with an increased focus on liaison and better integration within emergency care. (ED).
- Develop the current liaison service to deliver effective liaison with primary care and progress discussion on the current challenges with GP shared care interfaces.
- Implement a core service pathway which will include Intake/Core provision for statutory services including a move in the future to 7 day service.
- Extend the model of care provided by the current Day Service to include actively offering Alcohol Home Detoxification, and extend this day service to provide treatment and support to service users with drug issues.

WIDER MULTIDISCPLINARY WORKSTREAM

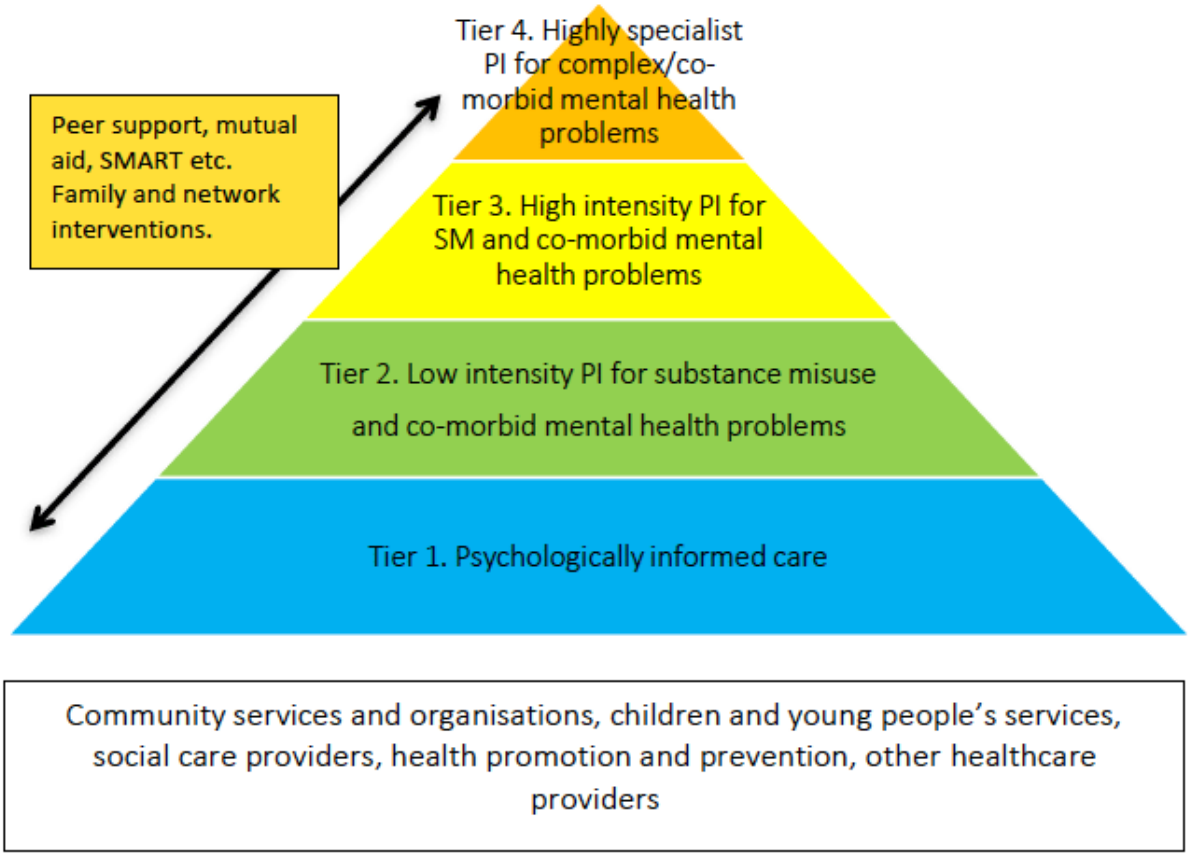
In the main the discussions regarding the wider multidisciplinary supports took place with team leads and professional leads for OT and Psychology.

Occupational Therapy-Currently there is a 0.4wte Band 6 OT post delivering a service to clients with drug issues. No OT support is available to the Alcohol service. Professional management is currently through the NHSGGC Glasgow lead for Addictions, with line management through the Drug Service nurse team lead locally. Additional funding from the ADP has been secured to extend the OT input to 1wte in order to deliver across both alcohol and drugs within the new model. In order to utilise this to best effect, it is proposed that a review of the OT role and function, particularly within recovery is undertaken. The HSCP is currently reviewing all the OT provision locally therefore this will consider the alcohol and drug remit, and appropriateness of line and professional management, as part of this wider review.

Family Support-Currently there are 2 wte family support workers within the drugs service, with no support available currently to the alcohol service. The requirement for enhanced support to families affected by alcohol and drug issues has been identified and funding resources through the ADP. Whilst there is this internal resource that supports family members of those within treatment, there are a range of other supports within Inverclyde that provide family support to family members, through the HSCP Children and Families team and other 3rd sector organisations. Consideration is also required to ensure people caring for those affected by drugs and alcohol are supported in their carer responsibility with a particular emphasis on kinship carers and young carers caring for parents. In order to best coordinate the range of current provision, and determine best use of additional resource, it is proposed that a review of Family Support is undertaken to ensure families affected by addiction issues are appropriately supported, regardless of whether in core treatment services or not.

Psychological Therapies-Currently there are 3.4wte Counselling posts and 0.4wte psychology input, within Alcohol service. A number of the counsellors are highly skilled and CBT trained however are currently not using this approach due to the lack of the required appropriate professional supervision. Within the drugs service, counselling is delivered as part of the ongoing interventions with service users by their key workers. The recent document- “The delivery of psychological interventions in substance misuse services in Scotland” proposed a matched care approach to the delivery of consistent high quality psychologically informed care and psychological therapies across both alcohol and drug services, based on four tiers

Diagram 3



In order to ensure there is a psychologically and trauma informed workforce within the new alcohol and drug service, it is recommended that we develop this tiered approach to Psychological Therapies which will include a review of the current counselling approaches within services and psychology staffing to ensure appropriate access for all alcohol and drug service users. This will include the development of structured group programmes in addition to the 1:1 interventions.

Interfaces

Discussion at the Assessment Treatment and Care Group highlighted the main issues of robust initial assessment (who should do a community care assessment); risk assessment (in particular for those clients who fail to continue to engage with

alcohol and drug services, but are receiving other HSCP supports e.g. Homecare) and communication between the internal HSCP services, require to be worked through. There is a need to review and implement the current Mental Health and Alcohol and Drug Service protocol; develop protocols for working with the other client groups to ensure a seamless pathway of care.

Within the current alcohol and drug services there are 2 wte POP (Persistent Offenders workers); 0.6wte Drug treatment and Testing Order (DTTO) worker, and 2wte Homelessness addiction workers. It is proposed that these staff come together to form a Complex Needs team within the new alcohol and drug service.

Recommendations for Multidisciplinary Workstream

- Undertake a review of Family Support to ensure families affected by addiction issues and those caring for others are appropriately supported, regardless of whether in core treatment services or not.
- Integrate the current Persistent Offenders Project (POP) staff ; Drug Treatment and Testing Order (DTTO) staff and the Homelessness Health team into a Complex Needs teams as part of the Core team to ensure ongoing support to the most vulnerable service users
- Develop a tiered approach to Psychological Therapies which will include a review of the current counselling approaches within services and psychology staffing to ensure appropriate access across all addiction service users.
- Develop interface protocols and processes with HSCP services-Children and Families; Criminal Justice; Health and Community Care; Mental Health and Homelessness to ensure robust joint working and pathways to support service users.
- Develop specific protocols and a seamless pathway with Children and Families to ensure a coordinated approach to providing treatment and care for young people experiencing issues with alcohol and drugs.

RECOVERY WORKSTREAM

The Addictions Review Recovery Workstream group met several times and discussed a range of key issues around the nature of supporting recovery within a new model of service

The group considered the following:

- Principles from which a recovery service would be delivered
- Discussions around what should be included within a recovery services model which has a focus on Recovery Orientated Systems of Care (ROSC). Nature of recovery services within a new model: When services are provided? Where services are provided?
- Examples of Recovery Models: Members of the group had visited or scoped other examples of recovery models. This information was fed back to the group for discussion and to help support thinking around what would fit for Inverclyde.

The group held a workshop in January 2019 with a full range of partners from across Inverclyde to focus on the following key areas which had emerged from the previous discussions and links with ROSC:

- Person Centred Care
- Recovery Pathways
- Recovery Hub

A full report from this work is currently being written and will be available in the near future.

Recommendations from Recovery Workstream

- Develop ROSC approaches to ensure recovery outcomes are integral at all stages of the service user's journey.
- Consider the development of Recovery Link workers within the service to ensure seamless pathways and support for clients at every stage of their journey.
- Commission 3rd sector Recovery approaches with appropriate governance, to provide a range of recovery programmes with psycho-social, training, volunteering, and employment opportunities which are available as a seven day service.

WORKFORCE WORKSTREAM

The main focus of the Workforce Group at this stage (until a proposed team structure is developed) was identifying what support would be needed for staff as part of the transition to working across alcohol and drugs.

There was agreement that all posts in the new structure will require to be reviewed, new job descriptions developed and evaluated as per procedure once roles identified.
New posts may require to be developed to ensure appropriate roles and skill mix is in place to deliver the new model. Consideration will be given to the merits in developing more innovative ways of delivery utilising models from other areas e.g. the use of pharmacists, Advance Nurse Practitioners etc. to support the overall delivery model.
Acknowledgement that NHS posts will be easier to review as generic job descriptions in NHSGGC for addictions available for all grades.

The workforce group agreed that the 4 areas identified initially are key to ensure an integrated approach across drugs and alcohol:

- Assessment
- Person Centred approach(care plans/documentation)
- Values/beliefs and assumptions (refresher)
- Understanding of dependencies

In addition to the new delivery model and subsequent impact on roles and remits, there are a number of additional challenges which will impact on the future delivery model.

Loss of team lead-As part of the wider Inverclyde Council financial review, a Team Leader post across Alcohol and Drugs had to be identified as a saving in 2018/19, which will be reflected in the new model and associated management structure.

Social Work Qualified Staff-Currently there are no qualified social workers working within the alcohol service and soon will be only two QSW within the drugs service. This has implications for adult and child protection and also review and care management of complex cases within commissioned services. Consideration will need to be given as to whether the new Alcohol and Drug Service core model requires more qualified social work staff to ensure statutory functions in relation to child protection; adult protection and adult welfare concerns are central to the team's role.

Medical staffing-Two of the four consultants delivering sessions across both alcohol and drug services have indicated their plans to retire within 2019. This will therefore require a review of current medical posts to ensure appropriate treatment and governance for service users.

Business Support-Business Support staff are an integral part of the delivery of the current alcohol and drug service. Currently there are 6.9wte staff across both NHS and Council across a range of grades who all have distinct roles and remits. Therefore there is a need to ensure these staff are supported to work across the future integrated service to enable appropriate robust business support is delivered.

Recommendations from Workforce Workstream

- In order to deliver the new model the workforce will require to be supported through the transition phase to ensure all staff are adequately equipped and supported to deliver recovery orientated treatments and interventions across both alcohol and drugs.
- Develop a staffing framework for the INTAKE Team and the CORE teams which includes both NHS and social care staff with leadership from appropriately qualified team leads and medical staff.
- Consider what skill mix and range of roles (both new and existing) are required in order to modernise the new model to ensure the service is delivering across the quality and care standards.
- Consider whether the new Alcohol and Drug Service core model requires more qualified social work staff to ensure statutory functions in relation to child protection, adult protection and adult welfare concerns are central to the team's role.
- Continue to develop an appropriate business support staffing structure to ensure business support staff are an integral part of the alcohol and drug service.

FINANCE WORKSTREAM

Values and Principles

The entirety of the budgets delegated through the IJB to Addictions Services will be spent on ensuring:

- Service users receive the right assessment and treatment, at the right time centred on their needs.
- Service users are fully involved and able to participate in planning their own sustainable recovery with a focus on a recovery pathway.
- Safe, effective and evidence based practice that is person centred and delivers good outcomes.

Services will be developed and delivered in an integrated manner regardless of initial funding sources.

Addictions budget 2018/19

	Council Spend		Health Spend		TOTAL SPEND				
	Total £000	**% of overall budget**	**Total £000**	**% of overall budget**	**Emp Costs £000**	**Admin £000**	**PTOB £000**	**Total £000**	**% of overall budget**
DRUGS									
Prevention Work	78	4.2%	23	1.3%	93	6	3	101	5.4%
Assessment & Treatment	208	11.2%	625	33.6%	800	33	1	834	44.7%
Internal Support Services	193	10.4%	95	5.1%	272	14	1	288	15.4%
Recovery Services	125	6.7%	21	1.1%	49	8	88	145	7.8%
DRUG TOTAL	**604**	32.4%	**764**	41.0%	**1,214**	**60**	**94**	**1,368**	73.4%
ALCOHOL									
Prevention Work	84	4.5%	12	0.6%	68	25	3	96	5.1%
Assessment & Treatment	142	7.6%	450	24.2%	545	46	2	593	31.8%
Internal Support Services	116	6.2%	37	2.0%	47	19	86	153	8.2%
Recovery Services	755	40.5%	42	2.3%	433	27	338	798	42.8%
ALCOHOL TOTAL	**1,098**	58.9%	**541**	29.1%	**1,094**	**116**	**429**	**1,639**	88.0%
ADP									
Prevention Work	40	2.2%	9	0.5%	47	0	2	49	2.6%
Assessment & Treatment	40	2.2%	183	9.8%	216	6	2	224	12.0%
Internal Support Services	40	2.2%	18	1.0%	56	1	2	59	3.1%
Recovery Services	40	2.2%	19	1.0%	58	0	2	60	3.2%
ADP TOTAL	**162**	8.7%	**230**	12.3%	**377**	**8**	**7**	**391**	21.0%
OVERALL TOTALS									
Prevention Work	202	10.8%	44	2.4%	208	31	7	246	13.2%
Assessment & Treatment	391	21.0%	1,259	67.6%	1,561	84	5	1,650	88.6%
Internal Support Services	349	18.7%	150	8.0%	376	34	89	499	26.8%
Recovery Services	920	49.4%	82	4.4%	540	35	428	1,003	53.8%
OVERALL TOTAL	**1,863**		**1,535**		**2,684**	**184**	**529**	**3,398**	
% of overall budget					144.1%	9.9%	28.4%		

In addition the IJB will receive additional non recurring funding for the ADP over the next 4 years. The Financial framework will continue to be developed in respect of focus of spend to support the delivery of the recommendations within this review.

(Note this financial framework doesn't include business support staff funding which is currently being developed)

PERFORMANCE MANAGEMENT

In order to show progress and success of the new delivery model we will require to develop a robust performance management framework to show progress against the Strategic Plan Big Action 5 and key national and local performance indicators. This

work has already commenced through the HSCP Mental Health, Addictions and Homelessness performance workstream.

CONSULTATION AND ENGAGEMENT

Central to the development of this Phase Two work there has been ongoing engagement with staff, partners and service users through a variety of ways including staff engagement events and development days; the Service User Reference Group supported by YourVoice; and the ROSC work with partners supported by Scottish Drugs Forum. In the spirt of continued partnership working this will be continued into the implementation phase.

TIMESCALES

Addictions Review Programme Board	20th February 2019
Service User Reference Group supported by YourVoice	14th March 2019
Alcohol and Drug Staff Briefing Sessions	22nd March 2019
Addictions Review Programme Board	26th March 2019
HSCP Transformation Board	27th March 2019
Inverclyde Health and Social Care Committee Progress Update	25th April 2019
Inverclyde IJB Progress Update	14th May 2019
Service User Reference Group supported by YourVoice	TBC
Staff briefing Sessions	TBC
Development of EQIA	TBC
Report to Inverclyde Strategic Planning Group	TBC
Report to Inverclyde IJB	TBC
Report to Inverclyde Health and Social Care Committee	TBC
Service User Reference Group supported by YourVoice	TBC
Staff briefing Sessions once report receives final approval	TBC

APPENDIX 2

Inverclyde HSCP Alcohol and Drug Review Implementation Plan

As at 4/7/19

The review has identified three main strands of work which will be progressed as follows:

- Prevention- through the Alcohol and Drug Partnership (Action 1)
- Assessment, Treatment and Care -through the Alcohol and Drug Review Programme Board (Actions 2-17&19))
- Recovery- through a wider HSCP recovery development approach with mental health; supported self-care and commissioning. (Action 18)

Action No.	Link to Recc No.	What is action required	Responsible Officer	Sub Group	Timescale	Progress (RAG)
1	13,14	Develop a robust whole population cohesive approach to prevention and education within schools and the wider community	ADP Chair and Coordinator	Alcohol and Drug Partnership	January 2020	Green
2	1	Rebrand the current alcohol and drugs services into the Inverclyde HSCP Alcohol and Drug Recovery Service	Service , HSCP Comms Group		July 2019	Green
3	2,3	Phase 1-Develop a single point of access (SPOA); and one duty system for all service users requiring support with regard to their alcohol and drug issues. Phase 2-Integrate the SPOA into the HSCP Access 1st service	SM-A&H SM-ACM team leads	Assessment/ Treatment and Care Group	Phase 1- August 2019 Phase 2- TBC	Green
4	15	Agree Eligibility criteria and Access Criteria for access to the HSCP alcohol and drug services	SM-A&H SM-ACM team leads	Assessment/ Treatment and Care Group	August 2019	Green
5	3,6	Develop one duty process; one allocations process and review	Team Leads	Assessment/	August	Green

		process for implementation across the service		Treatment and Care Group	2019	
6	3,6,	Implement a single pathway model based on Intake and Core provision with appropriate staffing and ensure 12 month review	SM and team leads	Assessment/ Treatment and Care Group	November 2019	Green
7	4	As part of the CORA plan, start to expand alcohol and drug liaison services within acute setting with increased focus on ED and repeat attenders Links to CORA Imp Group	NHS Team leads Acute leads CORA Team lead	CORA Implementation Group	Commence October 2018	Green
8	5	As part of the CORA plan, start to work with primary care colleagues to commence development alcohol and drug liaison within primary care liaison. Links to CORA Imp Group	NHS Team leads and CORA Team lead CD SM-PC	CORA Implementation Group	Commence October 2018	Green
9	6,7	Commence development of a test of change to determine need for extended hours/7 day service for services users requiring drug and alcohol treatment. Links to CORA Imp Group	CORA team lead and team leads	CORA Implementation Group	Commence October 2018	Green
10	4,7	Reshape the current alcohol day service into a Tier 4 service and extend availability to all clients with complex health issues.	NHS Team leads Consultants	Assessment/ Treatment and Care Group	November 2019	Green
11	7	Commence the development of opportunities for alcohol home detox and develop appropriate risk processes and procedures. Links to CORA Imp Group	CORA Team lead	CORA Implementation Group	Commence October 2018	Green
12	6,11	Develop a Complex Needs Team to support most vulnerable clients	SM A&H and team leads alcohol drugs homeless	Assessment/ Treatment and Care Group	November 2019	Green

			and Criminal justice			
13	9	Commission SFAAD (Scottish Families affected by Alcohol and Drugs) to review current range of family support and identify future provision	ADP Lead SM H&A	Family Support sub group	September 2019	Green
14	12	Review of the current psychological therapies approaches within services to ensure appropriate access across all alcohol and drug service users.	SM A&H Lead Psychologist alcohol and drugs			Amber
15	18	Review current pathways and develop specific protocols and seamless pathway for young people experiencing issues with alcohol and drugs.	SM A&H SM C&F	Young Peoples Sub group	September 2019	Green
16	3,6,17	Develop interface protocols and processes with each HSCP service Criminal Justice; Health and Community Care; Mental Health Homelessness	SM-A& H SM from each service	Assessment/ Treatment and Care Group	November 2019	Green
17	20,21,22, 23,24	Develop a staffing framework for the integrated service which includes clear roles and remits for both NHS and social care staff and ensure all are appropriately trained and supported to deliver	SM-A&H HR Staff reps	Workforce Group	First meeting July 2019	Green
18	8,10,16	Develop a recovery strategy and implementation plan as part of the wider recovery framework across the HSCP.	HOS-MHAH HSCP Recovery Lead	Recovery Implementation Group	Oct 2019	Green
19		Review and continue to develop the financial framework to support the implementation of the integrated service	HOS MHAH CFO SM A&H		Ongoing	Green

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/57/2019/HW**
Contact Officer:	**Helen Watson Head of Service Strategy and Support Services**	**Contact No: 01475 715285**
Subject:	**ANNUAL PERFORMANCE REPORT 2018-2019**	

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board members on the overall performance of Inverclyde Health & Social Care Partnership. An earlier version of the report was approved by the IJB in June 2019, based on the 2017/18 figures as the 2018/19 were not available from ISD at that time. This report has been updated to reflect the 2018/19 data and required reconsideration and re-approval.

1.2 The reporting period is for 1st April 2018 to 31st March 2019.

2.0 SUMMARY

2.1 The report summarises Inverclyde's performance in relation to the nine National Wellbeing Outcomes.

2.2 The report also measures Inverclyde's performance against the 23 National Core Integration Indicators and shows comparison with the Scottish average.

2.3 Separate measures specifically relevant for Children's Services and Criminal Justice have been included to provide a more comprehensive overview of performance.

2.4 The report is structured to show how Inverclyde Health and Social Care Partnership is actively *Improving Lives* for the people of Inverclyde.

3.0 RECOMMENDATIONS

3.1 That the Inverclyde Integration Joint Board members review and approve the HSCP's 2018/19 Annual Performance Report. Members are also requested to acknowledge the improvements achieved during the third year of the partnership and the further foundations that have been established and continue to drive forward transformational change.

Louise Long, Chief Officer

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report is produced and presented to Integration Joint Boards (IJB), highlighting performance on delivering the nine National Wellbeing Outcomes, as measured against delivery of the 23 National Indicators. This is the third Performance Report from Inverclyde HSCP.

4.2 The data for the 23 indicators is provided by Information Services Scotland (ISD) and must be reported upon. HSCPs can also include supplementary information, although this must also relate to the National Wellbeing Outcomes.

4.3 Following the format of our second report and based on positive feedback received, our third Annual Performance Report has been compiled to be easy to understand, and uses graphics to illustrate performance. It also includes several case studies to help illustrate why the indicators matter to the lives of our citizens.

4.4 This Report updates the earlier version submitted to the IJB in June 2019, with the main differences between the 2 reports being:

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

12. Emergency admission rate (per 100,000 population)

	2017/18	2018/19	Comparison
Inverclyde	15029	12851	↓
Scotland	12183	11492	↓

Performance is better in the revised report, showing a 14.5% improvement on the 2017/18 rate. The national average rate improved by 5.7%, meaning that the gap is reducing between Inverclyde and the national rate.

13. Emergency bed day rate (per 100,000 population)

	2017/18	2018/19	Comparison
Inverclyde	157,537	135,045	↓
Scotland	123,160	107,921	↓

Performance is better in the revised report, showing a 14.3% improvement on the 2017/18 rate. The national average rate improved by 12.4%, meaning that the gap is reducing between Inverclyde and the national rate.

14. Readmission to hospital within 28 days (per 1,000 population)

	2017/18	2018/19	Comparison
Inverclyde HSCP	92	85	↓
Scotland	103	98	↓

Performance is better in the revised report, showing a 7.6% improvement on the 2017/18 rate. The national average rate improved by 4.8%, meaning that the gap is reducing between Inverclyde and the national rate.

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

15. Proportion of last 6 months of life spent at home or in a community setting

	2017/18	2018/19	Comparison
Inverclyde HSCP	87%	88%	↑
Scotland	88%	89%	↑

The difference between the two years represents a slight improvement in 2018/19.

18. Percentage of adults with intensive care needs receiving care at home

	2017/18	2018/19	Comparison
Inverclyde HSCP	63%	63%	↔
Scotland	62%	61%	↓

19. Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)

	2017/18	2018/19	Comparison
Inverclyde HSCP	172	88	↓
Scotland	762	805	↑

Inverclyde performance is better in the revised report, showing a 48.8% improvement on the 2017/18 rate. The national average rate declined by 5.6%, meaning that Inverclyde is performing more than 9 times better than the national rate. Inverclyde is the best-performing HSCP in Scotland.

Outcome 7 - People using health and social care services are safe from harm

16. Falls rate per 1,000 population aged 65+

	2017/18	2018/19	Comparison
Inverclyde HSCP	25	21	□
Scotland	22	22	↔

Inverclyde performance is better in the revised report, showing a 16% improvement on the 2017/18 rate. The national average rate stayed the same.

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

	2017/18	2018/19	Comparison
Inverclyde HSCP	92%	86%	☐
Scotland	85%	82%	☐

There has been a slight dip, both locally and nationally. This is possibly related to changes in the Care Inspectorate scoring system, however we will continue to monitor and work with Providers towards continuous improvement.

20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

	2017/18	2018/19	Comparison
Inverclyde HSCP	25%	21%	☐
Scotland	25%	22%	☐

Inverclyde performance is better in the revised report, showing a 16% improvement on the 2017/18 rate. The national average rate showed a 12% improvement.

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 implications from this report

HUMAN RESOURCES

5.3 There are no implications from this report

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

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

5.4.2 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 report provides intelligence about the quality of provision relating to services for people with physical and/or learning disability; older people; children & young people, people with mental health problems, and people with addictions.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The same high standards are expected for services addressing the full range of vulnerabilities without discrimination or stigma.
People with protected characteristics feel safe within their communities.	The report demonstrates our performance in keeping service users safe from harm and providing support to enable people to feel safe in their communities and localities.
People with protected characteristics feel included in the planning and developing of services.	There is carer and service user/ public partner representation on our Integration Joint Board (IJB), which oversees and scrutinises the governance reports. Feedback from the IJB is used to continuously improve the governance process and associated reports.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The governance report is used by services to inform discussions with people who have protected characteristics, when they are making decisions about what services and supports they would prefer.

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	The current review of Learning Disability Services will be informed by the information coming out of the governance meetings, taking account of the need to ensure that people with a learning disability are protected from gender-based violence
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Although we do not commission external services specifically for the resettled refugee community, our commissioning does include a requirement for providers to be alert to the protected characteristics of the people for whom we are commissioning. This principle will apply if we are commissioning for this community in the future.

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.	Our aim is to promote good health and to prevent ill health. Where needs are identified we will ensure the appropriate level of planning and support is available to maximise 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	People's care needs will be increasingly met in the home and in the community, so the way that services are planned and delivered needs to reflect this shift. There are a number of ways that we are working towards enabling people

	to live as independently as possible in a homely setting.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Partnership knows that individuals and communities expect services that are of a high quality and are well co-ordinated. A critical part of ensuring that services are person-centred and respecting people's dignity is planning a person health and social care with the person, their family and Carers.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient-focused and sustainable services which maintain the quality of life for people who use the services.
Health and social care services contribute to reducing health inequalities.	Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including housing, income and poverty, loneliness and isolation and employment.
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 Carers (Scotland) Act 2016 brings a renewed focus to the role of unpaid Carers and challenges statutory, independent and their sector services to provide greater levels of support to help Carers maintain their health and wellbeing.
People using health and social care services are safe from harm.	Under the Adult Support and Protection (Scotland) Act 2007, staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and where necessary intervene to make sure vulnerable adults are protected.

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.	An engaged workforce is crucial to the delivery of the HSCP visions and aims. It is only through an engaged workforce that we can deliver services and supports of the highest standard possible.
Resources are used effectively in the provision of health and social care services.	We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication.

6.0 CONSULTATION

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

7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde HSCP's Annual Performance Report 2017-18.

APPENDIX

INVERCLYDE HSCP
Health and Social Care Partnership

Inverclyde Health and Social Care Partnership

Annual Performance Report 2018-19

Welcome by Louise Long - Chief Officer Inverclyde HSCP

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

It has been an exciting year with much to celebrate. The annual performance report tries to give a picture of some the activity, the performances against local and national targets to give the public an understanding of how we are performing, the areas where we need to improve and areas we are doing well in.

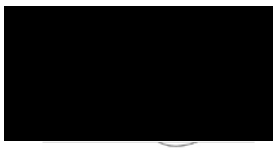
This report will focus predominantly on Inverclyde HSCP's performance for the period to March 2019, specifically measuring our performance and progress against the twenty three National Integration Indicators and the nine National Health and Wellbeing Outcomes.

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

- Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health.
- A Nurturing Inverclyde will give our Children & Young People the Best Start in Life.
- Together we will Protect Our Population
- 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 reduce the use of, and harm from alcohol, tobacco and drugs.
- We will build on the strengths of our people and our community

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

Inverclyde has dedicated and commitment of our staff, communities and partners working together to achieve the best outcomes for the people of Inverclyde.



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

Contents

Context

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

The Strategic Plan outlines our ambitions and reflects the many conversations we have 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"

Big Action 1 - Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

Big Action 2 - A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

Big Action 3 - Together we will Protect Our Population

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

Big Action 5 - Together we will reduce the use of, and harm from alcohol, tobacco and drugs

Big Action 6 - We will build on the strengths of our people and our community

Structure of the Report

The report summarises Inverclyde HSCP's performance in relation to the nine National Health and Wellbeing Outcomes.

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

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

Separate measures specifically relevant for Children's Services and Criminal Justice have been included and can be found at page 67 of this report.

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

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

The National Integration Indicators data utilised in this report was published in June 2019.

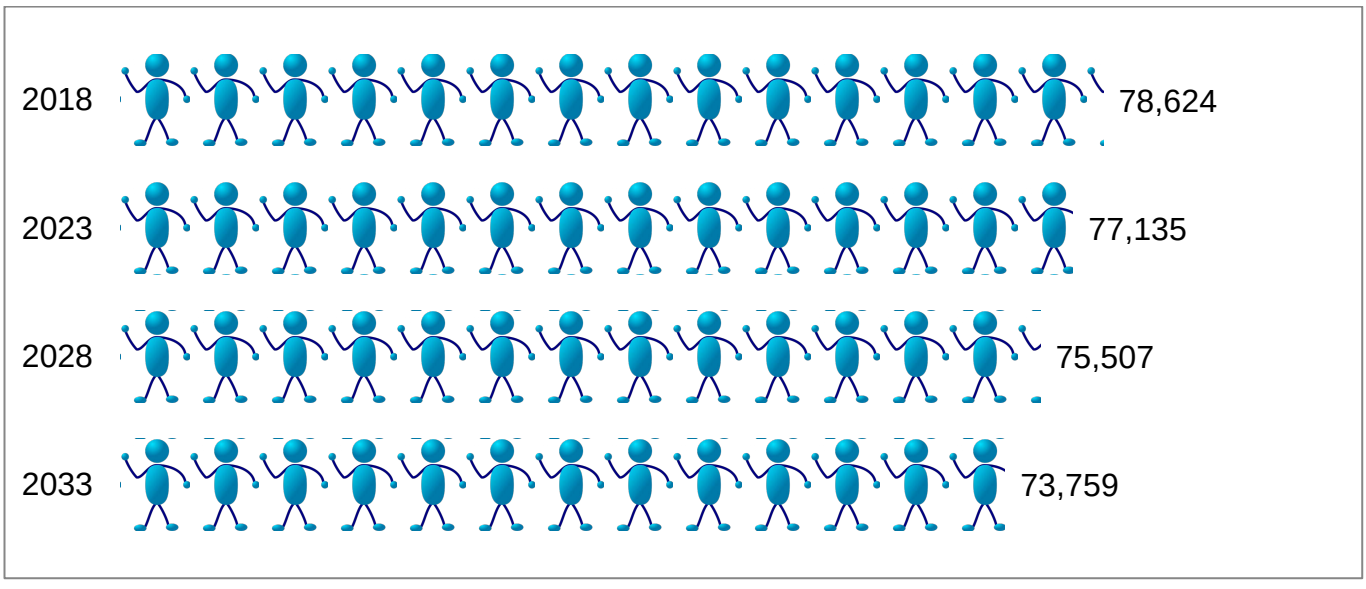
The images for comparing performance in relation to the Scottish average are as follows:

↑ ↓	Performance is equal or better than the Scottish average	Trend is improving (moving in the right direction)
↑ ↓	Performance is close to the Scottish average	Trend is static – no significant change
↑ ↓	Performance is below the Scottish average	Trend is declining (moving in the wrong direction)

The Inverclyde Context

The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS) on 25 April 2019. This gives us a total population of 78,150 as at the end of June 2018.

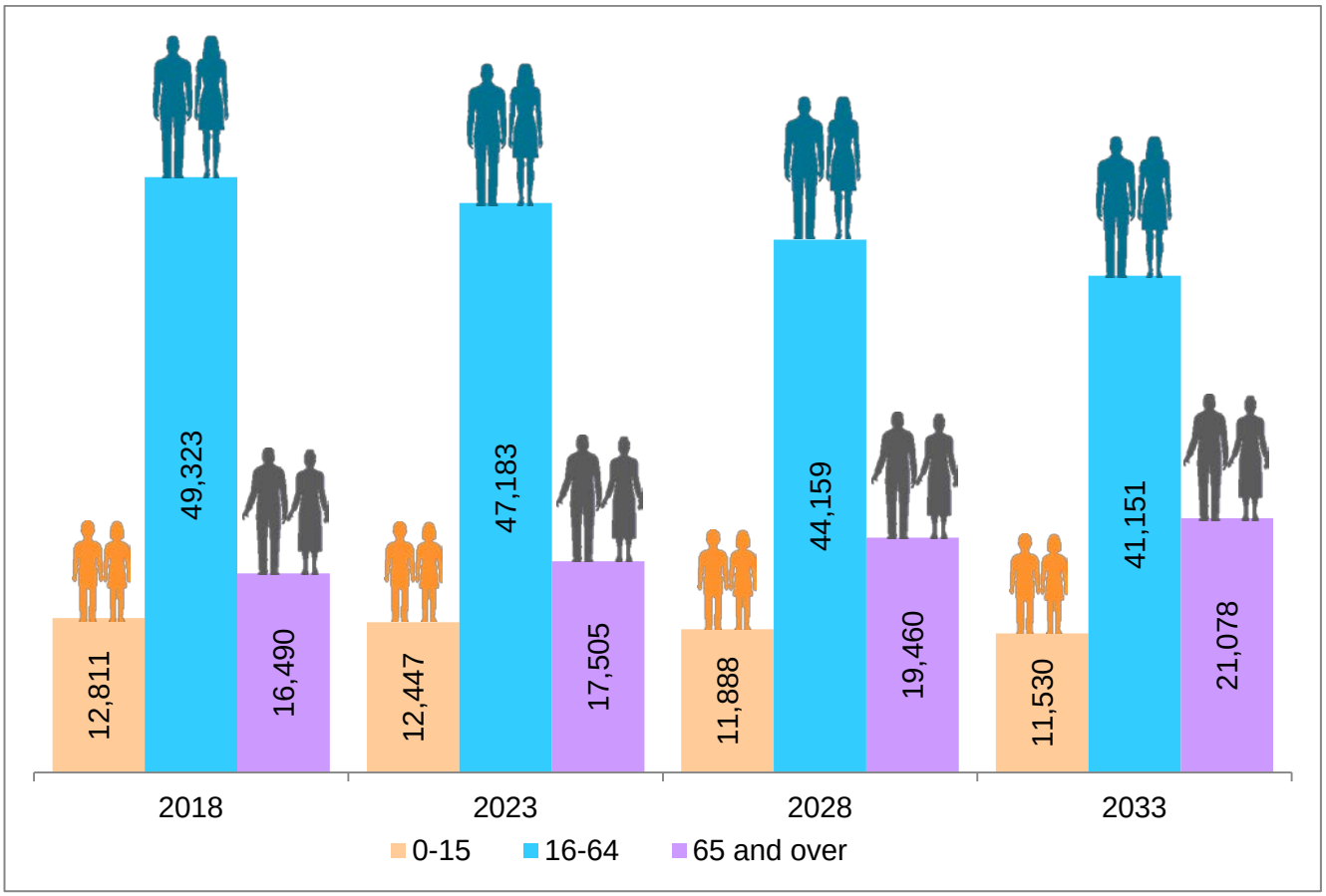
Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2016-based), published by NRS on 28 March 2018, our population is expected to decline as is shown with the graphic below. As these estimates are based upon 2016 population base data the figure for 2018 shown here differs from the mid-year estimates just recently published.



Population projections have limitations. A projection is a calculation showing what happens if particular assumptions are made. These population projections are trend-based and as the process of change is cumulative, the reliability of projections decreases over time. The projected figures do not take into account the work locally to reverse our depopulation.

Our population size is mainly affected in 2 specific areas. From mid-2017 to mid-2018 there were 1,080 deaths in Inverclyde compared to 662 births during this period, resulting in natural change of -418. Outmigration was again higher than in-migration, with an estimated 1,470 people moving into the area and 1,650 leaving, resulting in net migration of -180.

The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



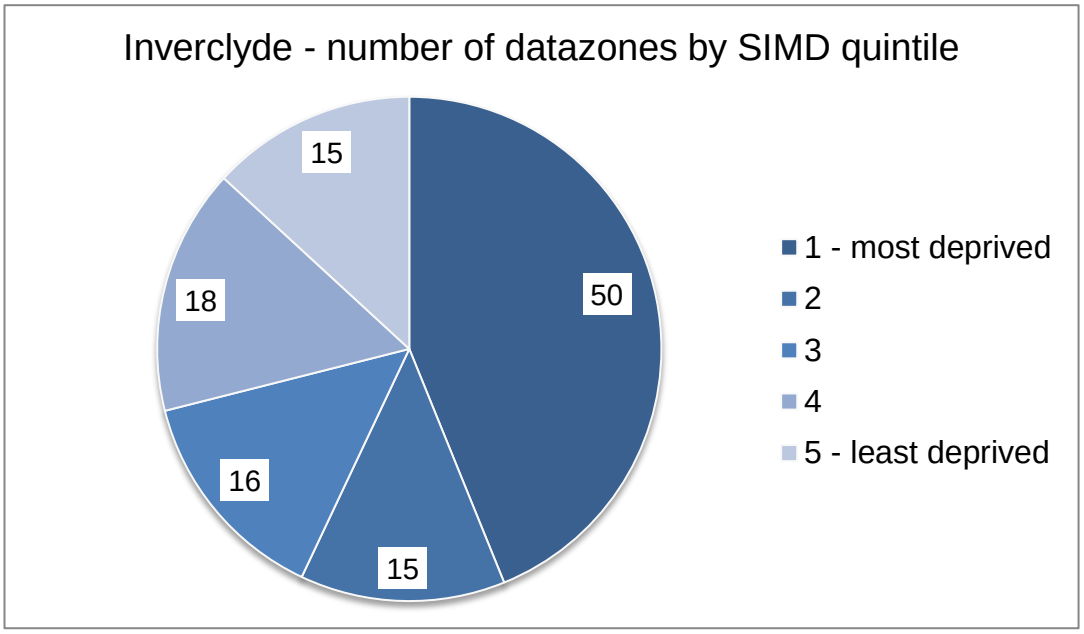
Deprivation

The Scottish Index of Multiple Deprivation (SIMD 2016) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

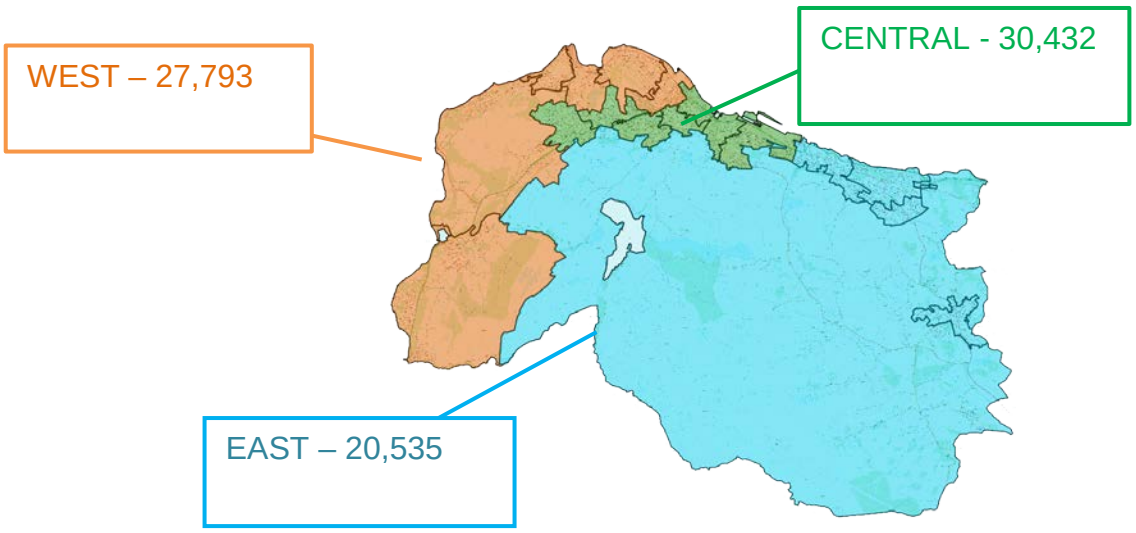
Areas of poverty and inequality across Scotland are measured by a number of different indicators to help organisations such as health boards, local authorities and community groups to identify need in the areas that require it the most. These are routinely published as part of the

Scottish Index of Multiple Deprivation (SIMD).The SIMD ranks small areas called data zones from most deprived to least deprived.

Inverclyde HSCP has 114 data zones, 50 of which are in the 20% most deprived areas in Scotland. Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The majority of the areas of high deprivation in Inverclyde are in the Central locality, covering Greenock Town Centre.



Locality Planning



In order to obtain the population of the 3 localities we have to use the Small Area Population Estimates (SAPE) published by NRS (National Records for Scotland). The latest available figures for this were published on 23rd August 2018 and are based as at June 2017.

At June 2017 our estimated population was 78,760 which can then be sub-divided into our 3 localities as shown above.

The HSCP, as a key Community Planning Partner, has aligned its locality planning to the Inverclyde Alliance Local Outcomes Improvement Plan (LOIP). The HSCP is recognised as a

key vehicle through which community planning partners can maintain a clear line of sight to the most vulnerable and the most excluded citizens in our community.

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

Communication & Engagement

Your Voice - Inverclyde Community Care Forum (ICCF), is commissioned by Inverclyde HSCP to help support involvement, engagement and formal consultation with local communities. Your Voice enables the voice of people who use services, their carers and families to positively and proactively contribute to the planning and provision of health and community care services in Inverclyde. This is only one mechanism to enable people to share their views and contribute to service planning but as Your Voice includes a range of voluntary and community groups, the organisation supports the HSCP by reaching out to a significant number of people.

Your Voice, on behalf of Inverclyde HSCP, organised and facilitated a series of engagement events across Inverclyde. Contributions from these events helped to inform and shape the HSCP Strategic Plan 2019 – 2024. The Strategic Plan lays out the HSCPs intentions and priorities over the next five years, reflecting the complex nature of some of the issues faced.

In addition, based on what people told us, the HSCP will be developing further six Locality Planning Groups (LPGs).

Locality Planning Groups (LPGs)

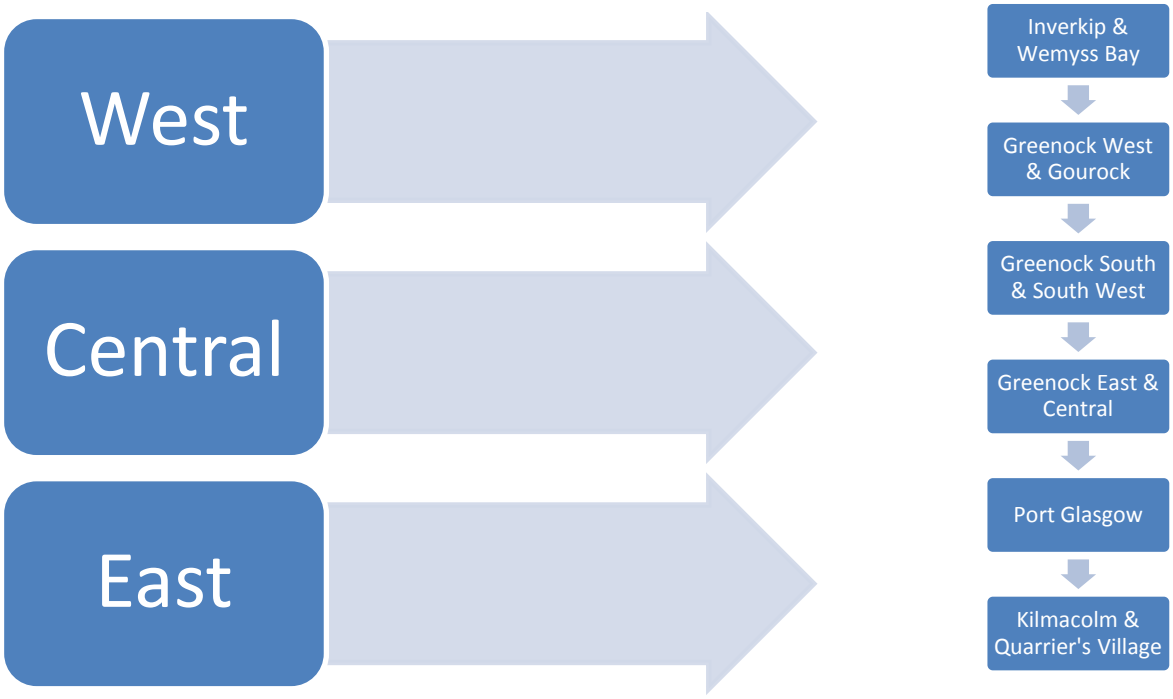
The Public Bodies (Joint Working) (Scotland) Act 2014[1] specified that Health and Social Care Partnerships (HSCPs) set up two or more localities. Localities should be established to enable service planning at local geographies within natural communities[2].

The importance of localities in improving health, and in particular, meeting increasing demand and addressing the widening gap in health inequalities is emphasised in the Marmot Review[3]. The Review proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live and age, and which can lead to health inequalities.

"Effective local delivery requires effective participatory decision making at local levels. This can only happen by empowering individuals and local communities."

The Inverclyde HSCP and Inverclyde Alliance are committed to working better together because we know that's what makes a real difference. The HSCP Strategic Plan 2019 – 2024 states that during the early implementation phase, the current three localities (East, West and Central) will move to six localities in line with Community Planning Partnership (Inverclyde Alliance). To support this, it is proposed to establish six Locality Planning Groups (LPGs) and have these in place by December 2019. The locality change is reflected below.

[1] Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government
[2] Localities Guidance, Scottish Government, July 2015
[3] "Fair Society, Healthy Lives", Professor Sir Michael Marmot, February 2010



The revised Strategy will standardise our approach to how we communicate and engage with local communities and staff in line with Legislation, and will provide guidance and support for Locality Planning Groups (LPGs) to ensure they have the capacity and capability to work effectively with local people.

Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2014 to 2017. The figures below are the average across Inverclyde and Scotland.

Female		Male
Inverclyde		**Inverclyde**
79.68		**75.16**
Scotland		**Scotland**
81.08		**77.02**

In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

National Health and Wellbeing Outcomes

The Scottish Government set out 9 National Health and Wellbeing Outcomes to be realised through the integration of Health and Social Care.

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5 - Health and social care services contribute to reducing health inequalities

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

Outcome 7 - People using health and social care services are safe from harm

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

Our Achievements

Recovery

National target 90%

92% of clients referred to alcohol services began recovery treatment within 3 weeks

Advice

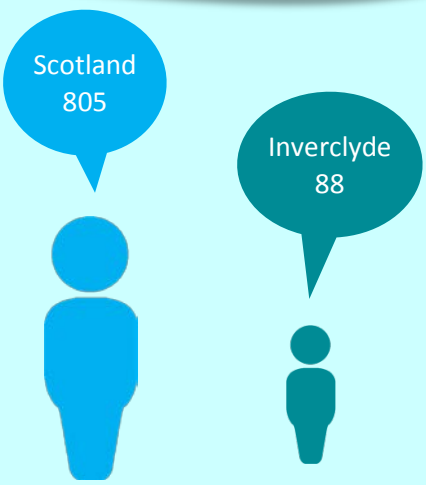
£9,854,340

Working with local people and other organisations we gained significant financial amounts for Inverclyde Residents.

75% of Welfare Rights Appeal Cases with final outcome decision in favour of the client

Discharge from hospital

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)

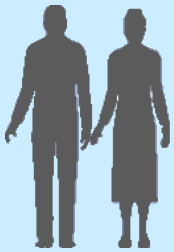


Community

49

49 people benefitted from No One Dies Alone voluntary companion support from 01/12/17

Care



83% of adults receiving care or support rated it as good or excellent

Scottish average 80%

Breast fed babies

More than 1 in 7 babies are exclusively breastfed at 6-8 weeks

Compared to 1 in 9 across other deprived areas

The 23 National Integration Indicators

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
1*	Percentage of adults able to look after their health very well or quite well	2017/18	91%	93%	↓
2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2017/18	80%	81%	↓
3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	77%	76%	↑
4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	79%	74%	↑
5*	Total % of adults receiving any care or support who rated it as excellent or good	2017/18	83%	80%	↑
6*	Percentage of people with positive experience of the care provided by their GP practice	2017/18	83%	83%	↑
7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2017/18	77%	80%	↓
8*	Total combined percentage of carers who feel supported to continue in their caring role *While we are performing better than the Scottish average we are working to improve support to our carers (see page 45)	2017/18	40%	37%	↑
9*	Percentage of adults supported at home who agreed they felt safe	2017/18	84%	83%	↑
10	Percentage of staff who say they would recommend their workplace as a good place to work		Indicator under development (ISD)		
11	Premature mortality rate per 100,000 persons	2017	567	425	↑
12	Emergency admission rate (per 100,000 population)	2018/19	12851	11492	↓

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
13	Emergency bed day rate (per 100,000 population)	2018/19	135045	107921	↓
14	Readmission to hospital within 28 days (per 1,000 population)	2018/19	85	98	↓
15	Proportion of last 6 months of life spent at home or in a community setting	2018/19	88%	89%	↑
16	Falls rate per 1,000 population aged 65+	2018/19	21	22	↓
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2018/19	86%	82%	↓
18	Percentage of adults with intensive care needs receiving care at home	2016/17	63%	61%	↑
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2018/19	88	805	↓
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2017/18	21%	22%	↓
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready		Indicator under development (ISD)		
23	Expenditure on end of life care, cost in last 6 months per death		Indicator under development (ISD)		

Those marked with an * are taken from the 2017/18 biennial Health and Care Experience Survey (http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/). Details of this can be found on Page 66.

The National Health and Wellbeing Outcomes

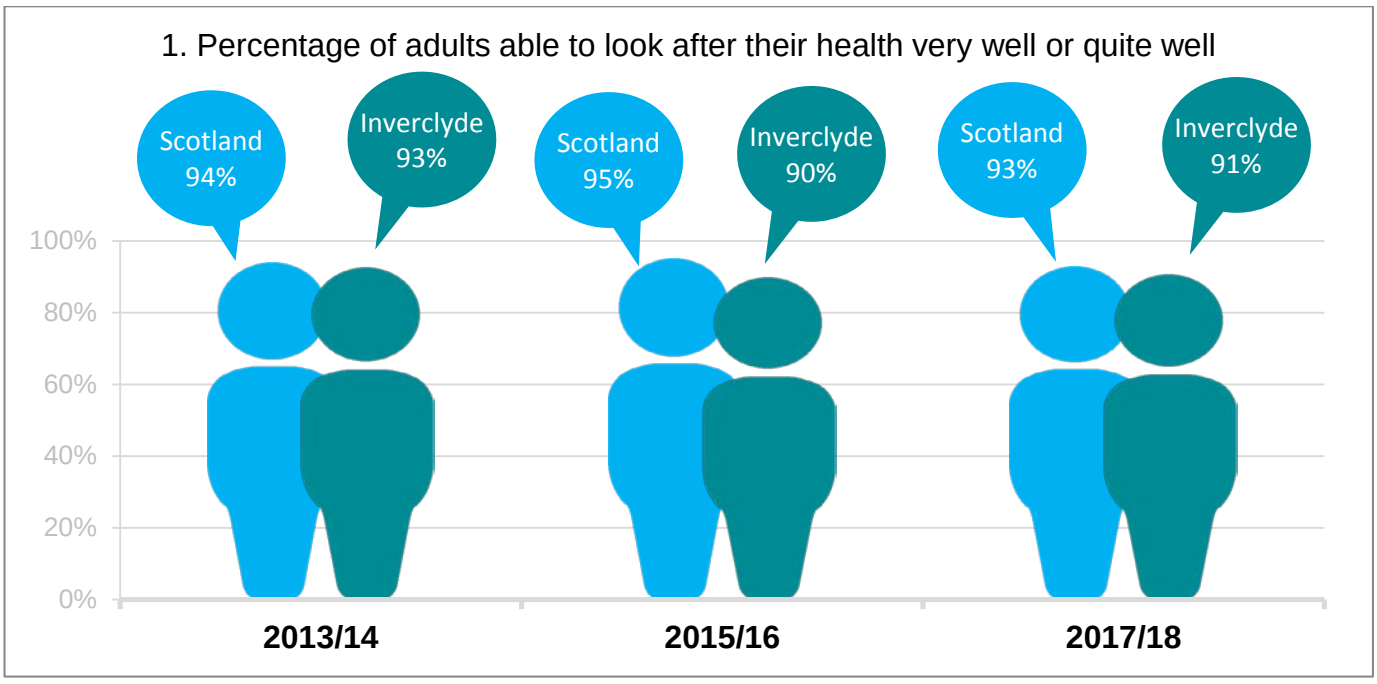
Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Maintaining health and wellbeing is better than treating illness. Our aim is to promote good health and to prevent ill health. Where needs are identified we will ensure the appropriate level of planning and support is available to maximise health and wellbeing.

We will support more people to be able to manage their own conditions and their health and wellbeing.

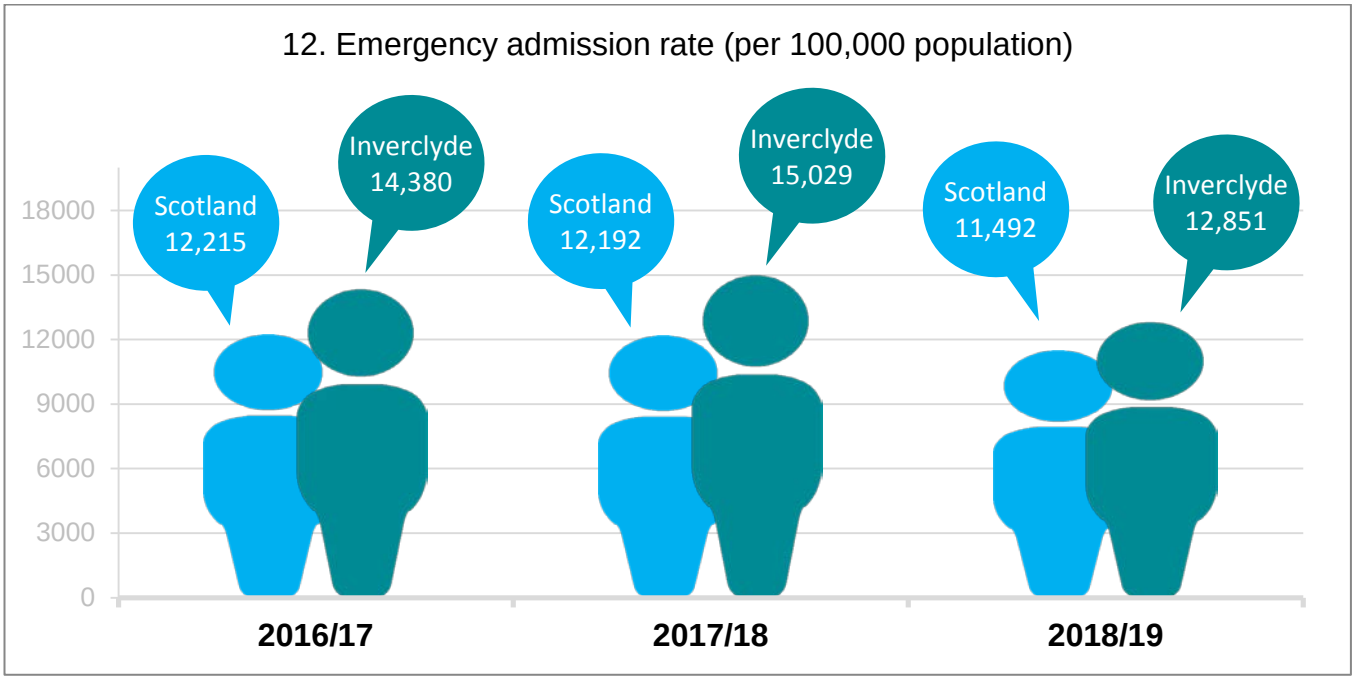
We will support people to lead healthier lives.

Current performance: National Integration Indicators



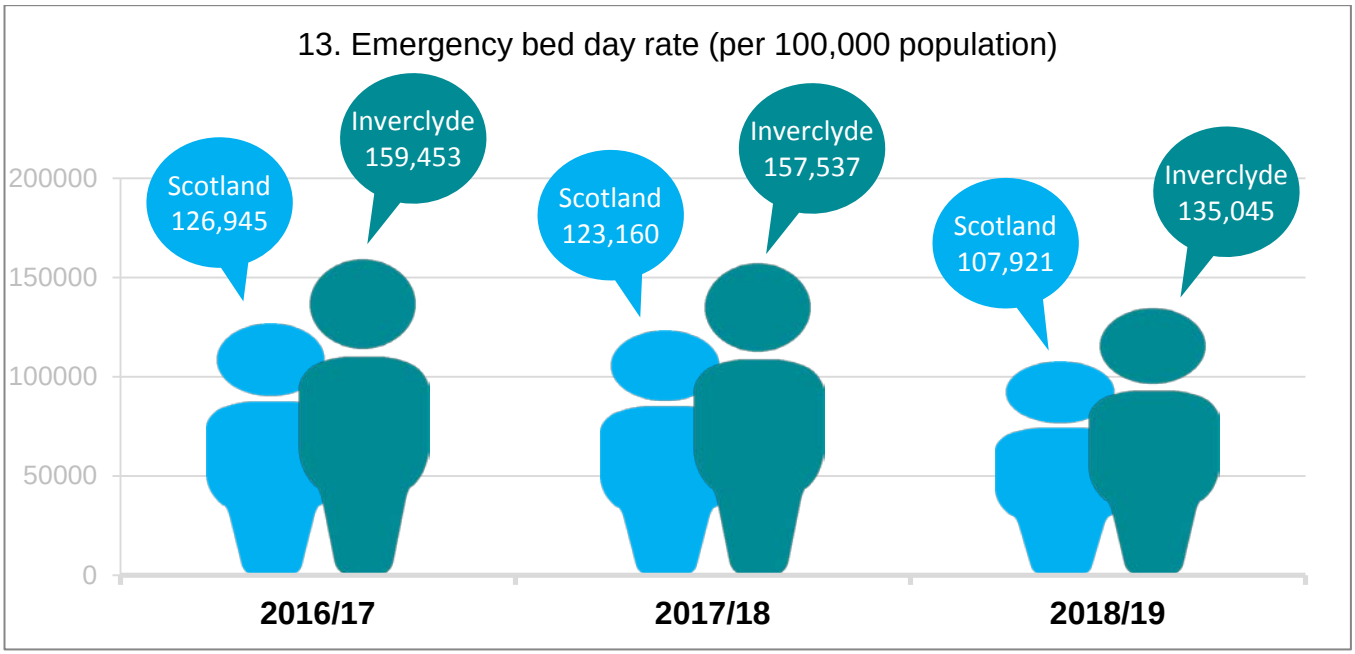
Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

This shows that there is more to be done to support people to look after their health better.



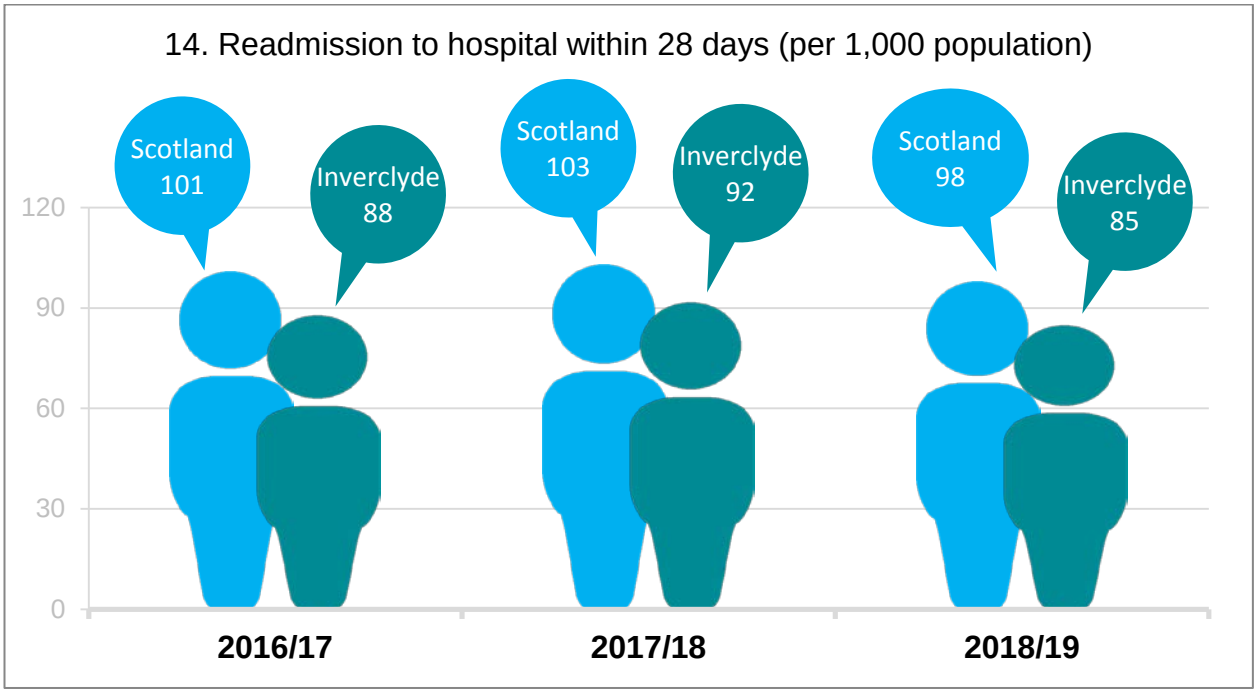
Lower figures = Better performance

When a stay in hospital is needed, it is better to arrange this in a planned way, rather than as a reaction to an emergency or crisis situation.



Lower figures = Better performance

If more hospital care is planned in advance, people can usually get back home more quickly. During the life of our new Strategic Plan we will be working to increase hospital care planning, and so reduce emergency admissions and hospital stays.

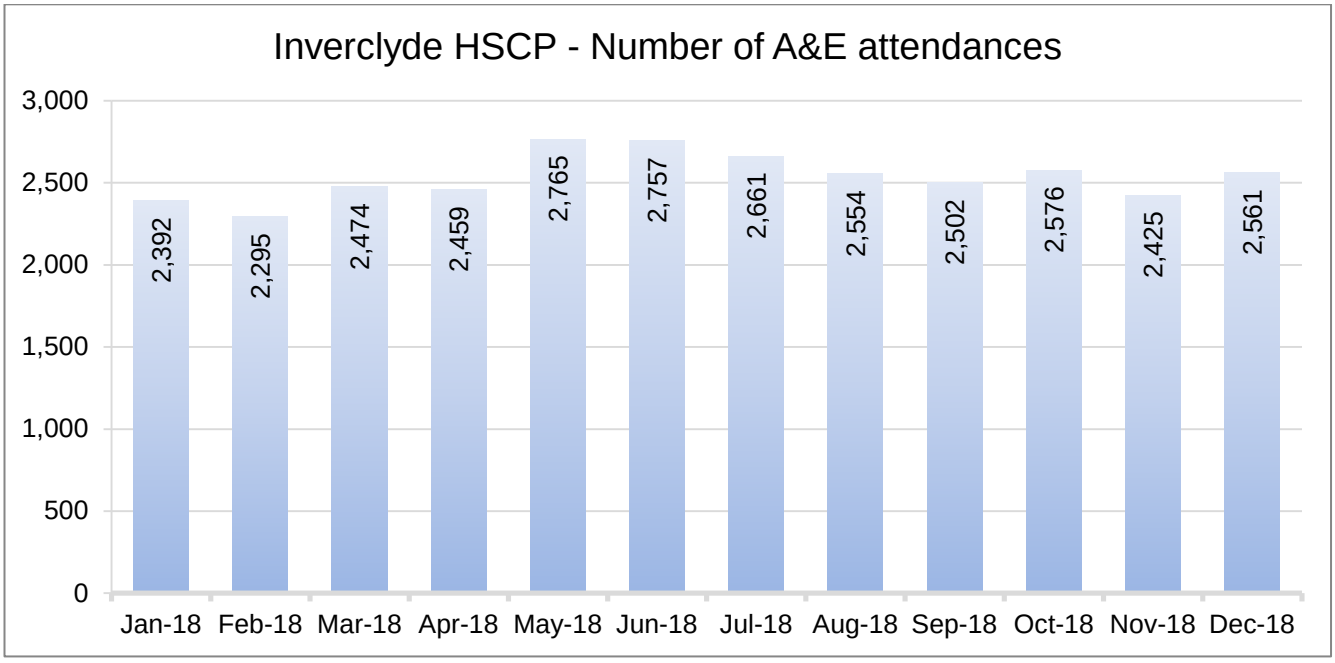


Lower figures = Better performance

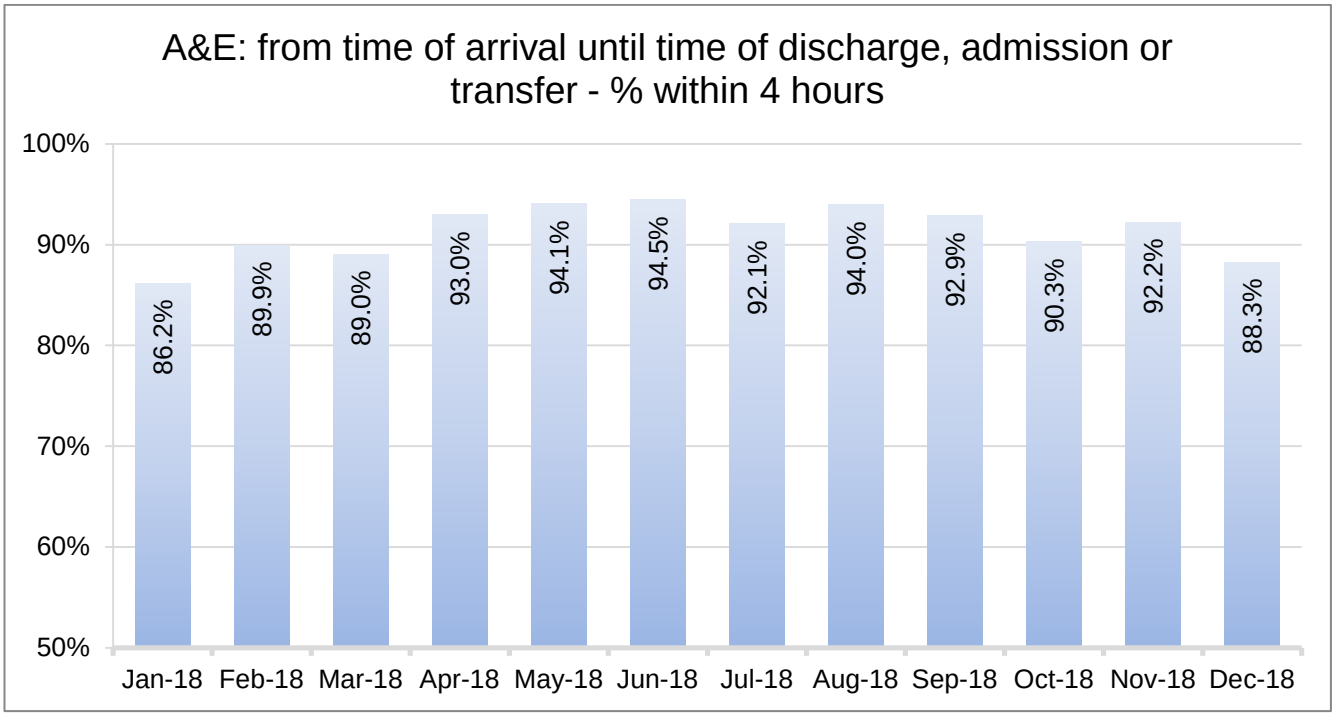
Often when people have to be readmitted to hospital soon after going home, it can be because the discharge took place before the person was fully ready, or because the post-hospital support was not quite right. The graphic above shows that this is notably less likely in Inverclyde.

Current performance: Local Indicators

Accident & Emergency (A&E)



Attendance at A&E continues to remain high for Inverclyde HSCP, with 2018 seeing a slight rise in the number of attends compared with 2017. The total number of attends in 2017 was 30,082, and in 2018 this rose to 30,421 attends (a 1.1% increase). The monthly average number of attends also rose in line with the total number of attends, with the average number of monthly attends in 2017 being 2,507 attends, and in 2018 the monthly average increased to 2,535.
Information derived from A&E attends data suggests that Flow 1 patients (Flow 1 is defined by patients with minor injuries or illness that could otherwise be seen by a GP or other clinicians, or not deemed an emergency) are a major component of the attends reported. The HSCP in partnership with Acute colleagues through our Unscheduled Care Workshops are actively working on reducing the level of Flow 1 patients by expanding "Choose the Right Service" programme to the emergency department and the wider acute setting.
The Partnership is also examining those patients with the highest number of attends to get an understanding of the underlying factors behind their attendances and potential interventions which would provide targeted appropriate support, and enable them to confidently look after their own health where this is relatively straightforward.



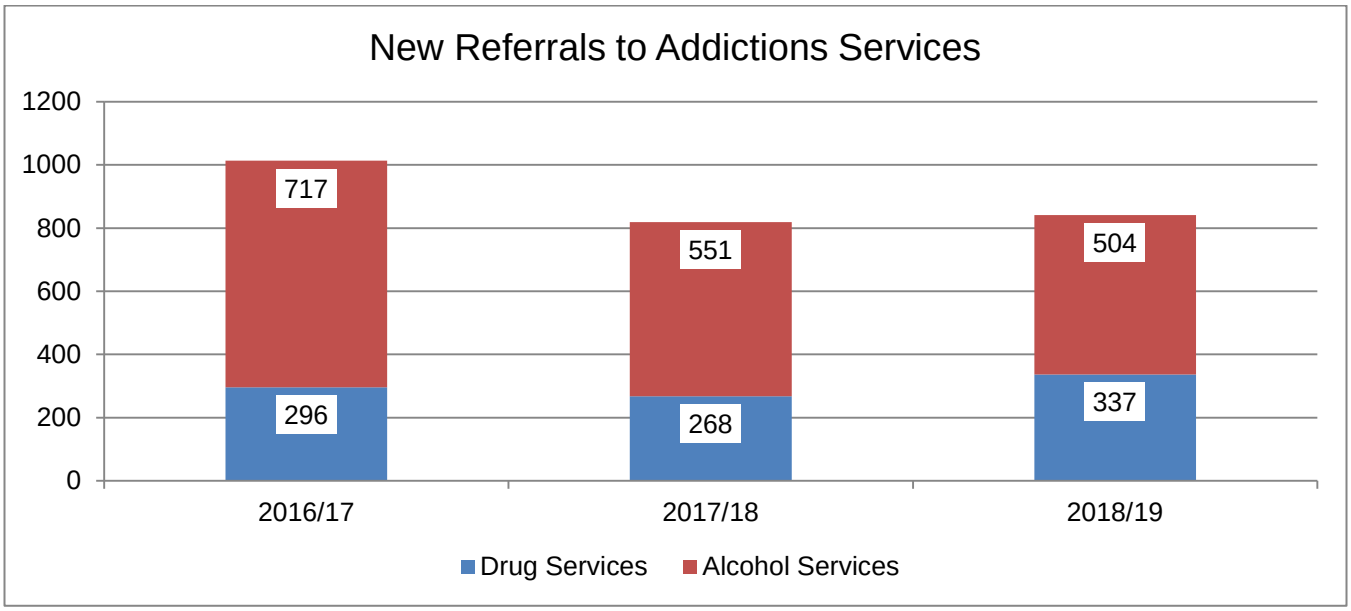
In regards to the A&E 4 Hr hour compliance, it certainly has been a challenging year in meeting the national standards/target for this measure which is set at 95%.
Unfortunately the performance for this measure dropped below 90% on 4 occasions throughout the year. The monthly average in 2017 was 93.5%, this has however dropped to 91.4% in 2018.
It is hoped that through the work being done through in our Unscheduled Care Workshops with our acute colleagues to drive down the number of attendances will have a ripple effect on the 4hr compliance target by increasing capacity and therefore reducing the waiting times.

Addictions

A national target has been set by the Scottish Government that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner, thus leading to better outcomes.

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

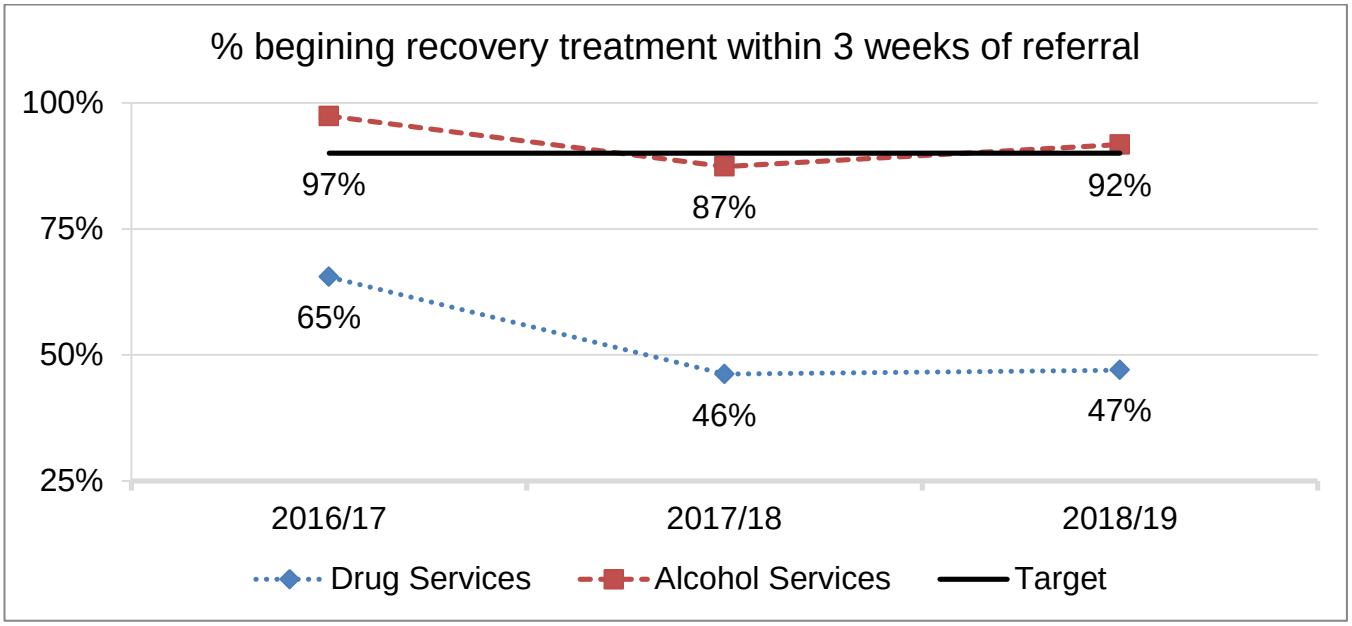
Over the last few years the number of people being referred into the addictions services has gradually declined. In 2018/19 the number rose slightly from the previous year (up 22) however the drug service seen a rise of 69 compared to last year.



Our performance in relation to the target of “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery” is shown below.

Alcohol services have, with the exception of last year, consistently outperforming this target and our challenge is to bring performance back up to the high points of 97% plus compliance.

Drug services have been working to improve in this area however due to the ongoing complexity associated with this client group; this continues to be an area for improvement. We hope to have begun to reverse the decline of the past couple of years and we expect to see consistent improvements over the next reporting periods due to a remodelling of service delivery.



We are now 2 ½ years into the development of our brand *Choose the Right Service*. The campaign continues to raise public awareness and direct patients more appropriately to services that are best placed to support their health and social care needs. We have developed and engaged in a number of activities to achieve the following outcomes:

- Engaging with our New Scots community to raise awareness and understanding of how to access health and social care services appropriately through drop in sessions at Your Voice with health professionals (oral health, accessing your dentist, eye health and accessing your Optician (May).
- Engaging with our children and young people community to raise awareness and understanding of the campaign through primary school workshops**,** Engagement with new mums/babies though work with Health Visitors.
- Displaying standard messages for self-care and in relation to Choose the Right Service in GP Practices through website development and social media platforms.
- Increase staff awareness of professionals and services that patients and their own family and friends can access alternatively to a GP through ICON, Chief Officer's brief, staff meetings.
- Increase population awareness of professionals and services that they and their own family and friends can access alternatively to a GP by continuing to display of material in HSCP/council/partner premises
- Develop the branding into other service areas; Choose the Right Service for our children and young people currently in design.

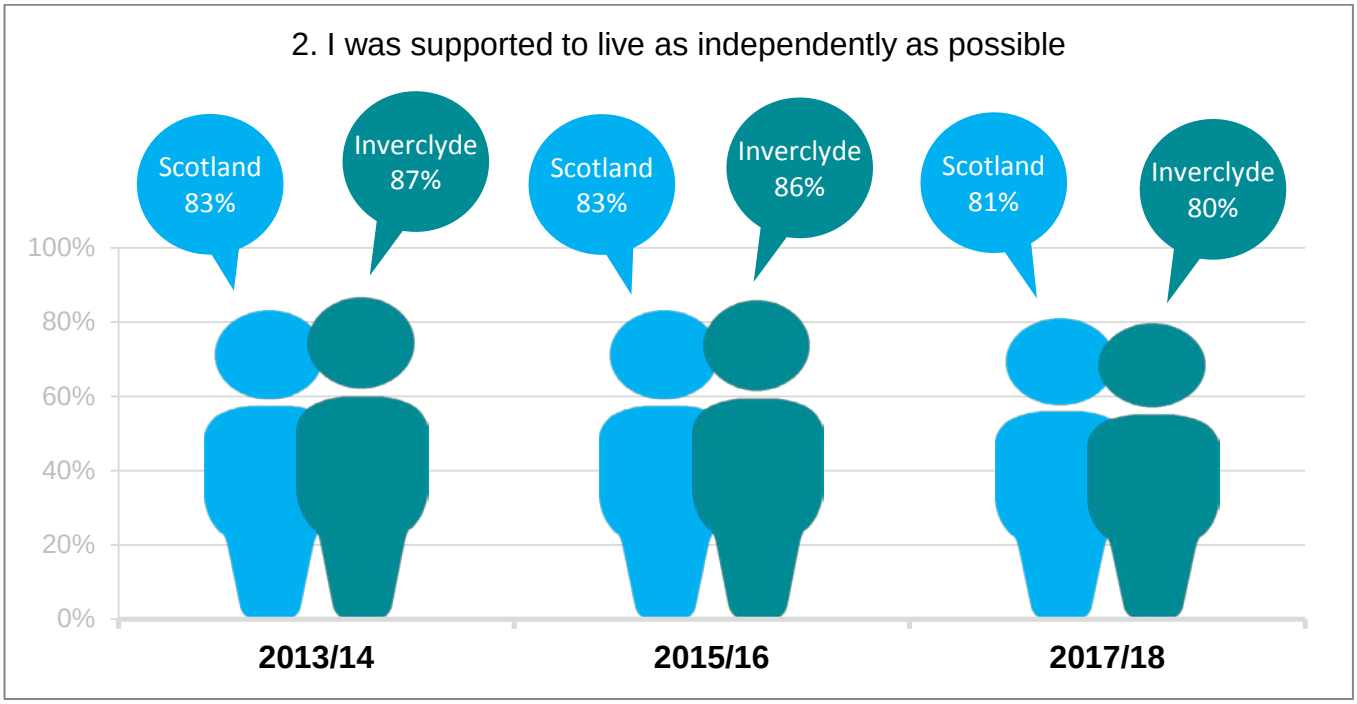
Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

People's care needs will be increasingly met in the home and in the community, so the way that services are planned and delivered needs to reflect this shift.

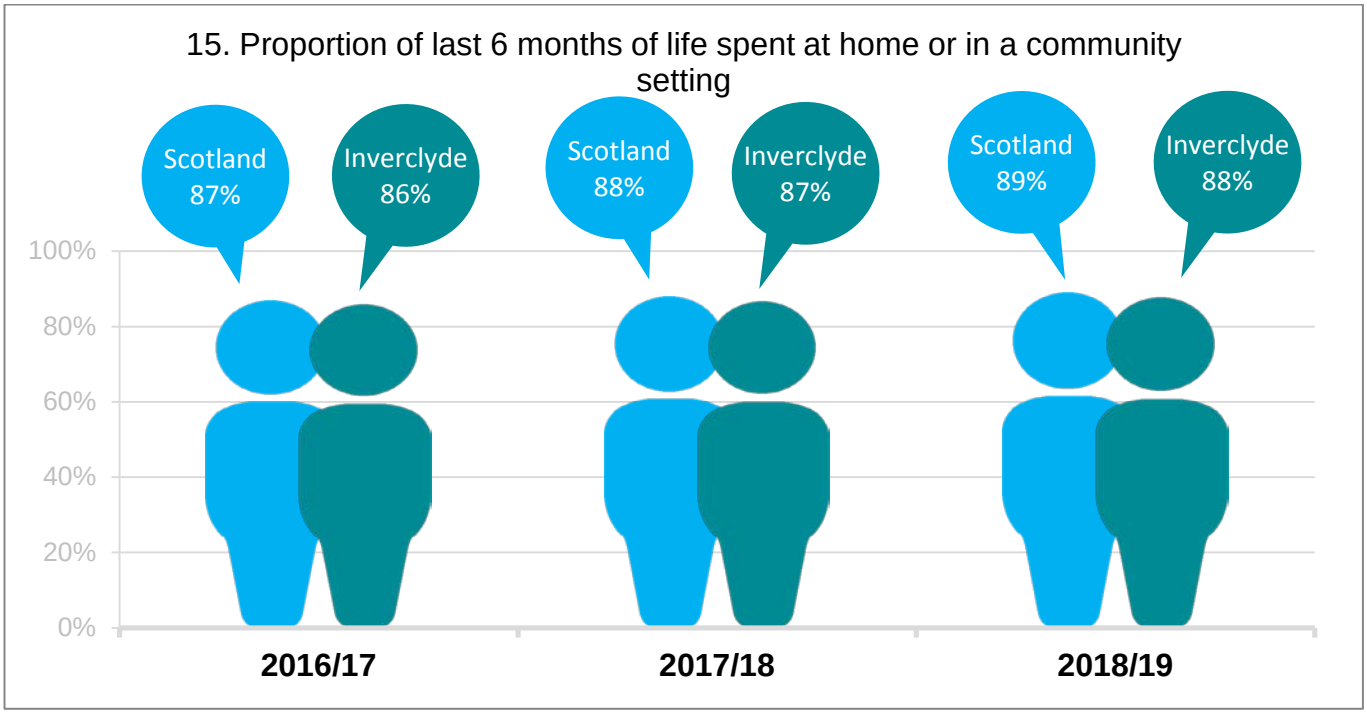
There are a number of ways that we are working towards enabling people to live as independently as possible in a homely setting.

"We believe that staying at home is the first and best option for everyone who wishes to do so"

Current performance: National Integration Indicators

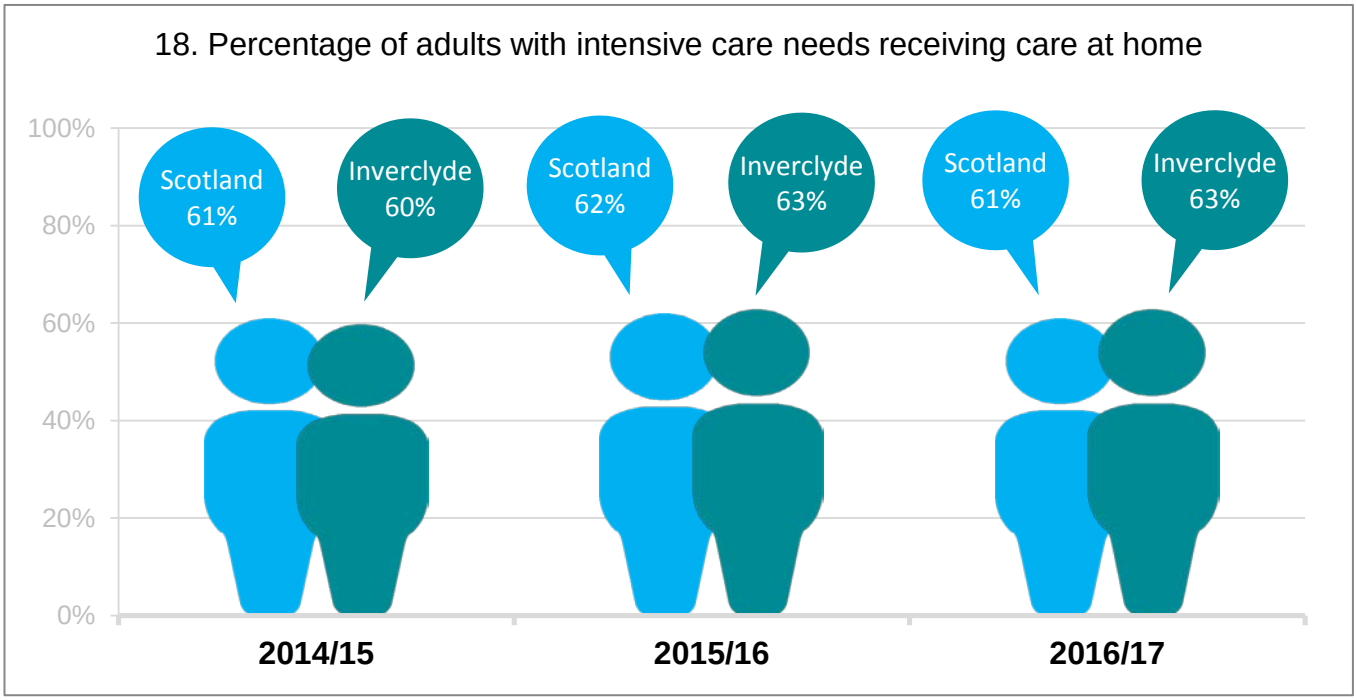


Higher figures = Better performance (data from the biennial Health and Care Experience Survey)



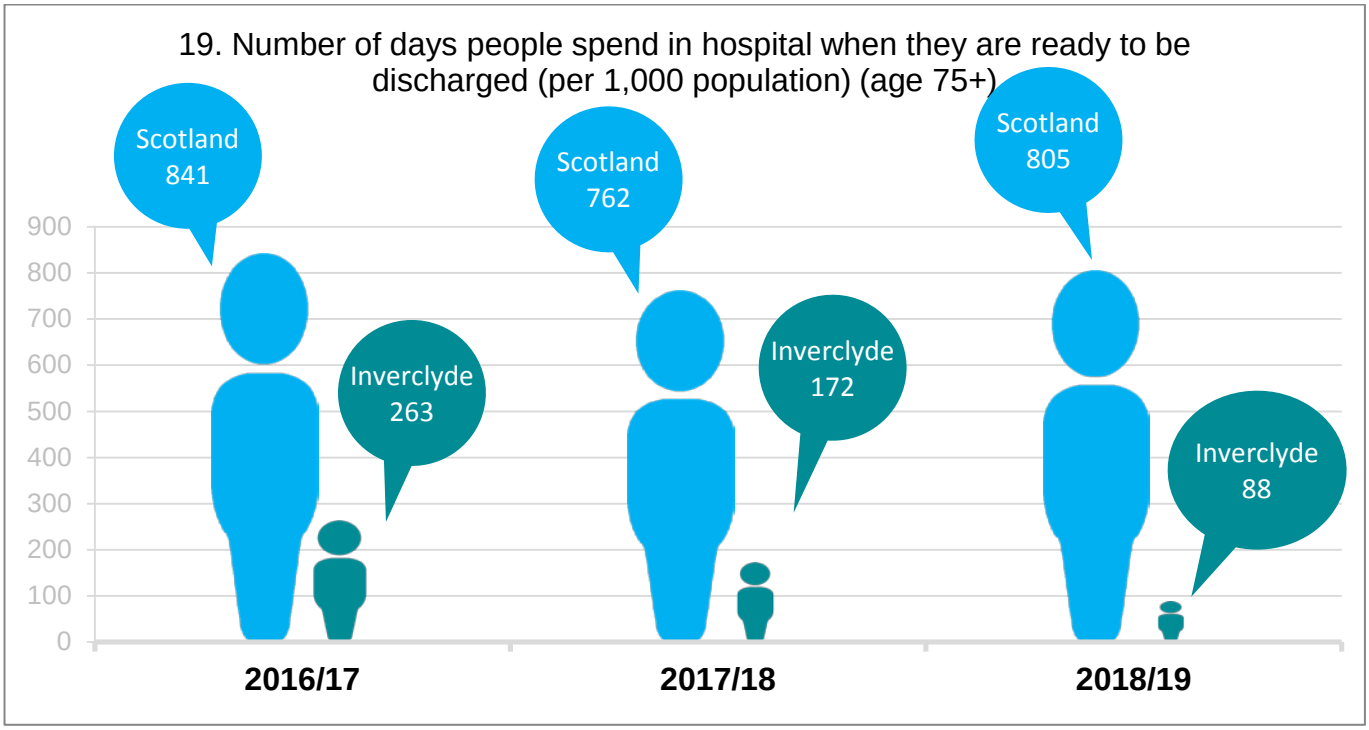
Higher figures = Better performance

Supporting people to be comfortable in their own homes towards the end of their lives often provides a better quality of life right up to the end. This in turn aids the grieving process for families.



Higher figures = Better performance (most recent published data is for 2016/17)

The levels of technological support available nowadays mean that people with very complex care needs can often receive care and support in their own home. People tell us that this is what they would prefer, so we work hard to make this option available whenever it is both safe and possible.



Lower figures = Better performance

Inverclyde performance on delayed discharge is the best in Scotland, thanks to well integrated health and care services, and a clear focus on delivering what matters most to people – getting back home safely and with good support.

Current performance: Local Indicators

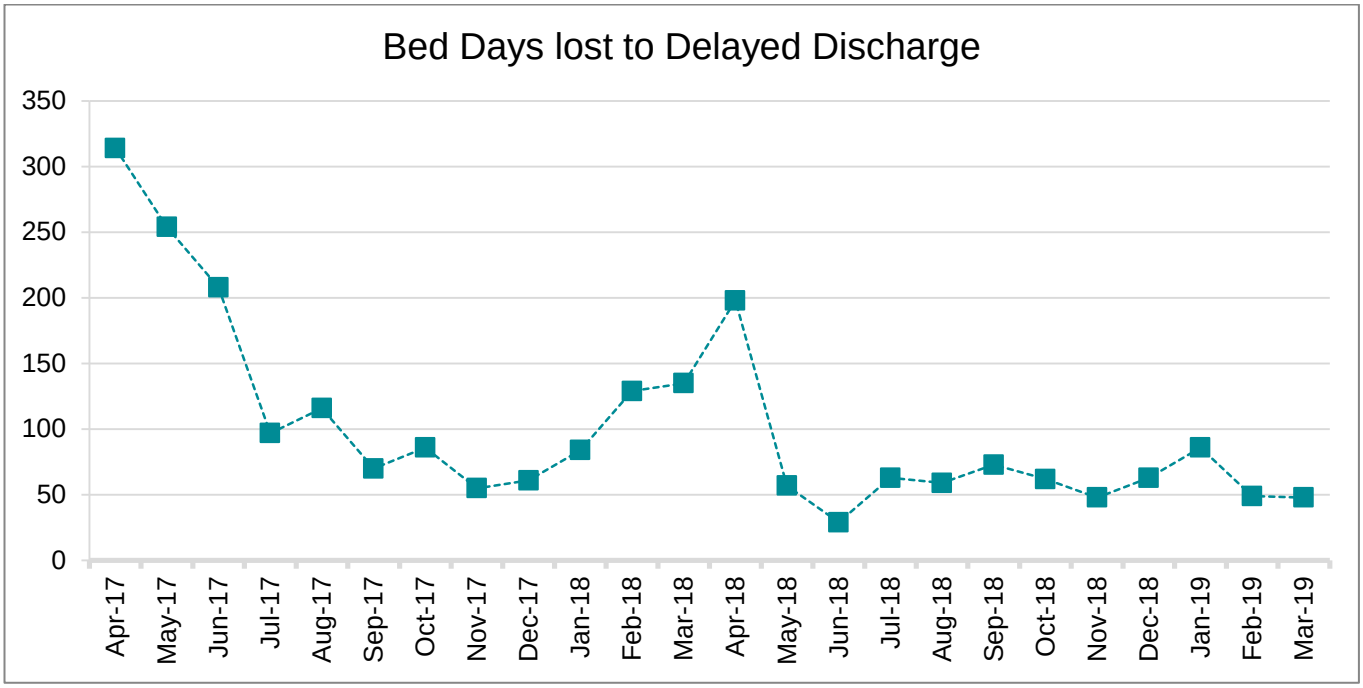
Bed Days Lost to Delayed Discharge

Bed days lost to delayed discharge is an area where Inverclyde has continued to show significant gains in good performance. By continuing to utilise the Home 1st approach, Inverclyde has reduced the number of bed days lost to delayed discharge in 2018/19 by nearly 50% on the previous year. The number of bed days lost in 2017/18 was 1,609, and in 2018/19 this figure was 835 (a 48.11% decrease).

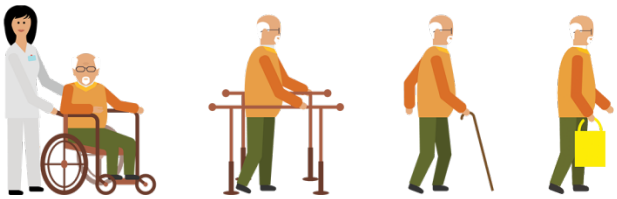
This sharp decrease is also reflected in the average number of bed days lost for both periods with the average for 2017/18 being 134 days lost and the 2018/19 period having an average of 69.6 bed days lost.

Further Analysis shows that in June 2018, the partnership had the lowest number of bed days lost to delayed discharge (29 Bed Days Lost) since the HSCP was established.

The chart below depicts the performance of both fiscal years 2017/18 and 2018/19.



Inverclyde HSCP's Partnership Discharge Plan



"We believe that staying at home is the 1st and best option for everyone who wishes to do so"

The Home1st Reablement Team is part of the HSCP Assessment and Care at Home services. The Home1st Reablement Service is a time limited service which carries out an assessment at home and develops a personal plan, with you, to meet your health and social care needs and outcomes.

Home 1st service aims

To support you with the abilities and confidence that you need to live a full and active life in your home and your community. For you to feel safe at home and live as independently as possible. To listen to what you need and provide you with choices. To provide support for the people who care for you and recognise their needs and rights.

What we do

The team will work with you to help you stay as independent as possible and build on your abilities and confidence. We will help you do more of what matters to you. Our staff will do everything they can to get it right 1st time, and include your family and those who are important to you if you want them involved. For example, we'll work with you on the day-to-day tasks you can do for yourself and what you need assistance with. Together we will agree a plan about what's important to you which we refer to as "working towards your goals". These can be anything from getting washed and dressed, practical help, getting out and about, staying in touch with people or getting involved in hobbies and interests within your community.

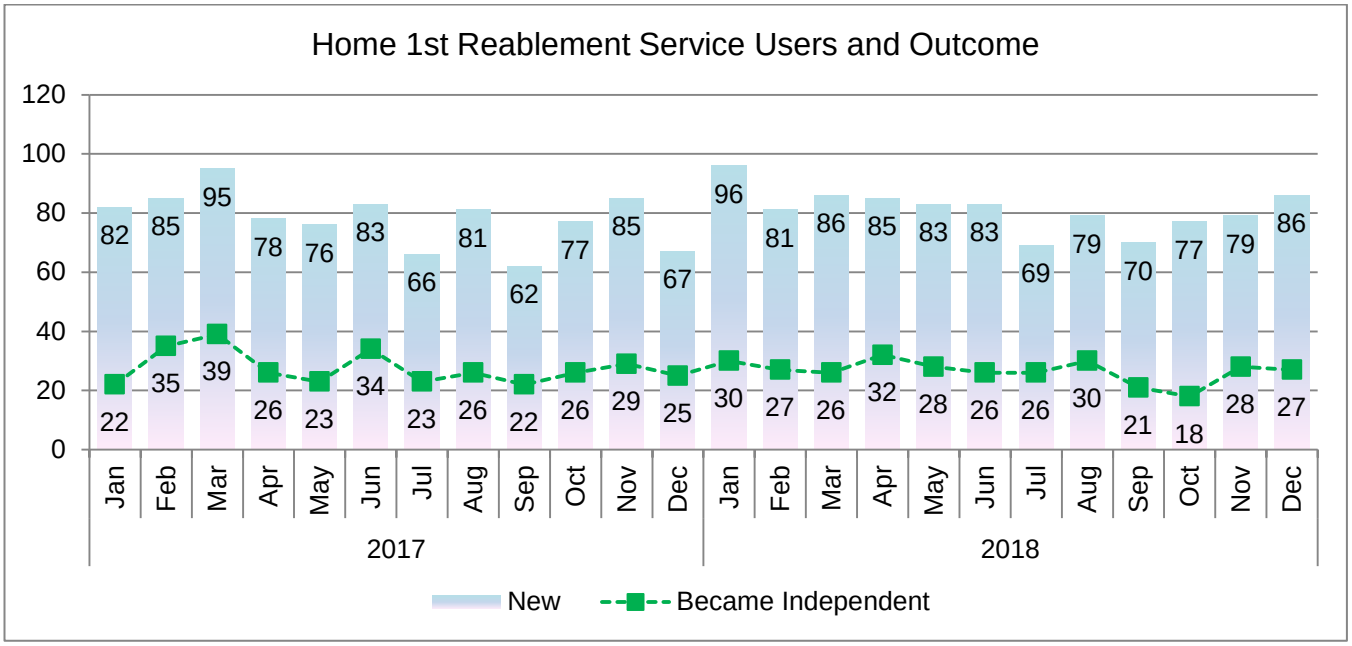
Our team includes:

- Occupational therapy staff
- Home support managers and home
- support Seniors
- Home support workers
- Social workers and social work assistants
- Pharmacy technician

Different team members will be in touch with you throughout the Home 1st period, firstly, someone will visit you at home to start the assessment. The occupational therapy staff are responsible for agreeing goals with you which will be part of your personal support plan. Our assessment staff can also provide equipment to maintain your independence and safety around your home. Our home support staff will work with you and we will talk to you regularly about how things are progressing. Towards the end of the reablement period we will discuss your progress and look at the areas where you can manage on your own and those where you may still need some support. For your on-going needs we will provide information about the self-directed support options available to you which is about having as much choice and control as possible over how your support is planned and provided.

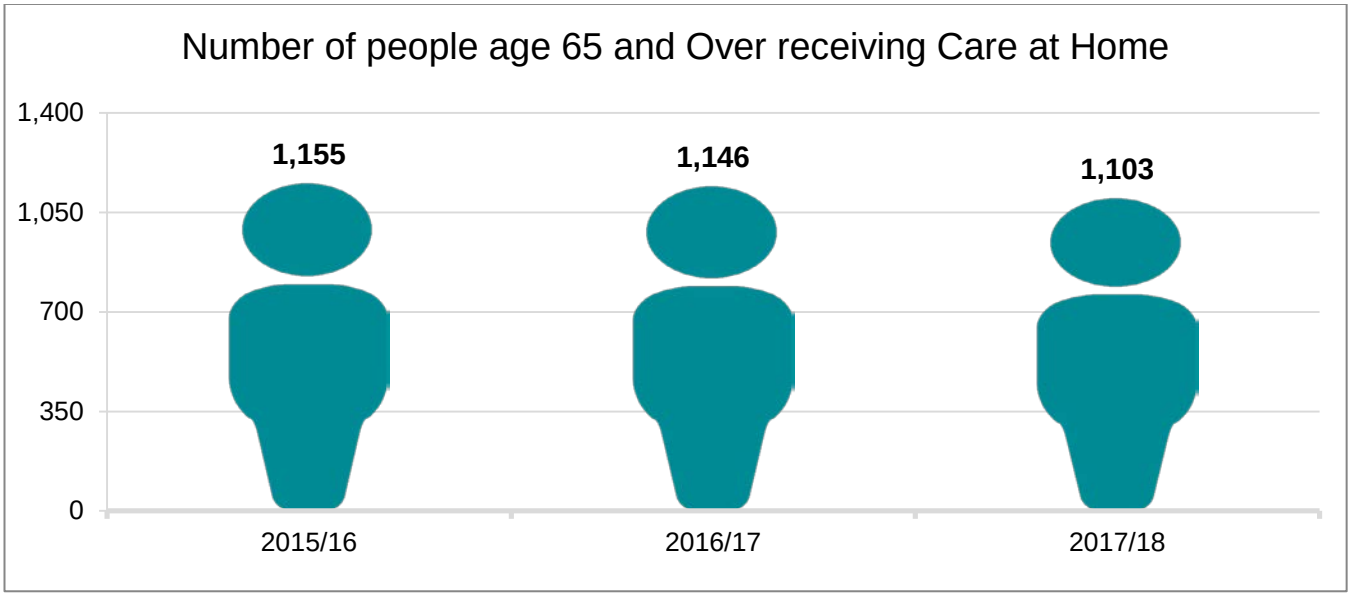
Who can use the service

This service is for people who are returning home from hospital, or when you are going through a period of illness or you are experiencing some kind of change in your life or circumstances. The service is open to anyone who lives in Inverclyde and has given consent for us to be involved. A willingness to work alongside us is important during this time of assessment. Normally we will work with you for six weeks but the time can vary depending on individual circumstances. The service is free during this initial period however, for ongoing service there may be a charge, full details are in the community services charging leaflet.



Care at Home

Our Care at Home service provides care and support to those who require assistance to remain independent at home for as long as possible. Investing in this preventative support helps reduce unnecessary admission to hospital and is a key intervention in achieving our aim of “People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community”.



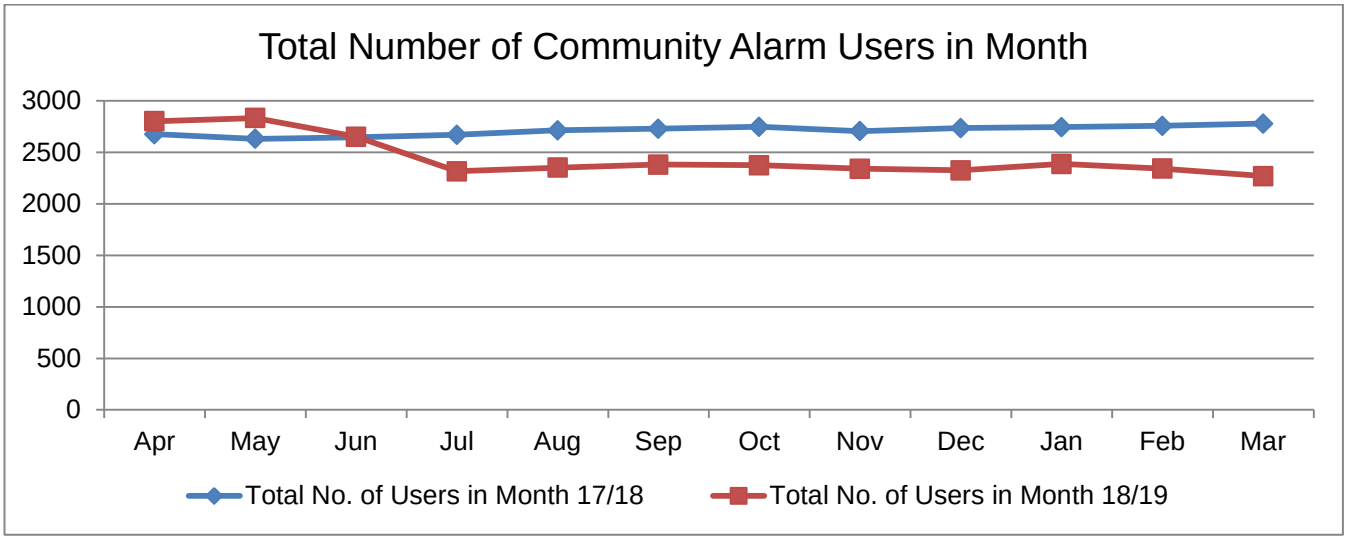
Numbers of people age 65 and over has decreased slightly in the year 2017/18, however, there has been an increase in the complexity of our service users assessed needs.

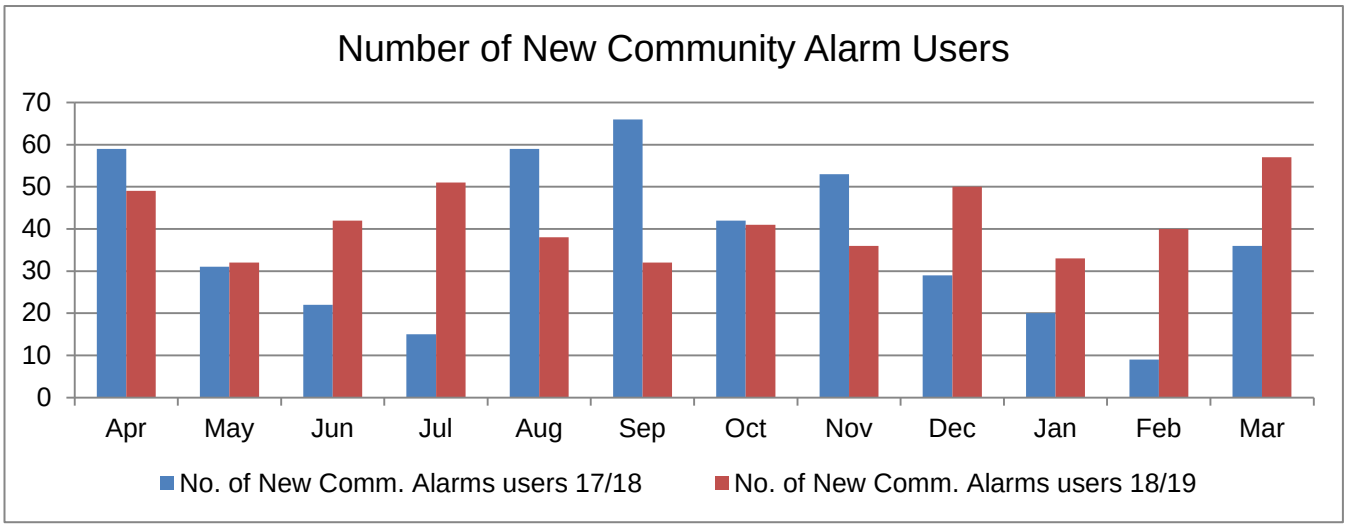
Using Technology

Technology Enabled Care – Community Alarm

2018/19 has seen the introduction of a nominal fee for users who are receipt of the Community Alarm service and as such the HSCP did see a reduction in the number of active clients utilising this service. This fee was introduced in June 2018 and this can be seen as a noticeable drop in the chart below (at the point where 18/19 data intersects with the 17/18 data).

Although the overall numbers receiving Community Alarm service has dropped due to the introduction of the charge, the number of new users in each month has increased slightly (the number of new users in 2017/18 was 441 and in 2018/19 this rose to 501). We are confident that the numbers will settle at a level that shows actual need.





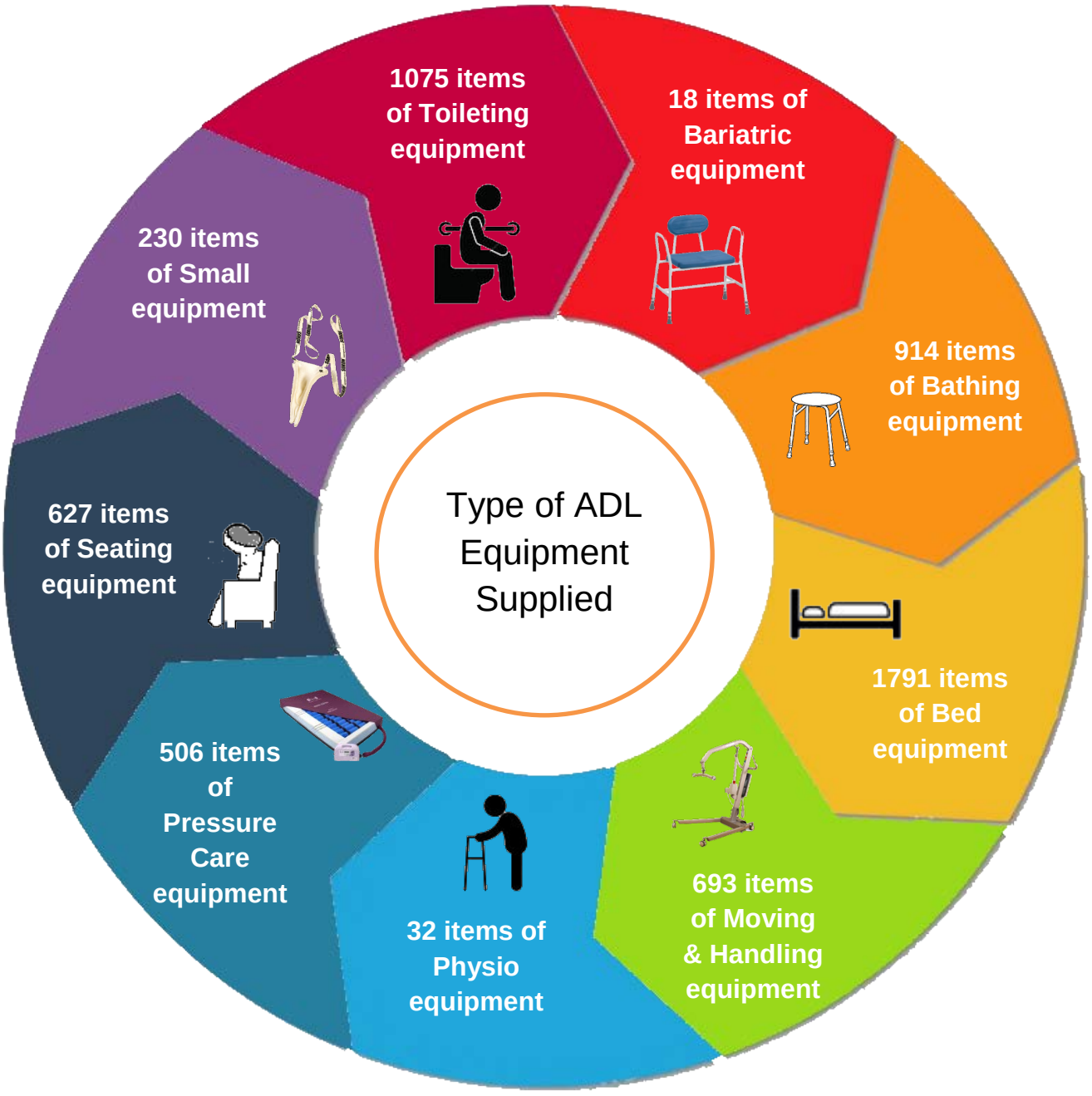
By 2021 we will have a Digital Strategy to Support Technology Enable Care

Aids for Daily Living (ADL) equipment.

In 2018-19, we provided 5,886 unique items of ADL equipment to Inverclyde residents who had a physical need. This is down from the previous year (2017-18) where we provided 6,539 items. 22% of all equipment supplied was to support people being discharged from hospital.

This equipment ranges from hospital beds with pressure care mattresses and patient hoists, to simple seats for use in a shower. An Occupational Therapist (OT) or District Nurse (DN) carries out an assessment for equipment.

Breakdown of type of equipment supplied to Inverclyde residents in 2018/19.



Andrew's Story

Andrew is a 98 year old who resides at home alone. Due to being partially sighted and experiencing early stages of cognitive decline everyday tasks were becoming increasing difficult to carry out safely and independently. Following experiencing a fall within the home a referral was made to Occupational Therapy Services.

Occupational Therapy Services responded with priority to carry out an assessment and observed Andrew in undertaking everyday tasks including preparing a meal, mobilising indoors and out of doors, transferring on and off the toilet, in and out of bed and on and off chair. Underpinning the assessment was Andrew's high level of motivation to remain as independent as possible. With risk of falls being the main concern occupational therapy worked alongside wider health services to ensure access to health checks, ophthalmology, sensory impairment services, and physiotherapy.

Andrew's main goal was to retain independence in shopping. The home environment with an extensive number of external stairs was the main factor impeding independent mobility out of doors. Occupational Therapy made provision of external handrails and gave advice on maximising mobility out of doors alongside sensory impairment services to ensure safe mobility and increased confidence. Housing advice was offered however Andrew opted to remain living in his own home whereby he has resided for 70 years.

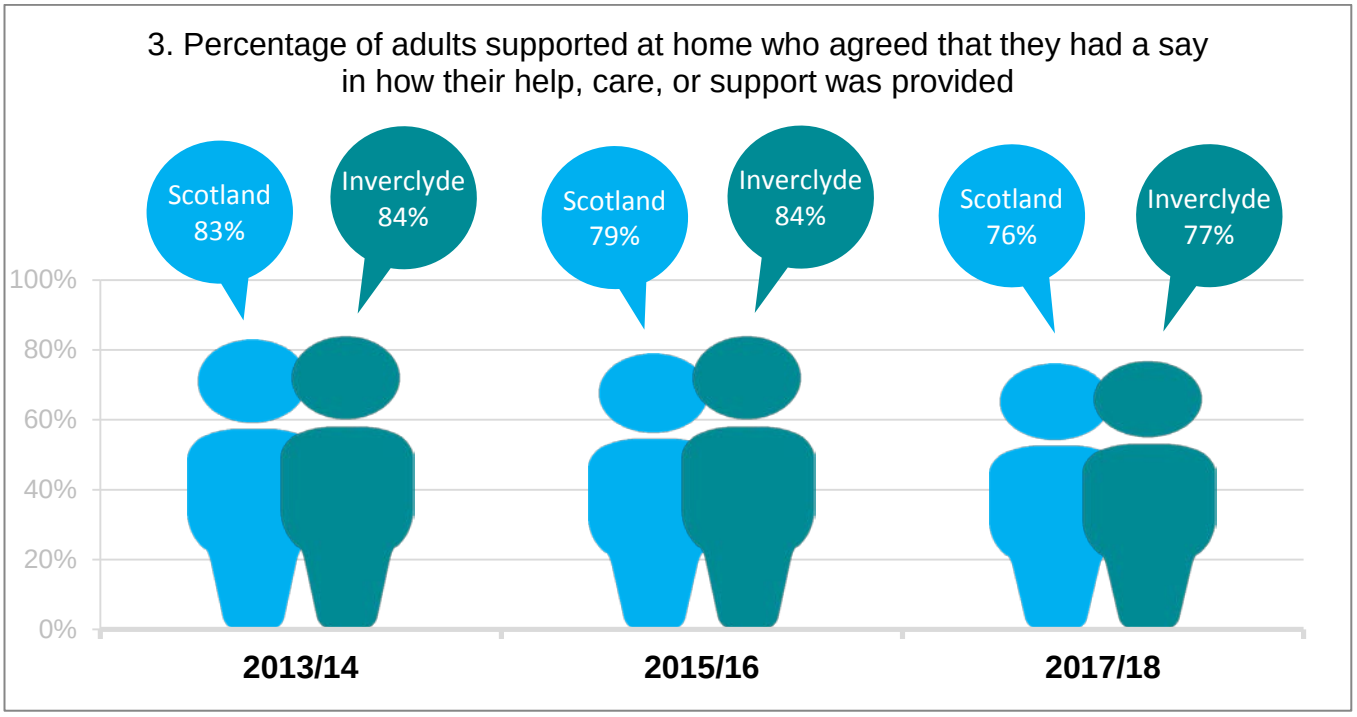
Indoors occupational therapy made recommendation to remove rugs and made provision of a wet floor room to ensure ongoing independence in maintaining personal hygiene. The design of the bathroom was considered ensuring all controls and fittings are dementia friendly to meet ongoing health needs. Overall change in the home was minimised and through working alongside Andrew in kitchen tasks he regained confidence and continues to live as independently as possible with the installation of an alert alarm.

Andrew reports he is appreciative of the help and support he has received from Occupational Therapy Services.

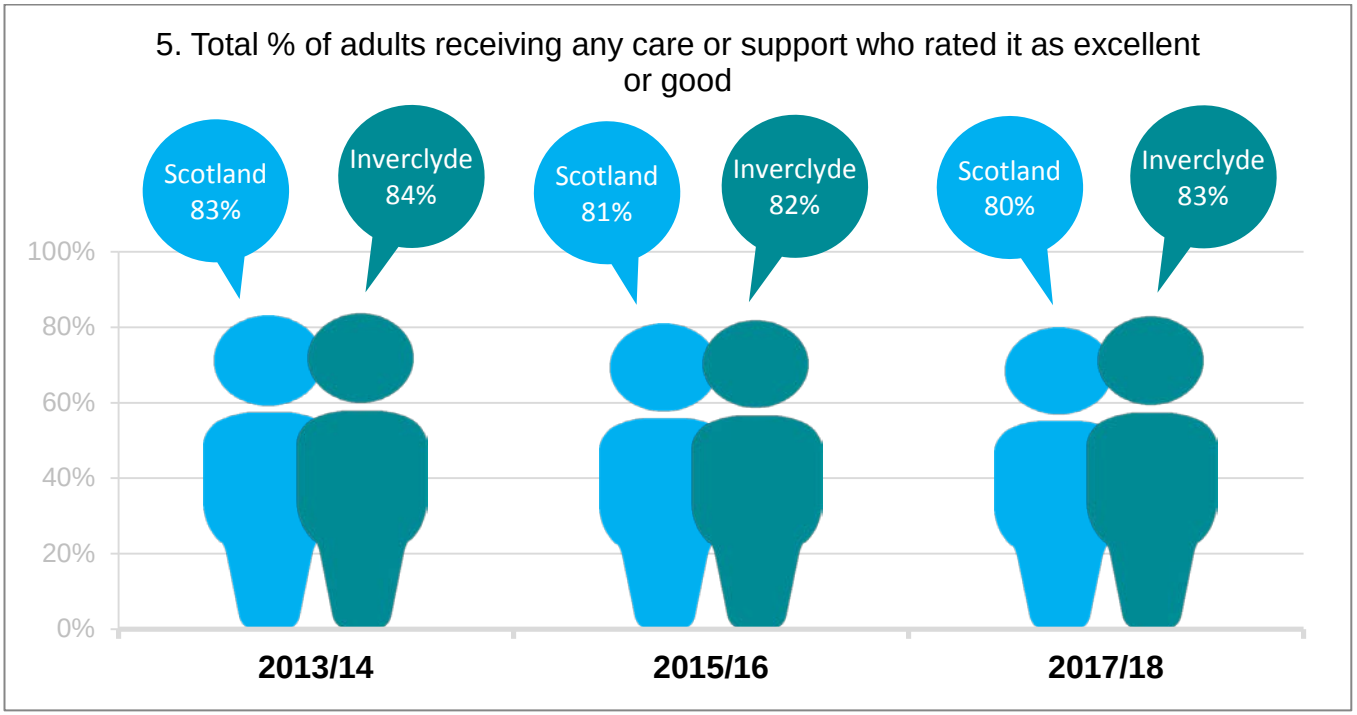
Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Improving health and social care outcomes from people who use services and their carers underpins the integration agenda. The Partnership knows that individuals and communities expect services that are of a high quality and are well co-ordinated. A critical part of ensuring that services are person-centred and respecting people's dignity is planning a person health and social care with the person, their family and Carers.

Current performance: National Integration Indicators



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)



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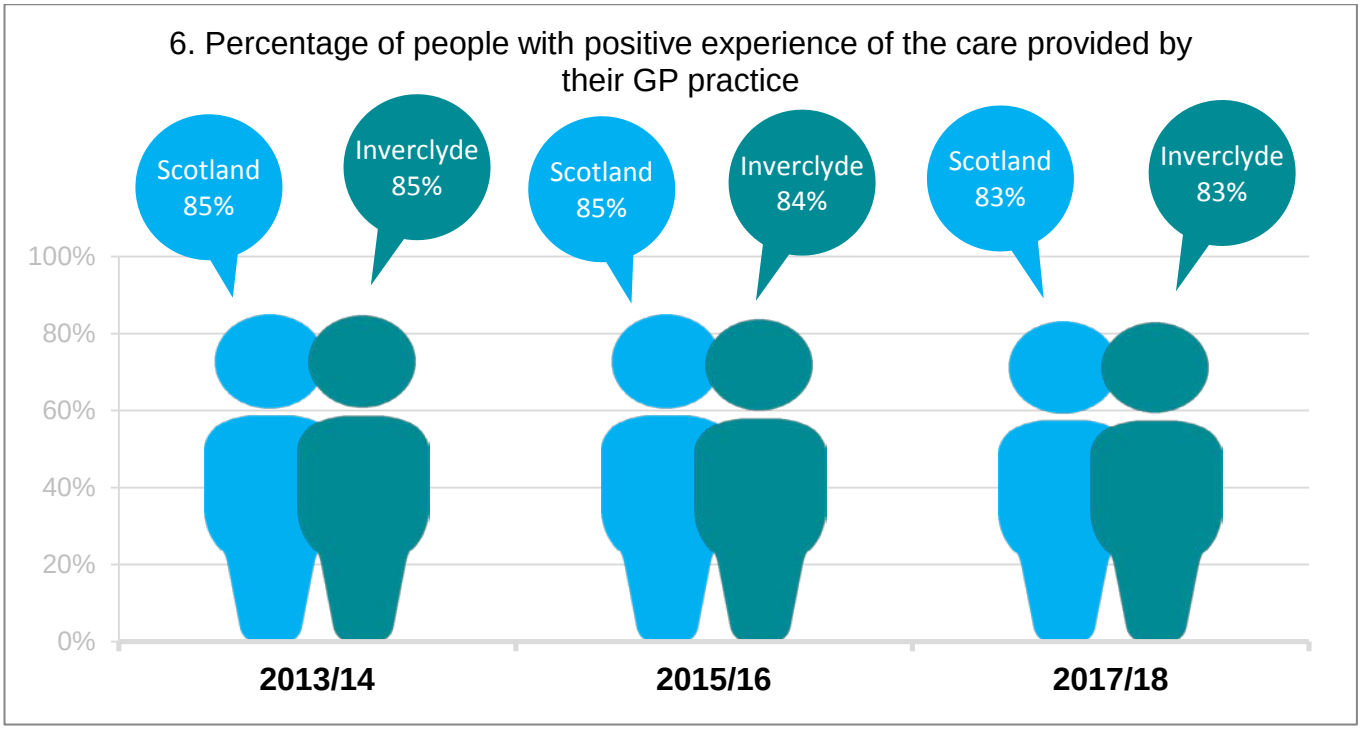


Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

Current performance: Local Indicators

Self-Directed Support (SDS)

SDS allows people to choose how their support is provided to them by giving them as much on-going control as they want over the individual budget spent on their support in order to meet their outcomes. Inverclyde HSCP SDS implementation plan works towards ensuring people

who need support will have the confidence to exercise choice over the full range of SDS options.

The SDS Options are:

Option One: A direct payment is made to the service user allowing him/her to purchase their own support. The service user can employ a personal assistant, receive a one off payment for goods, services or buy a service from a care organisation. This option provides the most choice and control.

Option Two: The service user can choose a care organisation they want to provide the support with the HSCP arranging to pay for this support. This option offers choice and control but less responsibility for managing.

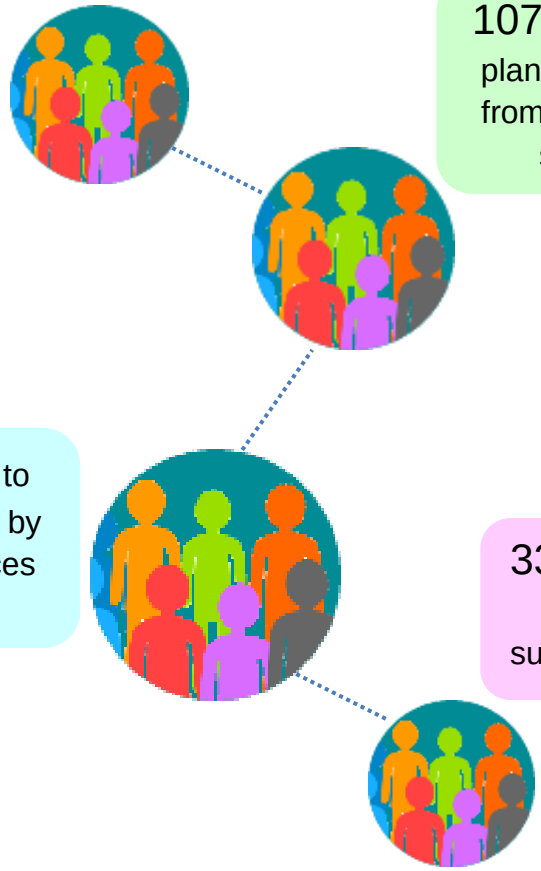
Option Three: The HSCP will arrange support from an appropriate provider after full discussions with the service user. The service user has no responsibility for arranging support and has less choice and control.

Option Four: The service user can use a mixture of all options to arrange care and support. This choice allows the service user to decide which elements they wish to have direct control over and for which they wish the HSCP to have responsibility.

As at 31st March 2019

53 people have chosen to organise their own support (Option 1)

107 people have chosen to plan their care with support from health and social care services (Option 2)



1679 people have chosen to have their support organised by health and social care services (Option 3)

33 people have chosen a combination of SDS support options (Option 4)

John and Diane's Story

John is an 88 year old man who lives with his wife Diane. Diane has a diagnosis of Dementia and is in the advanced stages. John is the main carer and also has his own health needs. It was important for John that Diane stayed at home and that he could continue to care for her.

Diane's physical and mental health has deteriorated and she required substantial support throughout the day and night with personal care, mobility transfers. She wasn't able to communicate verbally and had difficulty swallowing. All of the above was extremely stressful for John and the family.

After assessment John choose Option 1 after consideration as he wanted to have the most control and flexibility over the support within the budget he was allocated. He choose a provider and a core team supported Diane on a day to day basis. They also supported John in the caring role as well as providing respite for him.

This resulted in a positive outcome as this enabled Diane to remain at home with John and for him to sustain his caring role.

Criminal Justice

From 1st April 2018 we introduced a new Service User Feedback process to better capture the views of those using our service. This involves completing a short form at both the commencement and completion of a community based sentence imposed by the courts.

The forms allow self-assessment of a range of issues including:

- Offending behaviour
- Training and employment
- Housing
- Family life

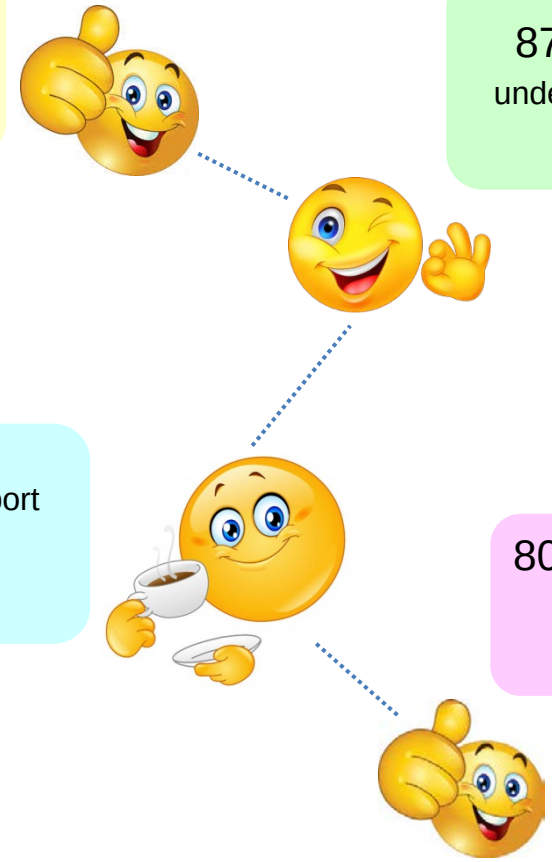
76 'start' and 31 'end' forms were completed by our service users.

Of the 31 'end' forms 24 (or 77%) provided comments on the service and any thoughts on improvements.

Service users who either ‘agreed’ or ‘strongly agreed’ that their time at CJ felt that

90.3% - they were informed and listened to

87.1% - have a better understanding of offending



96.8% - had a good support network

80.6% - the CJ team had a positive impact on behaviour

Market Facilitation and Commissioning Plan

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde. Our vision is based on “Improving Lives”, and the Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. This Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

Full details of the Market Facilitation and Commissioning Plan can be found at:
https://www.inverclyde.gov.uk/meetings/documents/10893/04%20Market%20Facilitation.pdf

Primary Care Improvement Plan

General Practice in Inverclyde is made up of fourteen Practices covering Kilmacolm, Port Glasgow, Greenock, Gourock and their surrounding areas. There have been a number of changes to general practice in Inverclyde in the last few years including a merger and a practice closure. The merger in 2016 resulted in the formation of the largest single practice in the area.

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

Inverclyde Health and Social Care Partnership created a Primary Care Improvement Plan (PCIP) which was approved by the GP Sub Committee of the Area Medical Committee (AMC) in August 2018.

The main ambitions of the PCIP are:

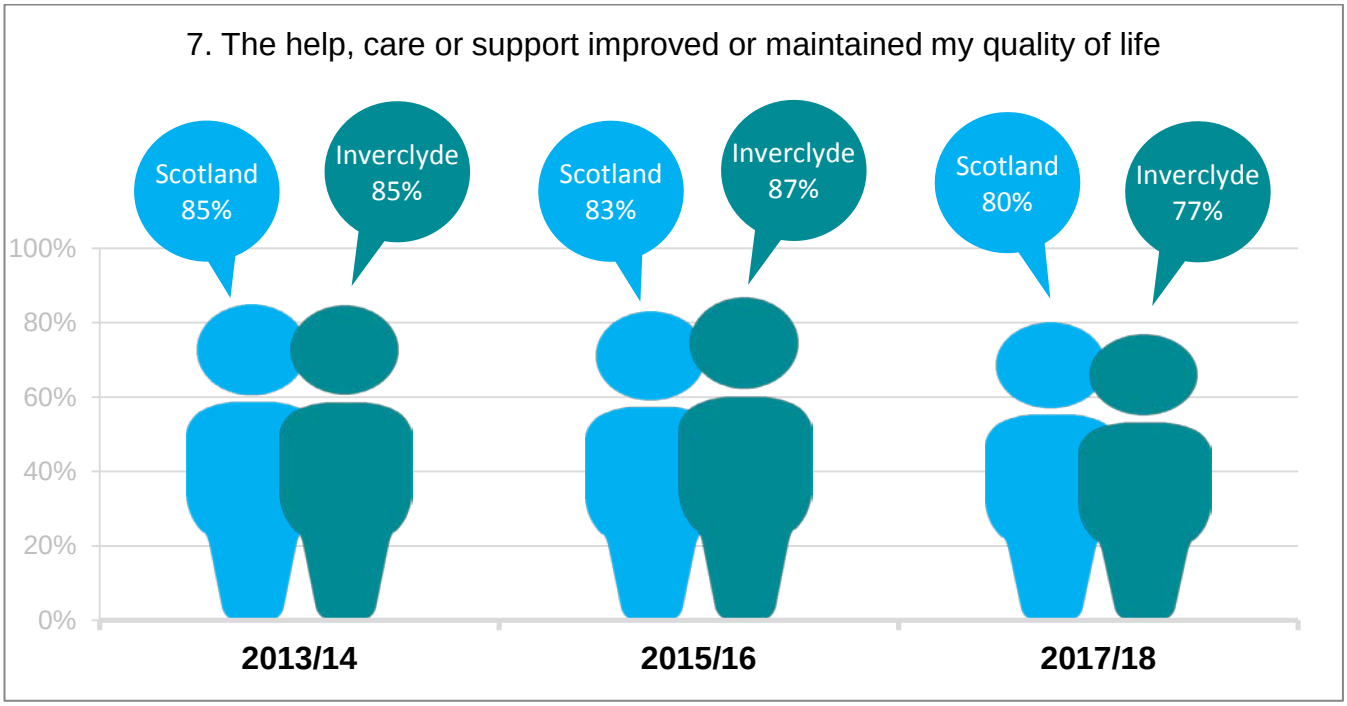
- Support progression of the GP role as expert medical generalist ensuring a refocus of activity is applied within practices, as workload shifts
- Support the delivery of improved patient care by achieving the principles of contact, comprehensiveness, continuity and co-ordination of care.
- Support the re-design of services and embedding of multi-disciplinary primary care teams to create a more manageable GP workload and release GP capacity to improve care for those patients with more complex needs
- Encourage peer led discussions and value driven approach to quality improvement to create better health in our communities and improve access for our patients
- Continue to educate and inform our population of alternative services/professionals to attending a GP through our culture change work and Choose the Right Service campaign

Full details of the Primary Care Improvement Plan can be found at:
https://www.inverclyde.gov.uk/meetings/documents/12219/09%20PCIP%20Update.pdf

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient focussed and sustainable services which maintain the quality of life for people who use the services. This means ensuring that treatment, interventions, and services are of the right standard so that they are safe, address people's expectations and outcomes so the people enjoy the best quality of life, whilst they recover or are supported to manage their condition.

Current performance: National Integration Indicators



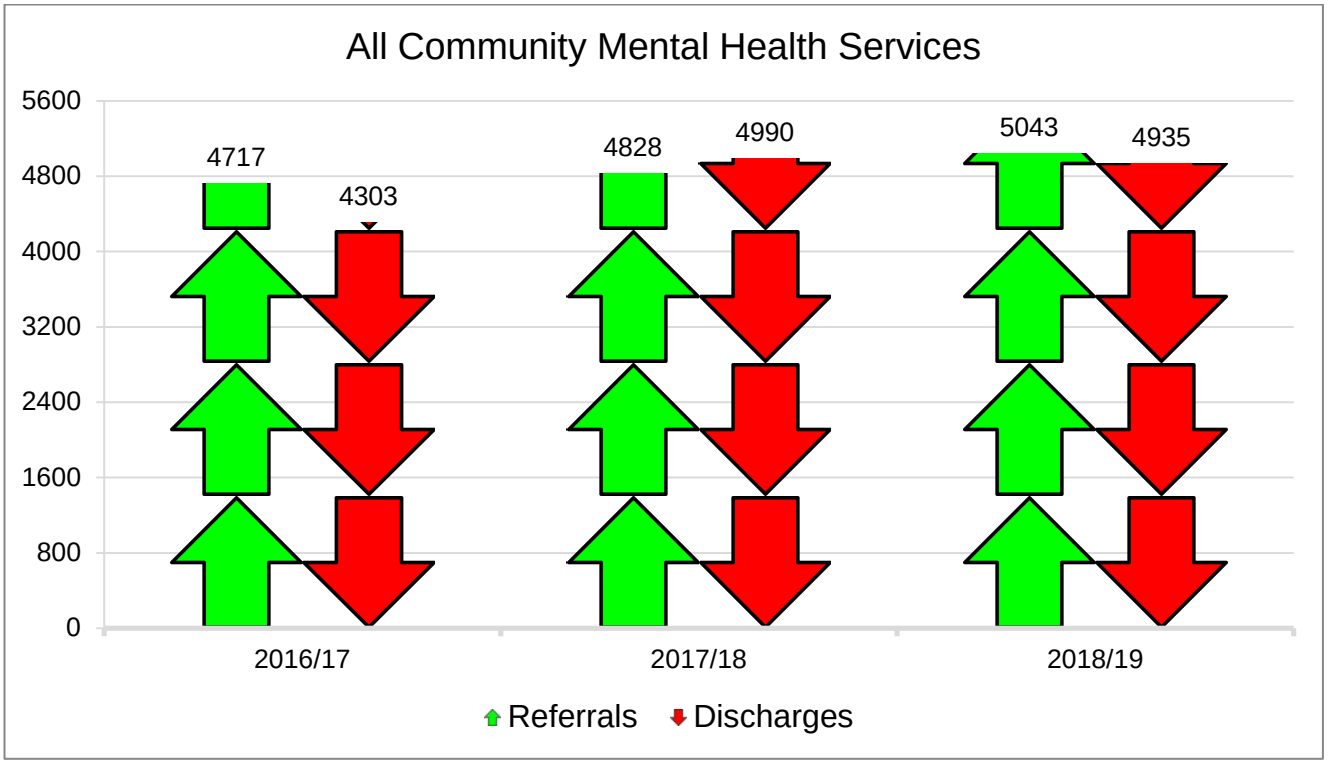
Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

Current performance: Local Indicators

Mental Health

Within our Community Mental Health Services there were a total of 5,043 referrals throughout 2018/19, an increase of 6.9% from 2016/17. This is also matched by an increase in those being discharged from the service with 4,935 in 2018/19 an increase of 14.7% from 2016/17.

Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life.



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

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

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

The aims of the Community Mental Health Team are to:

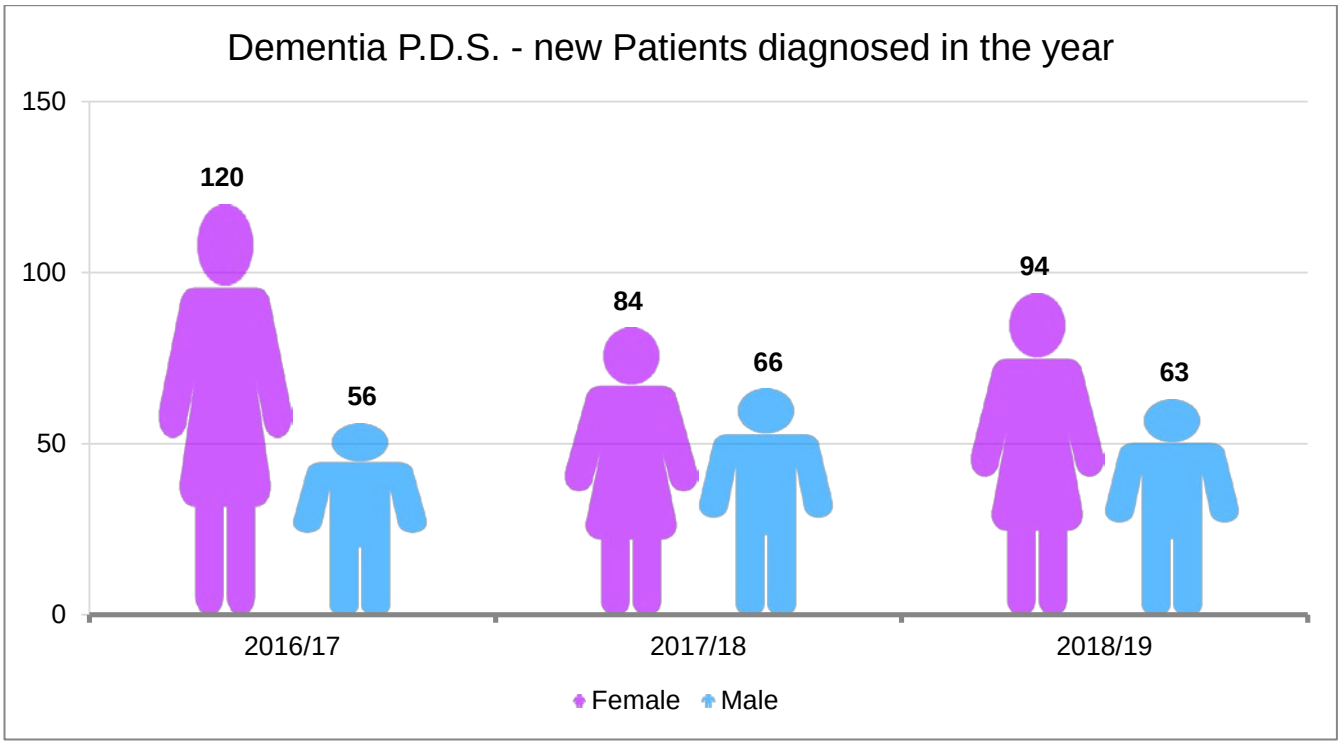
- Reduce the stigma associated with mental illness.
- Work in partnership with service users and carers.
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes.
- Focus upon improving the mental and physical well-being of service users.

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

Dementia PDS (Post Diagnostic Support)

Improving Post-diagnostic Support (PDS) is one of the 21 commitments of the national dementia strategy (June 2017). The strategy proposes that: “All people newly diagnosed with dementia will receive appropriate support following diagnosis, with that support being either (a) the current model of post-diagnostic support, or (b) care coordination, based on the 8 Pillars Model of Integrated Community Support. The decision as to be most appropriate option will be based on clinical assessment.”

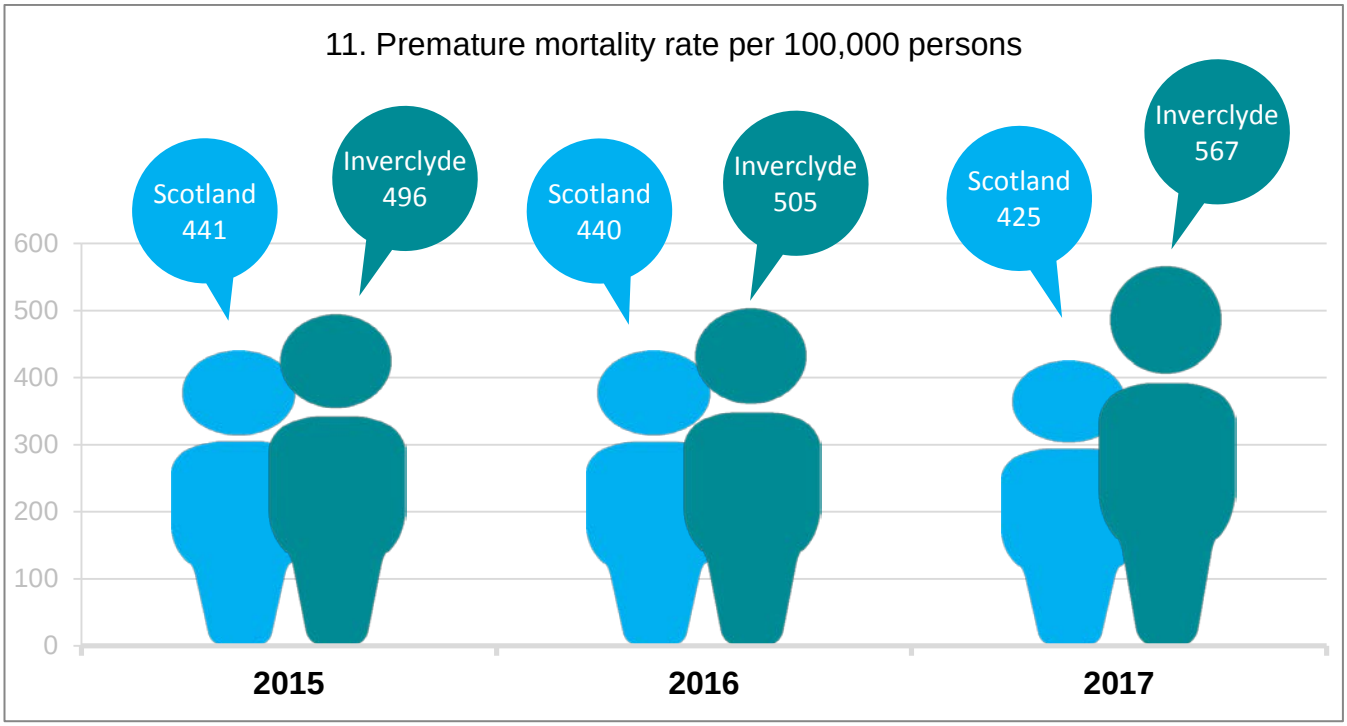
The period of support in each case will be open-ended and flexible. For those who receive post-diagnostic support in an integrated community-based way, this will continue without a time limit. Following the conclusion of the initial programme of work, and if the individual does not move on to the care coordination phase, they will be able to access their named Link Worker again, whether within the year previously stipulated or not. This will allow flexibility for those who might require additional contact or reengagement with the service.



Outcome 5 - Health and social care services contribute to reducing health inequalities

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. This can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including housing, income and poverty, loneliness and isolation and employment.

Current performance: National Integration Indicators



Lower figures = Better performance (data for this indicator is produced in calendar years with the most recent available figures being for 2017)

This is a complex indicator because the causes of premature mortality are many, and are underpinned by social, health and economic inequalities. This is defined as death from all causes, aged under 75 and is an important indicator of the overall health of the population.

Current performance: Local Indicators

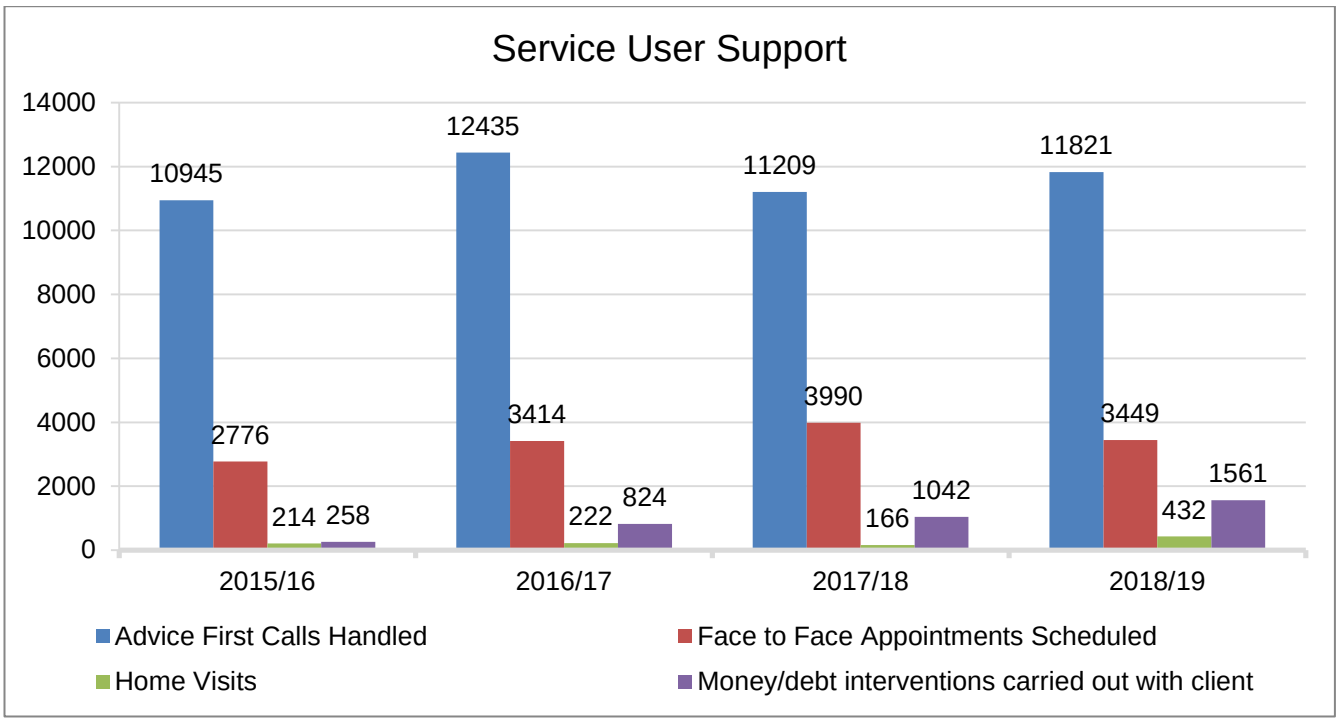
In Inverclyde, our approach to **Addressing Inequalities** is multi-faceted.

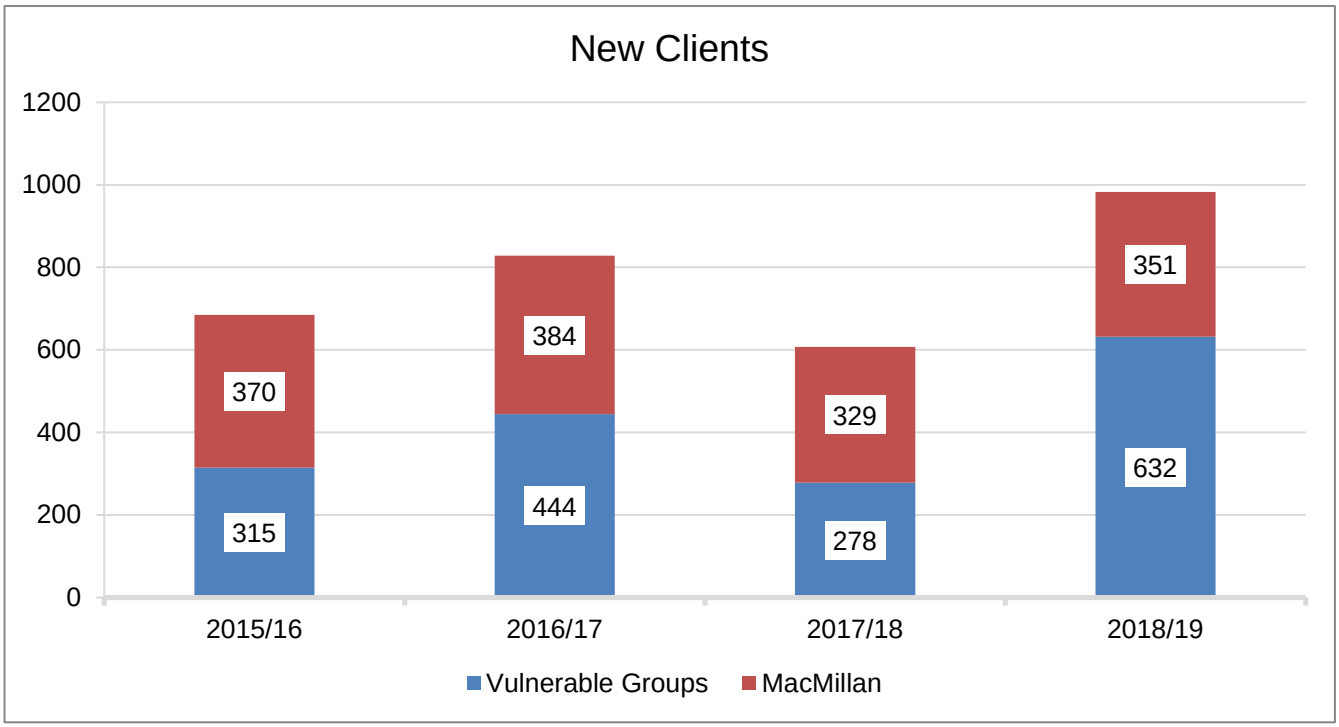
Within this report we have focused on the following areas to demonstrate this:

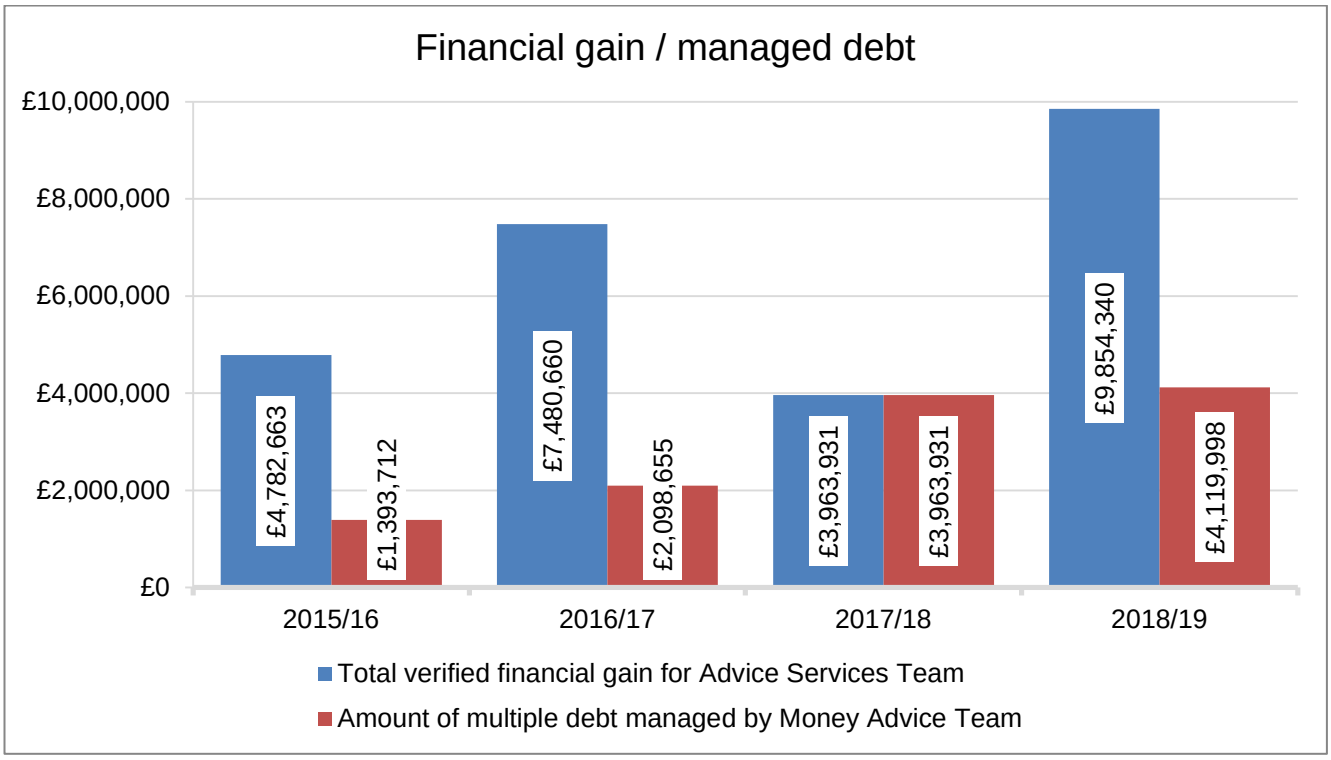
- Financial inequality
- Homelessness

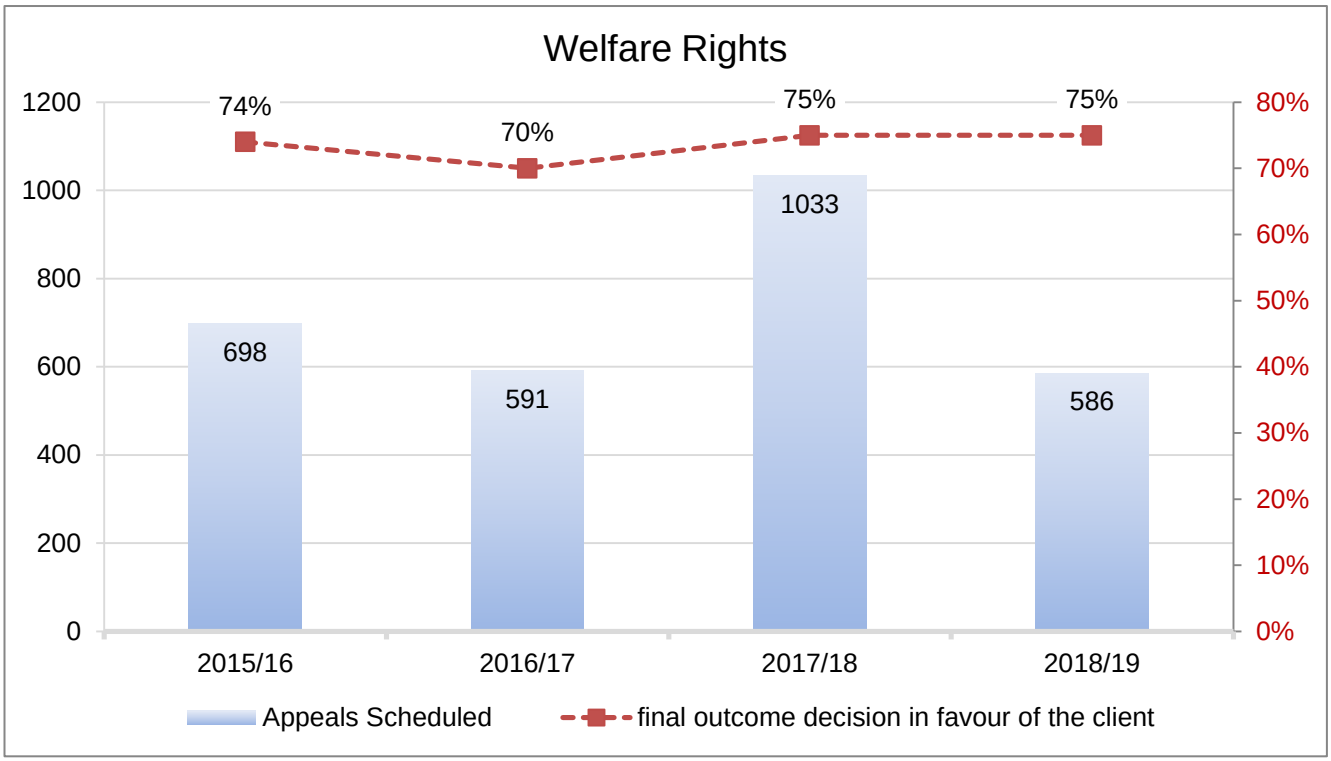
Financial Inequality

Our **Advice Services Team** handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution. The tables below show activity and outcomes for the past 4 financial years.






Financial gain / managed debt
£10,000,000
£8,000,000
£6,000,000
£4,000,000
£2,000,000
£0
£4,782,663
£1,393,712
£7,480,660
£2,098,655
£3,963,931
£3,963,931
£9,854,340
£4,119,998
2015/16
2016/17
2017/18
2018/19
Total verified financial gain for Advice Services Team
Amount of multiple debt managed by Money Advice Team


Welfare Rights
1200
1000
800
600
400
200
0
80%
70%
60%
50%
40%
30%
20%
10%
0%
74%
70%
75%
75%
698
591
1033
586
2015/16
2016/17
2017/18
2018/19
Appeals Scheduled
final outcome decision in favour of the client

Working with local people and other organisations we gained significant financial amounts for Inverclyde Residents.

*The Macmillan Advisor and the Vulnerable Groups Outreach Worker both migrated on to the Advice Services Caseload Management System during 2017/18 which had an impact on the volume of clients seen and financial gains captured.

A Mother's Story

A Money Advisor was working with a single parent with substantial health issues and under a lot of pressure.

The client admits struggling with budgeting and overcompensates with the children for the lack of things that she had growing up. As a result she struggles to maintain payments towards debts. The client found it difficult to engage with services.

So far the debts written off have totalled over £2000 after the Money Advisor challenged the lenders on affordability and responsible lending.

The client now feels less anxious about her debts. Budgeting support and family support has eased the pressure and the client is very aware of where to go for help should issues arise in the future.

Morag's Story

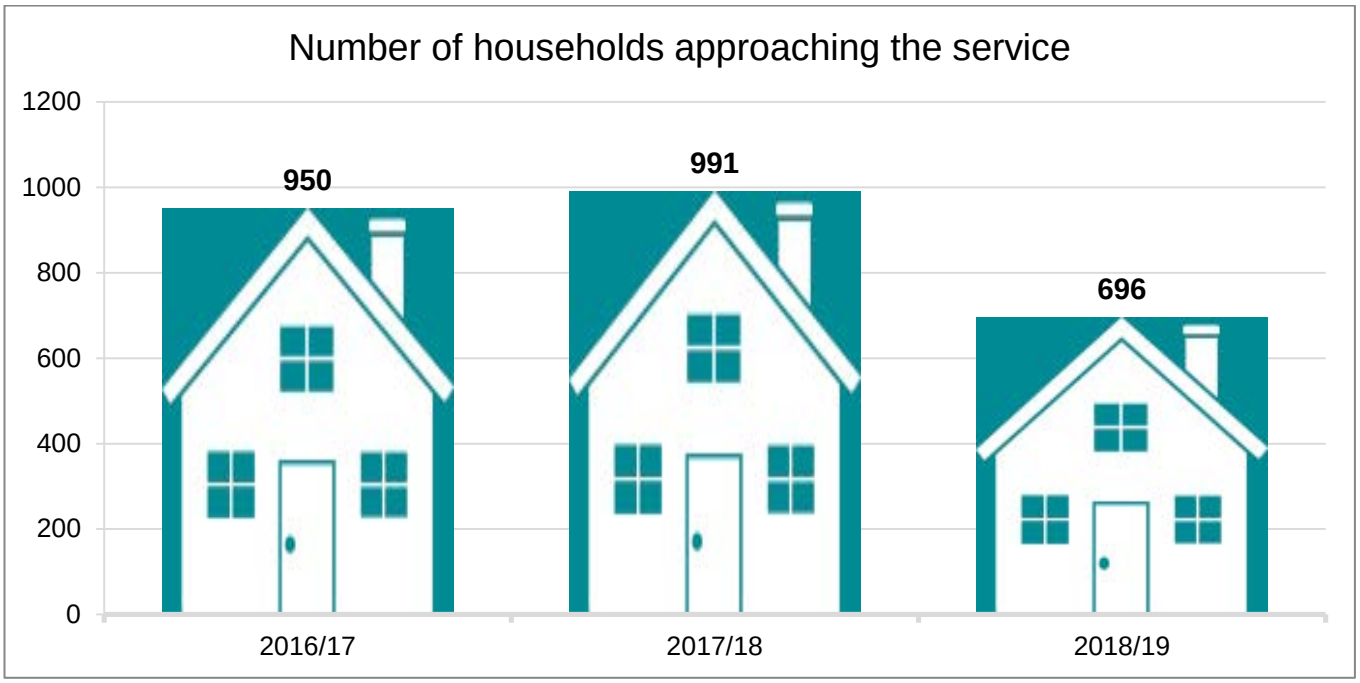
Morag was referred to the Inverclyde Macmillan Benefits Service by the Clinical Nurse Support following a cancer diagnosis. Assistance was made to apply for Personal Independence Payment; contribution based Employment Support Allowance for both Morag and her partner; disability discount to help reduce Council Tax costs and an application was made for road tax exemption. Financial gains confirmed so far are £17,347 per annum.

Morag was also assisted to apply for: a blue badge; bus pass and companion pass; parking bay; and information was provided for Morag and her partner to book a short respite break.

Homelessness

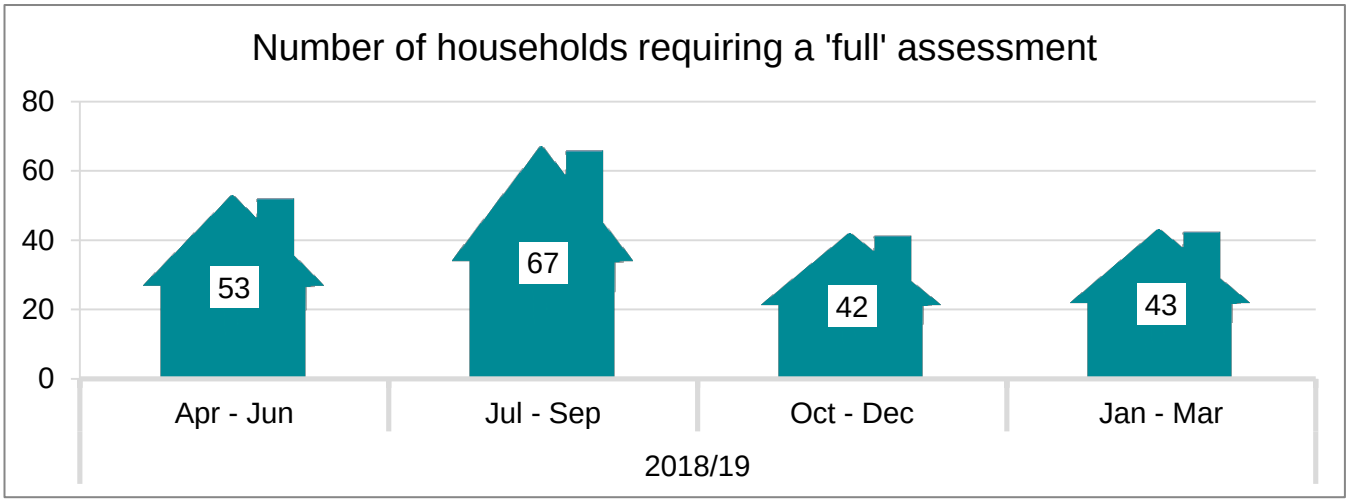
Working towards reducing Health Inequalities, we have also undertaken a range of activities that are designed to resolve homelessness as quickly as possible and, ideally, prevent this altogether.

Figures for the last 3 years show the number of approaches to the service for advice and support (also referred to as 'Housing Options') to prevent homelessness.



By focusing on interventions to prevent people from becoming homeless, we are able to resolve the vast majority of cases (approx. 73%) at this stage.

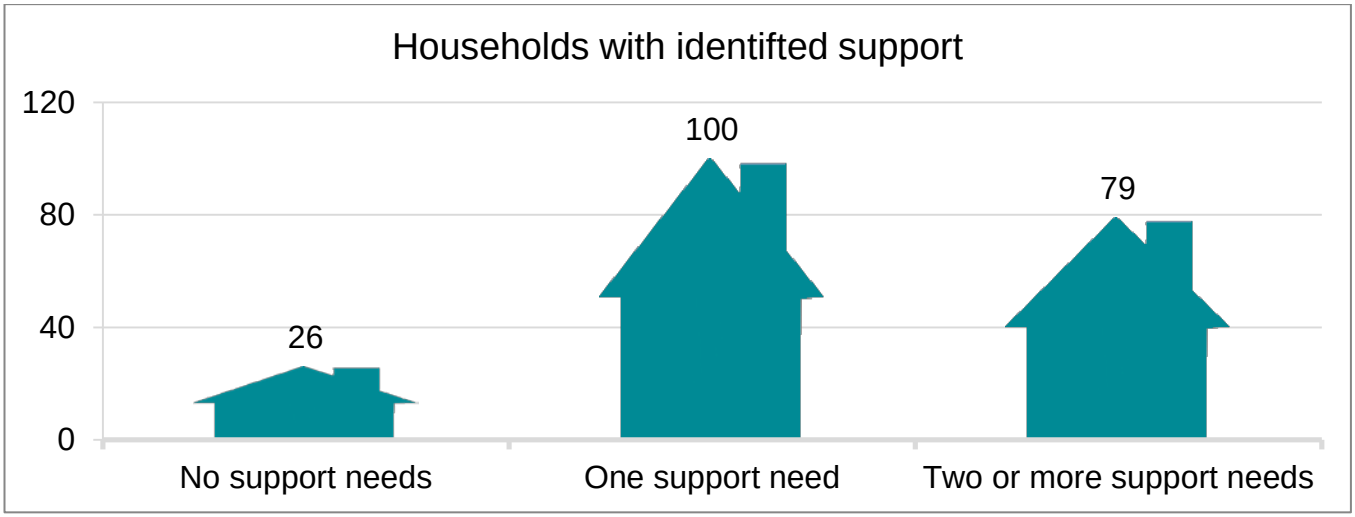
Where it has not been possible to prevent homelessness occurring, the service will carry out a more intense level of support. This involves a fuller assessment of the circumstances and needs of a presenting household and, as necessary, providing temporary accommodation. The chart below shows the number of these assessments that began in 2018/19.



During this assessment a number of areas are covered to identify the required support that can enable resolution of a household's homelessness situation. The areas include:

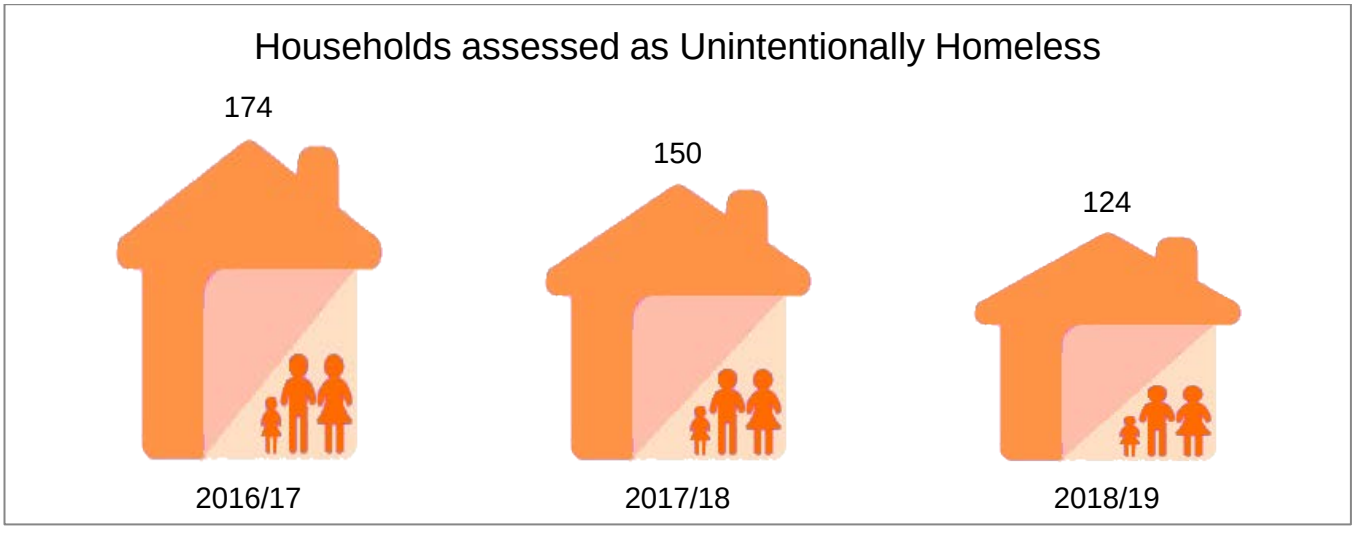
- Mental Health
- Learning Difficulties
- Physical Disability
- Medical Conditions
- Drug or Alcohol dependency
- Housing management / independent living skills

Not every household will require support in these areas, whereas some will require support in multiple areas. The chart below gives an indication of this for 2018/19.



An extract from section 24 of the Housing (Scotland) Act 1987 defines homelessness as follows: '*A person is homeless if he/ she has no accommodation in the UK or elsewhere. A person is also homeless if he/ she has accommodation but cannot reasonably occupy it... A person is intentionally homeless if he/ she deliberately did or failed to do anything which led to the loss of accommodation which it was reasonable for him/ her to continue to occupy."*

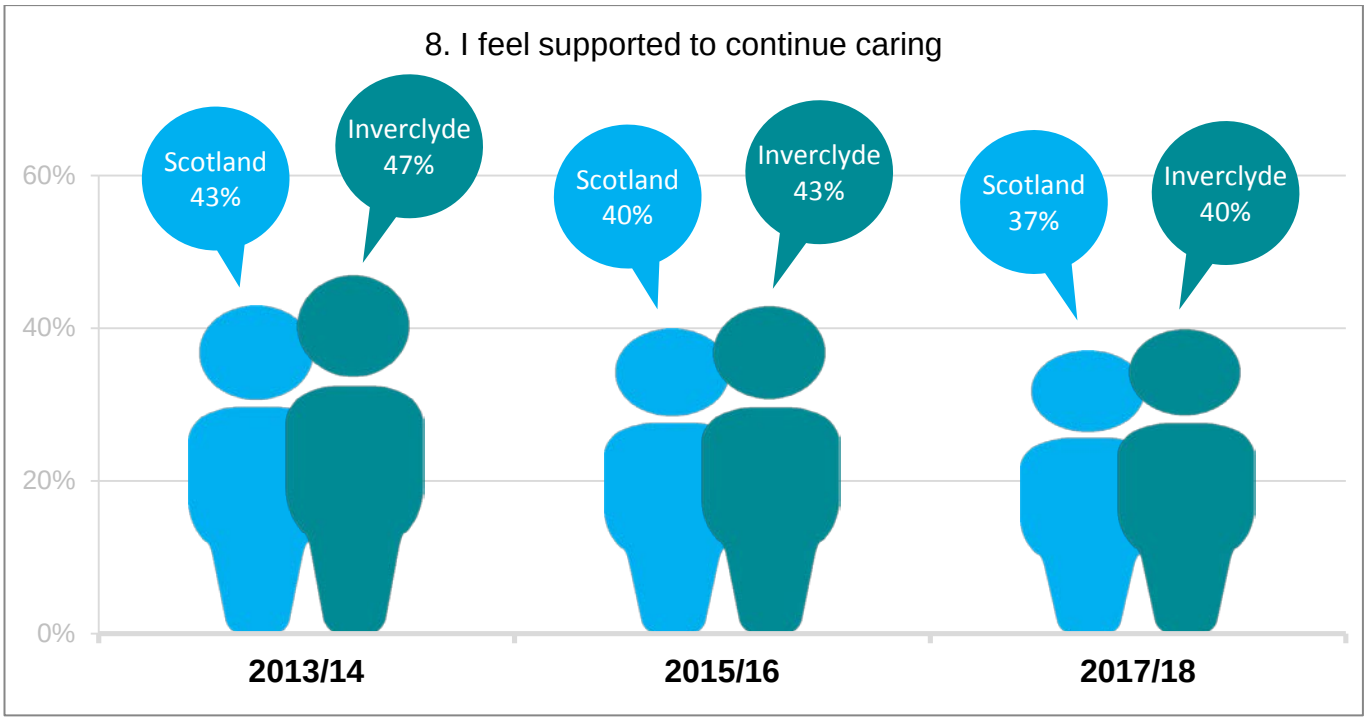
The graph below shows the reduction in the number of households that are assessed in this context as being 'unintentionally homeless' over the last 3 years.



Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

The Carers (Scotland) Act 2016 took effect on 1 April 2018, this is a key piece of legislation to "promote, defend and extend the rights" of Adult and Young Carers across Scotland. It brings a renewed focus to the role of unpaid Carers and challenges statutory, independent and their sector services to provide greater levels of support to help Carers maintain their health and wellbeing.

Current performance: National Integration Indicators



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

Current performance: Local Indicators

Carers

The Carers (Scotland) Act 2016 commenced from 01 April 2018 and Inverclyde have been working hard with carers and young carers to ensure the successful implementation of the new powers enshrined in the Act. In April 2019, Inverclyde Health and Social Care partnership took the decision to waive all charges for respite and short breaks. We are the first Council to implement this in Scotland and will be of direct benefit to over 250 carers and their families.

The aim of the Act is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a fulfilled life alongside caring. For young carers the intention is to ensure that they are supported to ensure that they have a childhood similar to their non-carer peers.

Inverclyde has:

Worked in collaboration with Inverclyde Carers Centre to ensure the requirements of the Act are implemented locally.

Waived all charges for respite and short breaks. We are the first HSCP to implement this in Scotland and will be of direct benefit to over 250 carers and their families.

Supported Inverclyde Carers Centre to develop Carer Awareness Training to promote the rights of carers across the workforce as we move towards full implementation.

Commissioned Your Voice to develop a range of carer engagement opportunities.

Raised awareness of young carers and issues across education and the wider community, increased capacity of Young Carers support from Barnardo's Thrive Project.

Fund a Carer's Passport Card to support increased identification of carers, linking to a "Carer Friendly Inverclyde" by encouraging local organisations to offer community/commercial discounts for carers. To date over 100 businesses have signed up to the scheme and over 300 carers are in receipt of a card.

Support Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre.

Support Inverclyde Carers Centre to provide emotional support to carers.

Over 500 carers identified themselves as carers in the past financial year with around 150 Adult Carer Support Plans completed and around 30 Young Carers Statements completed.

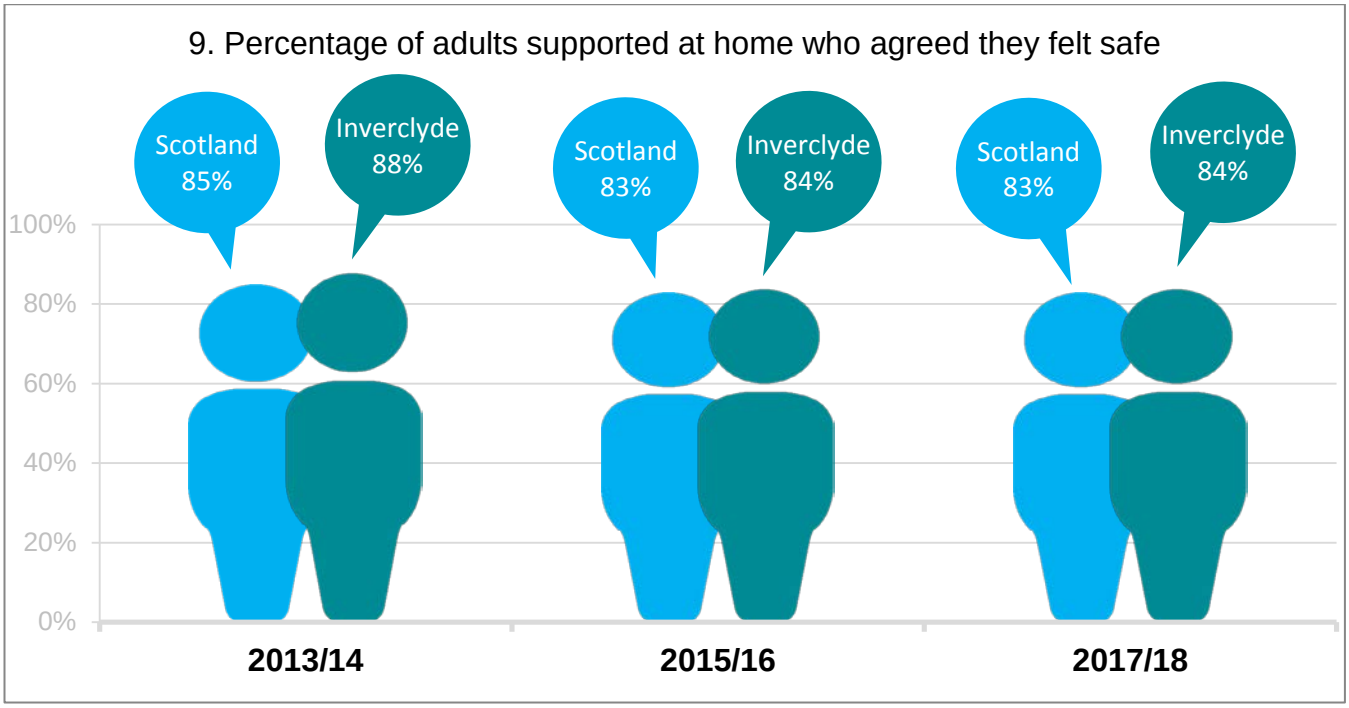
A copy of the Inverclyde Carer & Young Carer Strategy 2017-2022 is available on the Inverclyde Council website:
http://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022

Outcome 7 - People using health and social care services are safe from harm

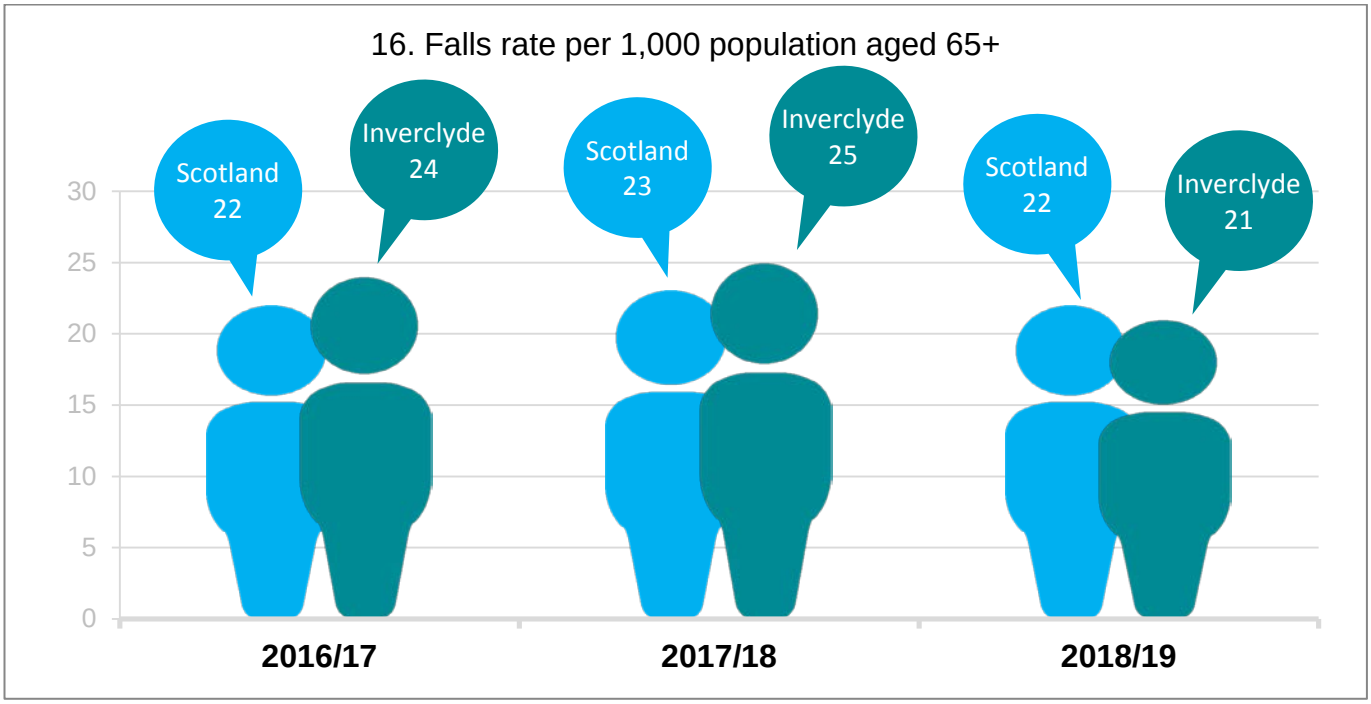
Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people.

Under the Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and where necessary intervene to make sure vulnerable adults are protected.

Current performance: National Integration Indicators



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)



Lower figures = Better performance

Nationally the proportion of older people experiencing injury through a fall has remained static over the past 3 years ranging from 22 to 23, however, locally we have achieved a marked reduction in our rate from 25 to 21 and have now out-performed the Scottish average for the first time.

Falls are often a symptom of other illnesses, not a specific diagnosis, and as such are often picked up as a secondary problem when service users are referred into HSCP services for other reasons.

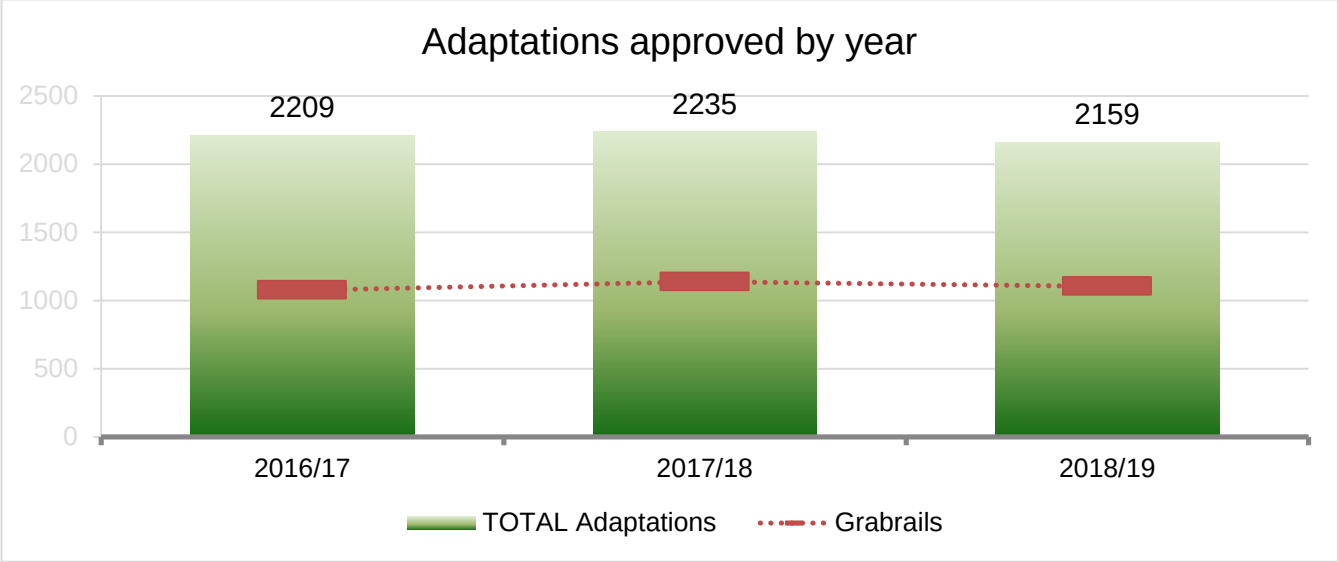
The joint working between the falls physiotherapist and Community Alarm Team has helped towards reducing the rate of falls in our older population.

Current performance: Local Indicators

Housing adaptations

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

In 2018/19 we arranged for 2,159 adaptations to assist people to remain independent and safe in their own homes. Of these adaptations just over half (51%) were for grab rails which are a quick and effective solution to help prevent falls and keep people safe whilst living independently as possible.



Allan's story

The service received an urgent referral for 77 year old man (Allan) from his GP. The request was for his patient to be seen due to fall and reduced mobility.

Allan was previously independent with walking sticks and driving his own car. Following receipt of referral he was reviewed on the same day by Urgent Community RES Team. He was assessed as unable to transfer or walk unassisted and was issued with equipment which would allow him to continue to weight bear and maximise his potential to be able to return to his usual level of ability.

Specialised community equipment was also issued (wheeled commode chair, high back chair and bed lever) to maintain his function at home and reduce the stress on his wife and support her to take on the new role as his Carer.

The assessor also arranged for him to be seen urgently by other specialist community services.

The Community RES Team worked with Reablement colleagues, shared advice and shared Allan's focussed goals. There was frequent and appropriate communications between all services including Allan's GP and the services worked together to support him to improve both his mobility and function.

He has returned to using walking sticks to mobilise and is in the process of returning to driving.

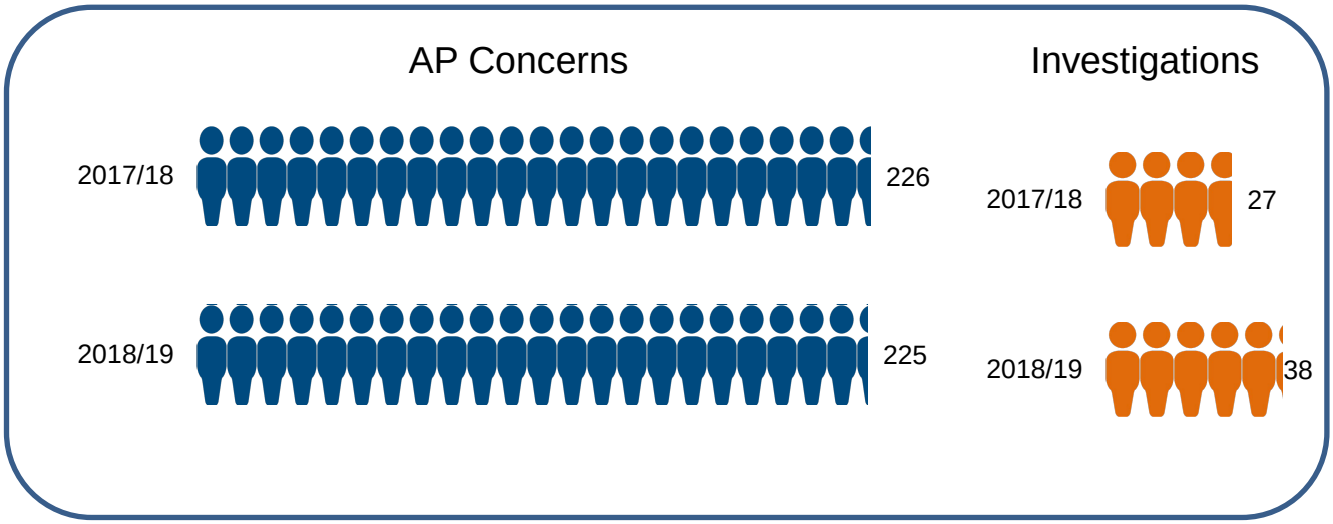
Allan continues to improve with the Community Rehab team and it is hoped that his Reablement Service can stop soon due to his improvements and increased independence.

Protecting vulnerable adults

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

During 2018/19, 225 Adult Protection concerns were referred to the HSCP (no change since 2017/18).

After initial inquiries 38 of these concerns - or about 17% - progressed to a full investigation. Investigations fluctuate from year to year but generally remain within parameters of a 10 to 20% conversion rate from referrals to investigations.



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

- Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy 2018/20 has been produced to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. The content of all training currently being delivered was audited against the West of Scotland Council Officer Learning and Development Framework. The content of exiting courses have been reviewed and new courses have developed based on identified gaps.

- Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols are subject to planned review.

- Continued focus on self-evaluation, quality assurance and the impact of activity.

- Review of Communication Strategy to improve public awareness of Adult Support and Protection.

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

Ben's story

Ben's situation came to light following a police referral. He was an older man with cognitive impairment who lived alone. He was subject to financial harm following being targeted by bogus workmen. He was taken to the bank by them in an attempt to withdraw a significant sum from his account for unnecessary and non-existent work to his property.

Social work and health worked together to ensure Ben's wellbeing and finances were safeguarded in the short and longer term whilst the police, trading standards and bank progressed a criminal investigation.

Ben's situation was progressed under auspices of adult support and protection however all appropriate legislation was considered with action under adults with incapacity legislation being utilised to secure his financial position.

Whilst this criminal act was a traumatic experience for Ben and his family, they very much appreciated and felt supported by the coordinated multi-agency response to their situation.

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

An engaged workforce is crucial to the delivery of the HSCP visions and aims. Workforce engagement helps create an environment where the workforce feels involved in decisions, feels valued and is treated with dignity and respect. It is only through an engaged workforce that we can deliver services and supports of the highest standard possible.

Current performance: National Integration Indicators

10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)

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

Current performance: Local Indicators

iMatter

Inverclyde HSCP IMatter has demonstrated a year on year increase in response rates and this year for the first time we exceeded the threshold of 60% return and received a detailed and specific report of the staff experiences of Inverclyde HSCP.

The report demonstrates a 80% average across all questions which suggests that the HSCP staff are well engaged while staff rated Inverclyde HSCP as a good place to work as 7.32 out of 10 on a Likert scale. Our highest and lowest scores are detailed below. It's important to note that only one of twenty nine questions fell outwith the green "strive and celebrate" category.

The Chief Officer along with members of the Senior Management Team created an improvement plan that included:

- A schedule of senior manager service area visits to increase visibility and provide opportunities to meet and speak to staff across the HSCP. The Chief Social Work Officer meets with all new Social Work staff at induction.
- All redesign programmes within the Transformation Board will include staff work streams.

- Creation of 2 “open chairs” for staff members to attend the Staff Partnership Forum is planned.
- Leadership sessions support better conversations and increased feedback within the HSCP.

IMatter helps us focus on what is important to our staff and by focusing on this improvement journey we trust they will know that they matter.

Highest Scores by year		**2017**	**2018**	**2019**
	My direct line manager is sufficiently approachable	90%	91%	90%
	I am clear about my duties and responsibilities	87%	89%	89%
Lowest Scores by year				
	I feel senior managers responsible for the wider organisation are sufficiently visible	67%	68%	70%
	I feel involved in decisions relating to my organisation	61%	62%	65%

Health & Social Care Standards

Health and Social Care Standards (H&SCS) sessions were provided to raise awareness amongst managers and HSCP staff in relation to the Health and Social Care Standards which came into force in April 2018. 104 staff from across the HSCP attended the sessions facilitated by Healthcare Improvement Scotland. The sessions included a presentation of the Standards and time for group discussion and reflection.

The key insights included:

- The standards support Scotland’s journey to integrate health and social care and create shared objectives, a shared language and more joined-up service for the public.
- The Standards will have a far wider impact and will apply to many more people’s experiences of care, including non-registered care and care provided by the NHS and local authority.

- There is a move away from the traditional prescriptive standards to a more holistic model looking at an individual's overall experience and therefore requires a different kind of inspection starting with care homes for older people.
- The Care Inspectorate's expectation is that the H&SCS will be used in planning, commissioning, assessment, and delivering care and support.
- For practitioners, the Standards support a reflective stance and orientate the reader to the patients/service user's experiences and the outcomes that are desired.
- For the Organisation, the Standards orientate leaders to focus on the quality of relationships, how leadership is being evidenced and person centred evidence within the services they manage.

The H&SC Standards provide a real integrated opportunity for the whole of the HSCP workforce to work to shared goals using a common language and shared set of Standards.

Inverclyde HSCP Staff Awards

Our local Staff Awards were held in the Tontine Hotel, Greenock on 5 October 2018 and over 100 colleagues and guests came together to celebrate excellence in Inverclyde HSCP.

Our Inverclyde HSCP Macmillan Welfare Benefit Service won "our service users" category for providing a nationally recognised service, addressing the financial impacts of a diagnosis of cancer. The team also went on to win the overall "Celebrating Excellence Award" for Inverclyde HSCP and were awarded the accolade for making a real difference to people's lives when they need it most.

John Smith our Community Alternatives Resource Manager won the "our people" award for his outstanding contribution in championing recovery and social inclusion in mental health and beyond.

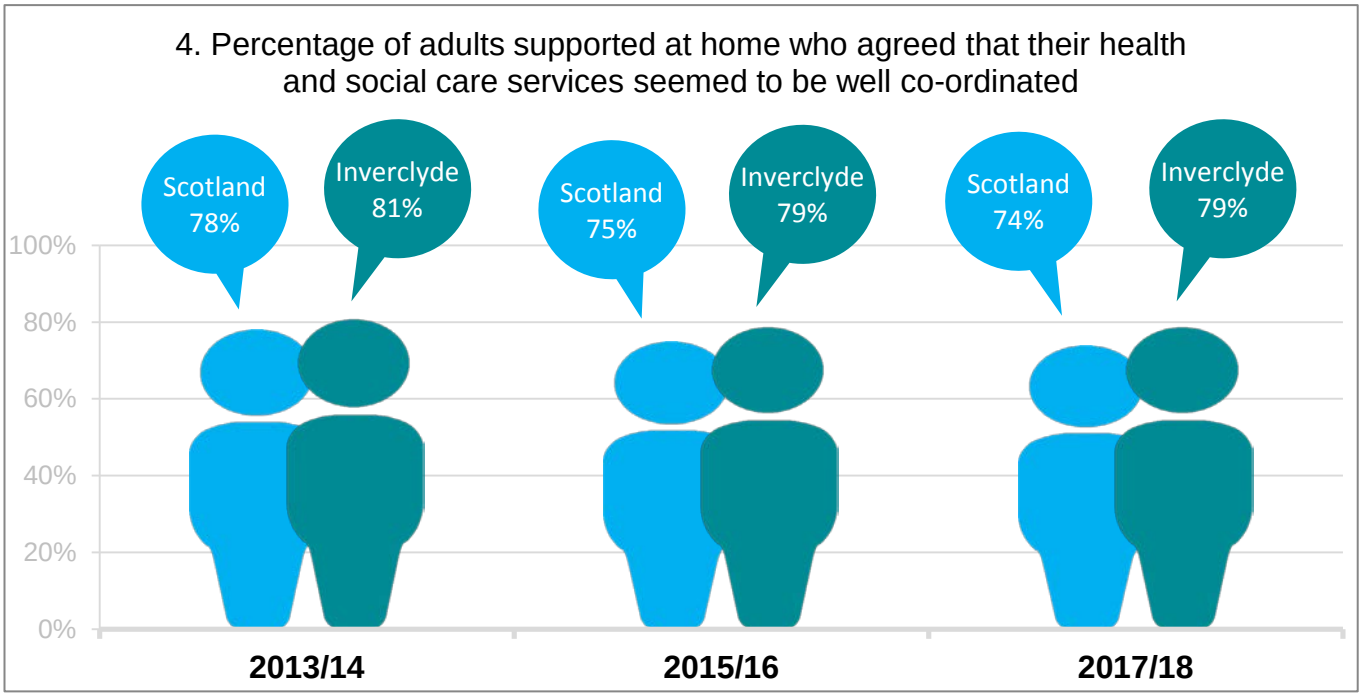
The New Ways project team won the “our culture” award for piloting new ways of working within primary care, introducing new roles and approaches to develop multi-disciplinary teams within GP practices.

The “our leaders” award went to the Health and Community Care Team Leads who inspired and demonstrated innovative leadership and in the development and embedding of the Home 1st Reablement approach. The Home 1st team went on to win the coveted Greater Glasgow and Clyde Chairman’s award for “outstanding excellence”. The strong message of partnership working and the enabling culture inherent in the Home 1st approach is an inspiration.

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

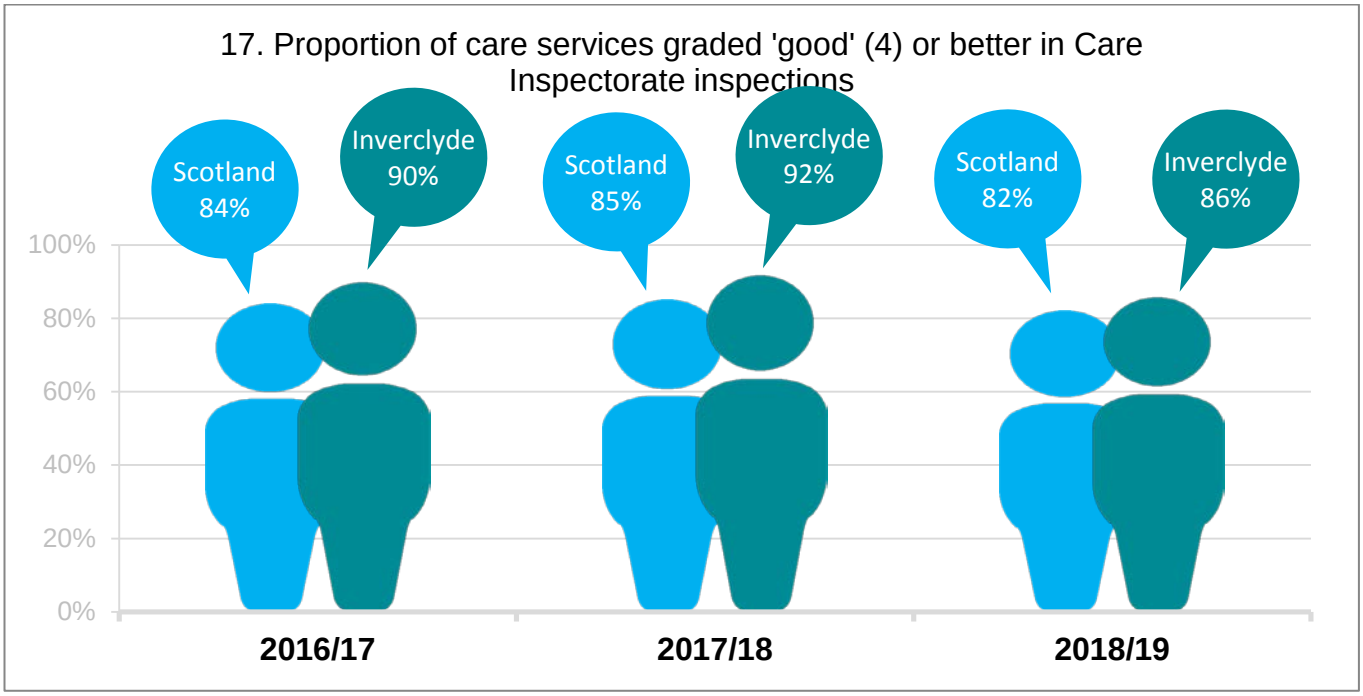
There are various ways that the HSCP is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication.

Current performance: National Integration Indicators



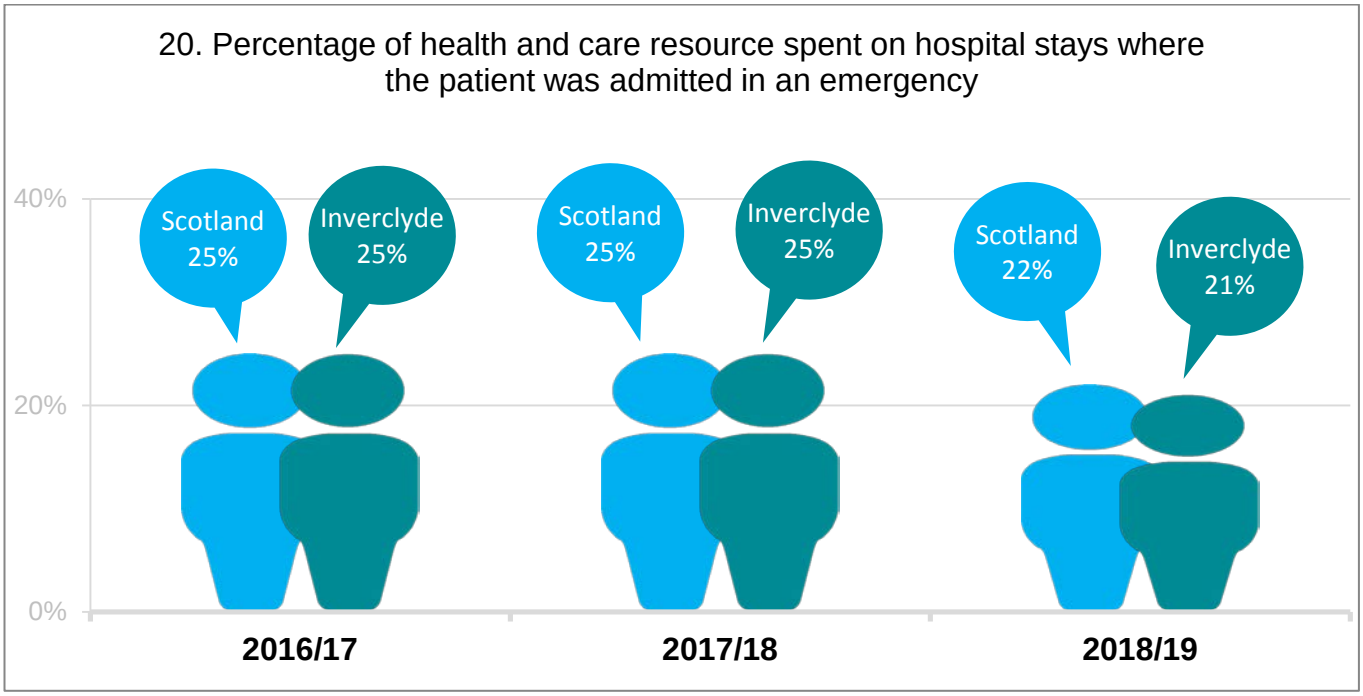
Higher figures = better performance (data from the biennial Health and Care Experience Survey)

We are consistently above average, but continue to try to do better. The six Big Actions in our 2019/24 Strategic Plan have an underlying theme of making the most of integration.



Higher figures = better performance

This reflects the strong partnership working between HSCP officers and our local care provider organisations.



Lower figures = better performance

By reducing this percentage, we hope to release money into community based services. People would rather receive care in their own homes whenever safe and appropriate.

23	Expenditure on end of life care, cost in last 6 months per death	Indicator under development (ISD)

Current performance: Local Indicators

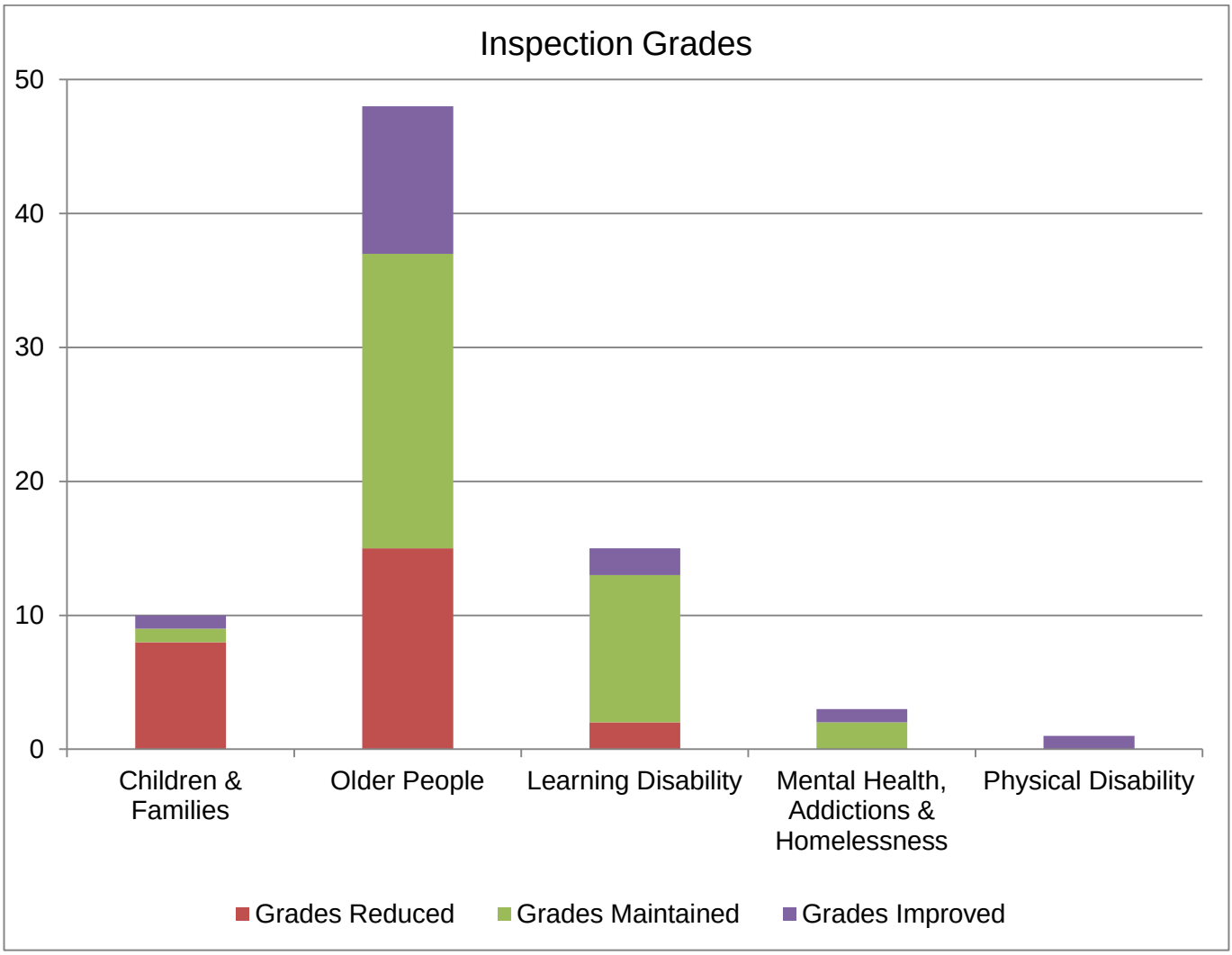
Inverclyde Services Care Inspectorate

Total number of Inspections carried out for providers who receive payment from Inverclyde HSCP was 77.

39 of the services inspected were Inverclyde Area services.
38 of the services inspected were Out of Area placements.

Of the 77 services that were inspected:

- 16 Services improved their grades
- 36 Services grades were maintained
- 25 services grades decreased.



Link to the Care Inspectorate website - http://www.careinspectorate.com/

Access 1st

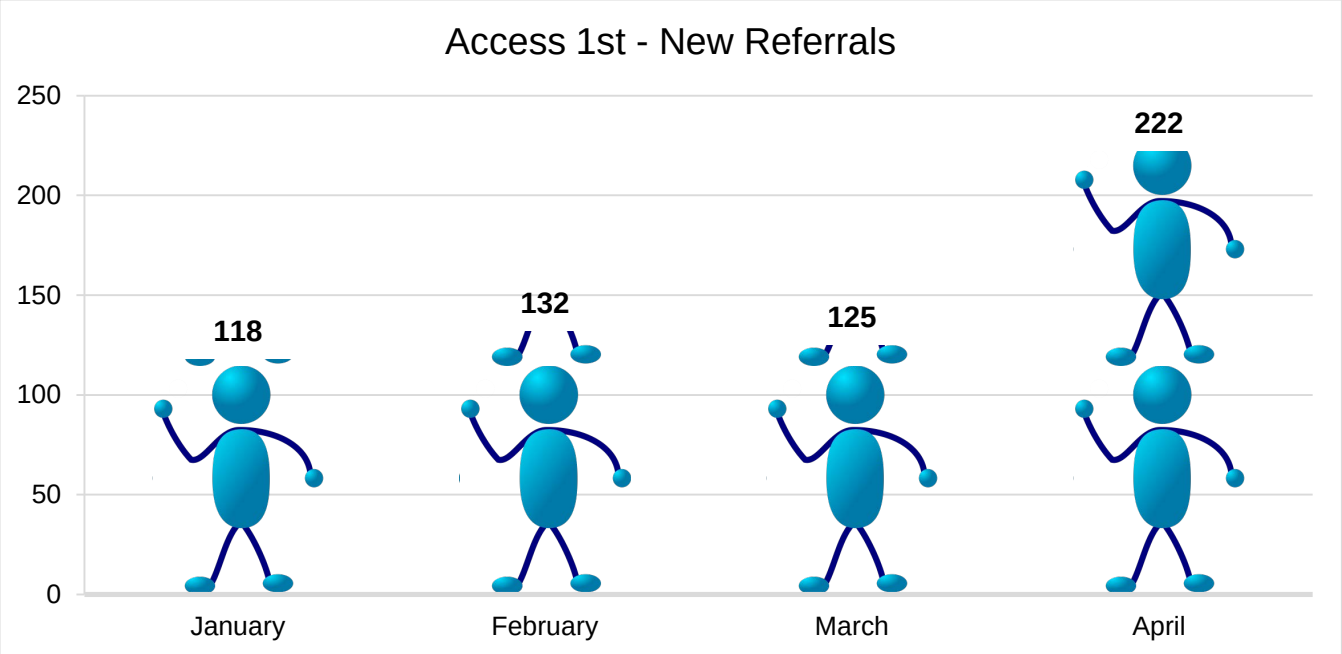
Access 1st is a single point of contact for referrals for adult Health and Social Care Services in Inverclyde. This is in line with our Home 1st approach and fits with the HSCP Big 6 strategic actions.

The approach of Access 1st is to assess the eligibility of need and support people to:

- live a safe, healthy active and satisfying life
- Feel respected and included in their local community
- Feel that they have the same opportunities as others who do not have a long term condition or disability
- Promote equality and dignity
- Support them in their role as a Carer.

Access 1st offers access to a range of supports including:-

- Signposting to relevant community organisations for services available to the whole community including community connectors
- Providing information and advice around health and social care services
- Access to equipment to assist with daily living
- Provide services which can enable individuals to enjoy a full life with a little short term assistance
- Long term support for individuals who require ongoing support due to their health or disability
- Safeguarding adults who may be at risk.



People are able to refer themselves or a family member, friend or carer to Access 1st. We also accept contacts from other professionals and representatives on behalf of their clients or patients.

As part of our overall Assessment and support planning, Access 1st will promote a person's abilities and skills as well as involvement of partner's family's friends and neighbours to meet the assessed needs of the person.

By 2024 we will improve access to HSCP services by moving from 11 access points to 3.

For more information about services we can provide or access on your behalf please contact Access 1st or visit our web page:

https://www.inverclyde.gov.uk/health-and-social-care/adults-older-people/homecare

Compassionate Inverclyde

Compassionate Inverclyde has grown from a small local initiative into something which many of the people involved describe as a social movement.

It comprises many different elements, all connected by a strong overarching story about enabling ordinary people to do ordinary things for ordinary people and guided by the community values of being compassionate, helpful and neighbourly.

Compassionate Inverclyde - the first compassionate community in Scotland was recognised at the COSLA Excellence Awards 2018.

The project is a partnership between Inverclyde Health & Social Care Partnership and Ardgowan Hospice and has brought together hundreds of volunteers supporting and caring for one another at time of crisis and loss.

Community engagement and development has been carried out across all age groups and many organisations within Inverclyde involving schools, churches, workplaces, community centres, hospital, local hospice, youth groups and voluntary organisations.

Strands of Compassionate Inverclyde

Compassionate Inverclyde continues to grow organically and now has many interdependent strands with the overarching movement.

No One Dies Alone (NODA)

One important strand of Compassionate Inverclyde is the No One Dies Alone work stream. Inverclyde Royal Hospital has become the first hospital in Scotland to have No One Dies Alone (NODA) programme. Local people were concerned about many people living and dying on their own. Volunteers provide support to those in their final hours who do not have family or friends available to be with them. Initially developed to support people at end of life in hospital it is now spreading to support end of life care in the community, initially in care homes.

49 People have benefitted from volunteer/No One Dies Alone companion support*

*From inception on 1/12/17 to 15/4/19

High Five Programme

Adapted and delivered to school pupils, college students, youth clubs, prisoners, community groups and a local business. Each five-week programme focuses on five ways to wellbeing and helps people to understand how they can be kind to themselves and to others.

Back Home Boxes

Representing community acts of kindness to support people who live alone as they return home from hospital. The boxes are gifted by a local business and are filled with community donations of essential food items, hand crafted kindness tokens, a get well card made by local school children and a small knitted blanket made by local people and community groups. Volunteers organise collecting contents from local community and distributing the Back Home Boxes within local hospital.

1903 people have received Back Homes Boxes*

*From inception 0n 13/11/17 to 15/4/19

Back Home Visitors

Is a new development based on neighbourliness whereby a volunteer visitor and a young person will visit an older person who lives alone and is socially isolated.

Bereavement Café and Support Hub

The initial drop-in bereavement groups in two community cafes have been superseded by a volunteer led support hub in a local Church. The Hub offers a meeting place for volunteers and a friendly haven for anyone in the community who is experiencing loneliness, loss, crisis or bereavement.

The synergy between each of these community initiatives amplifies their effect, improving the lives of the people of Inverclyde and enhancing the wellbeing of the community. Each day, many people facing bereavement, loneliness, illness and survivorship benefit from community acts of kindness and support that improve their wellbeing irrespective of age, condition or circumstances.

Touching Lives

I wanted to send you a quick email to express my gratitude for the Back Home Box and the kindness of it. I will explain how much it meant.

My brother was recently in Inverclyde Royal Hospital, very unexpectedly – he had collapsed which is frightening enough for anybody but even more so for him. He has had lifelong severe mental health problems and has had struggles with that over the years. He wasn't in that long but got a box given to him on discharge. I can't tell you how much it meant to him, if you had seen and heard his reaction to it you would have been so moved and would have known that what you are doing is amazing.

He leads a very isolated life and has very little contact with anybody, when I went round to visit him he had a beautiful homemade card in pride of place on his unit, what a fabulous idea and also for the children who make them to give too and understand about giving. He was so chuffed with it and he told me he'd even got jam and milk too and listed out the box items. It felt like a Christmas hamper! It's not even totally what is in the box but the very idea that somebody can be so kind to a stranger means the world and in a time of need such a tonic as well as being so useful as he hadn't been able to get the shops.

I will be donating items into the collection boxes you have and hope that it means as much to whoever gets them as it did to both my brother and me. I confess I even felt a bit tearful about it, in a good way! He gave me the heart to hang on my twig tree! So a huge thank you to you and everybody involved and the little girl from a school in Largs who made a beautiful get well card.

You are all stars.

The above feedback demonstrates how one box touches many lives.

Inverclyde Care & Support at Home Grading

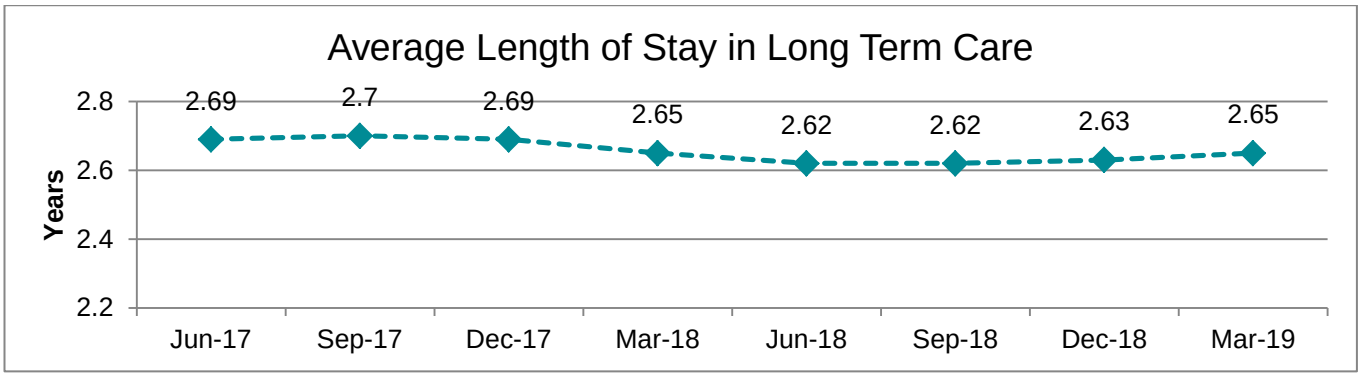
The Care & Support at Home service supports over 1,300 people in their own homes providing a number of different types of support including care at home, technology enabled care – which includes community alarms and other technological assistance - rapid response and respite.

Care & Support at Home's aim is to enable people to live as normal an independent a life as possible in their own homes.

Our annual inspection by the Care Inspectorate in May 2018 graded our Care and Support and Management and Leadership as 'very good'. This has been an extremely positive outcome given the demand for these services.

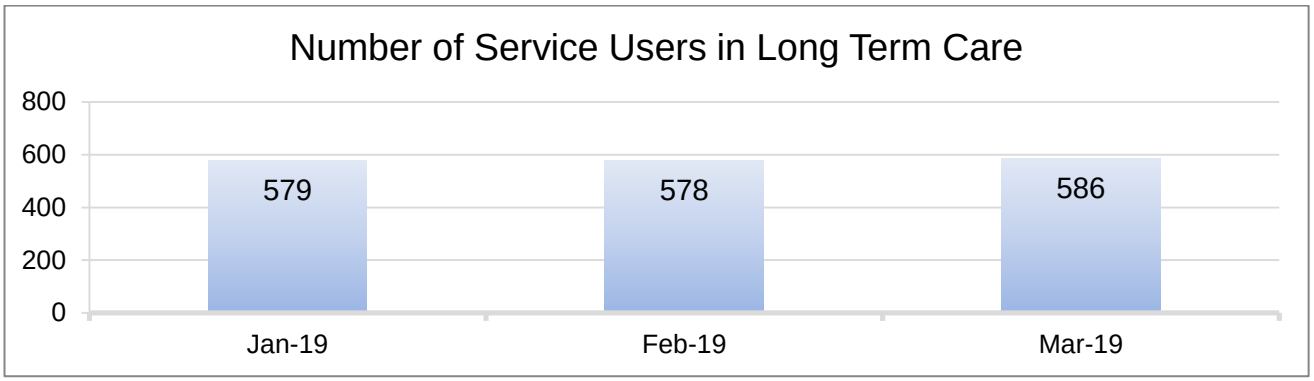
Long Term Care

The Average Length of Stay for those individuals in Long Term Care has remained fairly static. In March 2019, the average Length of Stay was 2.65 years, the measurement for the previous financial year end (March 2018) was also 2.65 years.



Although the Average Length of stay has remained static, we do know that turnover within our care homes has increased, and that clients admitted to long term care in the last few years are staying for shorter lengths of time than they did previously (this indicates that individuals are only being placed in long term care when it is deemed they can no longer live independently in their own homes supported by our other services). This is a stark contrast to some of our clients who were admitted around the turn of the millennium and whose length of stay is around 20 years.

This indicator is now measured quarterly rather than monthly due to the small changes/movements in the data.



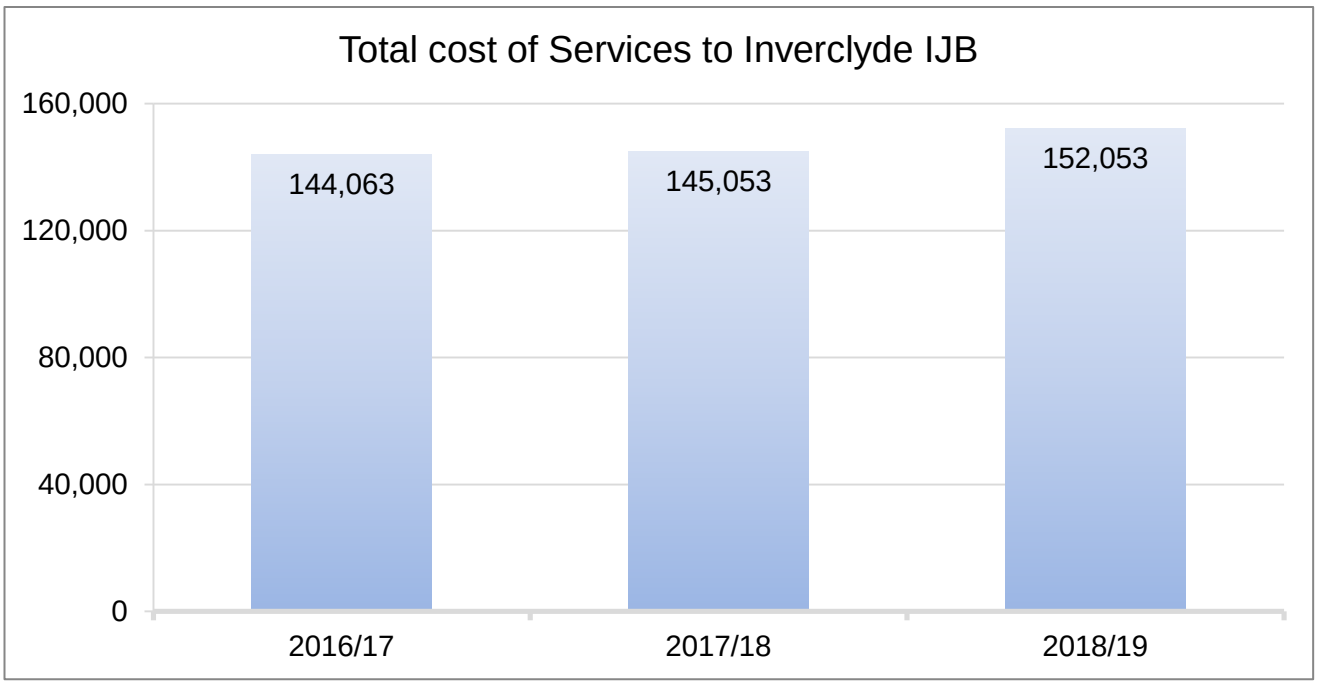
Finance

Inverclyde IJB Financial Summary by Service

	2016/17* £000	2017/18 £000	2018/19 £000
Strategy and Support Services	2,992	2,591	2,416
Older Persons	27,527	26,867	27,020
Learning Disabilities	11,028	10,653	11,898
Mental Health – Communities	5,748	5,804	6,712
Mental Health – In Patients	9,543	9,338	8,729
Children and Families	12,979	12,986	13,738
Physical and Sensory	2,714	2,659	3,117
Addiction / Substance Misuse	3,345	3,389	3,464
Assessment and Care Management / Health and Community Care	6,031	7,772	8,258
Support / Management / Administration	3,520	3,807	4,174
Criminal Justice / Prison Service	55	(38)	26
Homelessness	859	967	791
Family Health Services	21,800	21,766	25,547
Prescribing	18,136	18,817	18,591
Change Fund	1,347	1,236	1,133
Cost of Services directly managed by Inverclyde IJB	**127,624**	**128,614**	**135,614**
Set aside	16,439	16,439	16,439
Total cost of Services to Inverclyde IJB	**144,063**	**145,053**	**152,053**
Taxation and non-specific grant income	(148,023)	(146,889)	(153,538)
Surplus on provision of Services	**3,960**	**1,836**	**1,485**

* The Inverclyde IJB was established from 01/04/2016

The IJB works with all partners to ensure that Best Value is delivered across all services. As part of this process the IJB undertakes a number of service reviews each year to seek opportunities for developing services, delivering service improvement and generating additional efficiencies.



Budgeted Expenditure vs Actual Expenditure per annum

	2016/17* £000	2017/18 £000	2018/19 £000
Projected surplus / (deficit) at period 9	0	(1,426)	(897)
Actual surplus / (deficit)	3,960	1,836	1,485

Explanation of variances

2016/17 - variance due to balances remaining at the yearend on Earmarked Reserves inherited in year from Inverclyde Council

2017/18 - spend on Earmarked Reserves lower than anticipated coupled with a higher than anticipated overall underspend on services, mainly Social Care, as outlined in the Annual Accounts

2018/19 - higher than anticipated underspends on services, mainly Social Care, as outlined in the Annual Accounts

Health and Care Experience Survey

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

	National Indicator	2016/17	2017/18	Scottish Average (2017/18)	How we compare to our last result	How we compare to the Scottish Average
1	Percentage of adults able to look after their health very well or quite well	90%	91%	93%	↑ 1%	↓ 2%
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	88%	80%	81%	↓ 8%	↓ 1%
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	85%	77%	76%	↓ 8%	↑ 1%
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	79%	79%	74%	↔	↑ 5%
5	Total % of adults receiving any care or support who rated it as excellent or good	84%	83%	80%	↓ 1%	↑ 3%
6	Percentage of people with positive experience of the care provided by their GP practice	87%	83%	83%	↓ 4%	↔
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	88%	77%	80%	↓ 11%	↓ 3%
8	Total combined percentage of carers who feel supported to continue in their caring role	46%	40%	37%	↓ 6%	↑ 3%
9	Percentage of adults supported at home who agreed they felt safe	87%	84%	83%	↓ 3%	↑ 1%

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

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

Children's Services and Criminal Justice

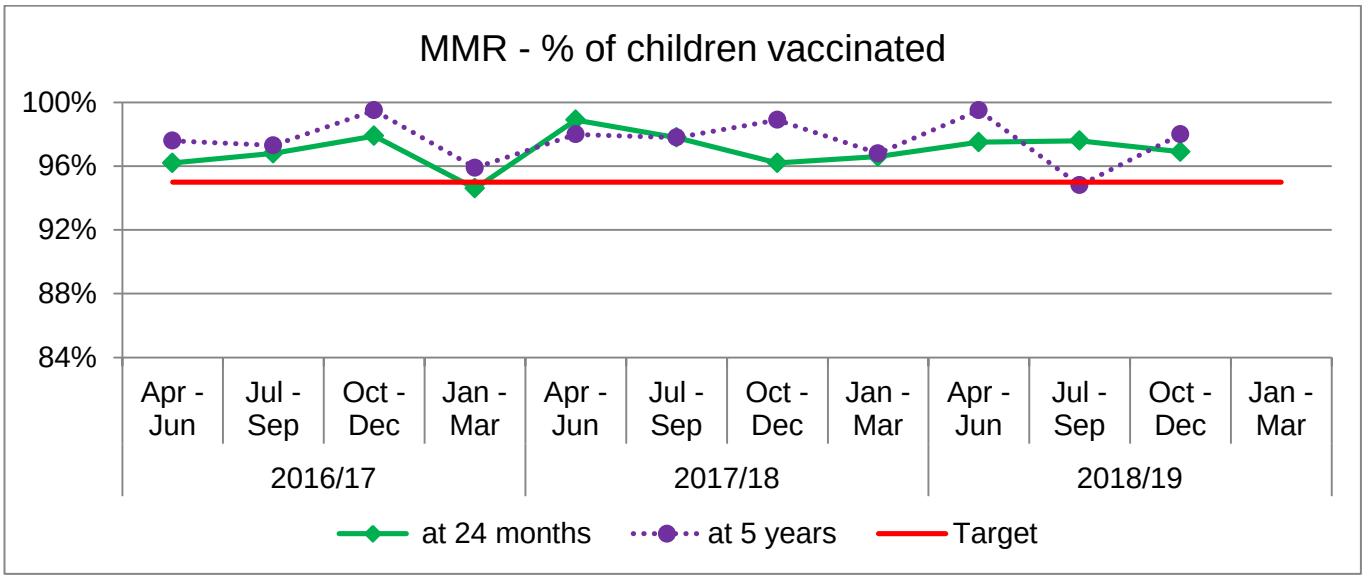
National Outcomes for Children	
10	Our children have the best possible start in life.
11	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
12	We have improved the life chances for children, young people and families at risk.

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

Children in Inverclyde receive the best start in life

Immunisation levels for common diseases provides a gauge on the health of the child population of the area. Uptake of immunisations also indicated a shared responsibility amongst communities to protect children and prevent the spread of illness.

In respect of Measles, Mumps and Rubella (MMR) immunisations, at both 24 months and 5 years, we have regularly exceeded the target of 95%. The development and introduction of community corporate clinics in Inverclyde has improved immunisation rates across all vaccination domains.

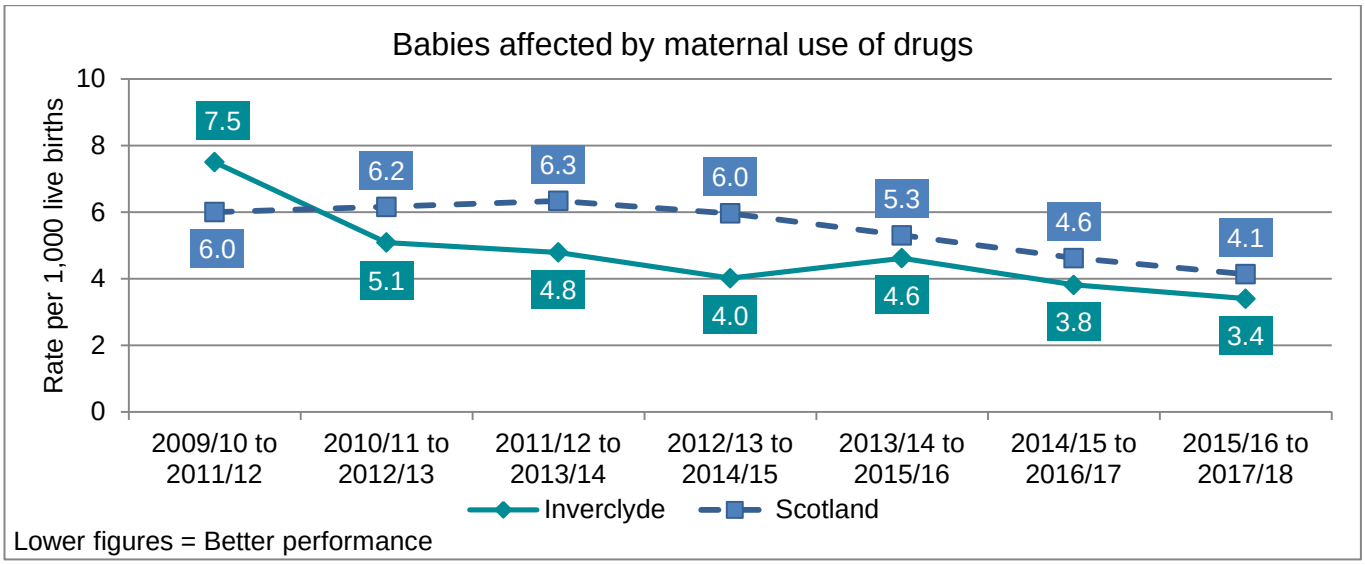


Higher figures = better performance

Babies affected by maternal use of drugs

The health of a woman is an important factor in pregnancy, as we know from evidence that in general, healthy women have healthy babies. Inevitably, babies will be affected if their mothers are using drugs, and this could lead to poorer outcomes for the child. We work closely with mothers in this category and both rate and absolute numbers have been on a downward trend in Inverclyde since 2009/10.

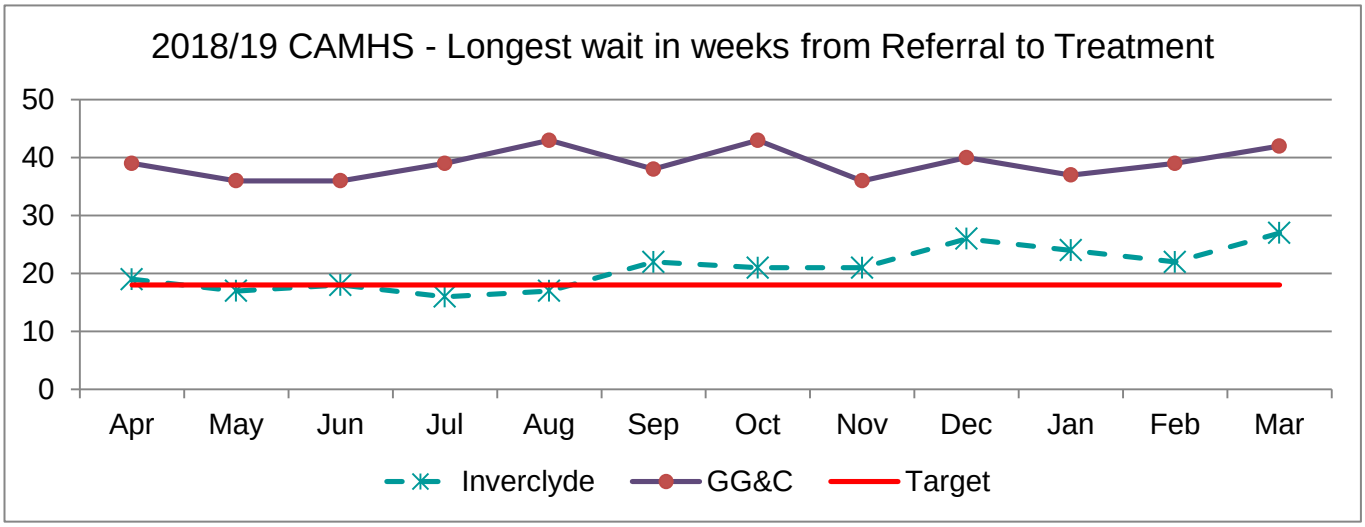
Comparing Inverclyde with Scotland as a whole, Inverclyde now has a considerably lower rate of babies affected by maternal drug misuse than Scotland.



Lower figures = Better performance

Child and Adolescent Mental Health Services (CAMHS)

A GG&C-wide CAMHS Quality Improvement Programme was initiated in April 2018, with one of the early aims being to reduce waiting times for treatment. Inverclyde HSCP has consistently performed better than the GG&C board average and throughout 2018/19 financial year Inverclyde CAMHS met the 90% referral to treatment (RTT) target each month. The longest wait for treatment was 27 weeks, with an average wait of 8-9 weeks. Inverclyde has also performed better than board average in reducing referral rejections for CAMHS.



Lower figures = better performance

A number of local and board wide initiatives are planned or underway to improve service delivery. These are described below.

Quality Improvement Programme

NHSGGC initiated a CAMHS Quality Improvement Programme in April 2018. The improvement plan includes four distinct work streams: 1. Review of overall service provision, leadership and culture; 2. Service Improvements; 3. Training and support; and 4. Supervision and Leadership.

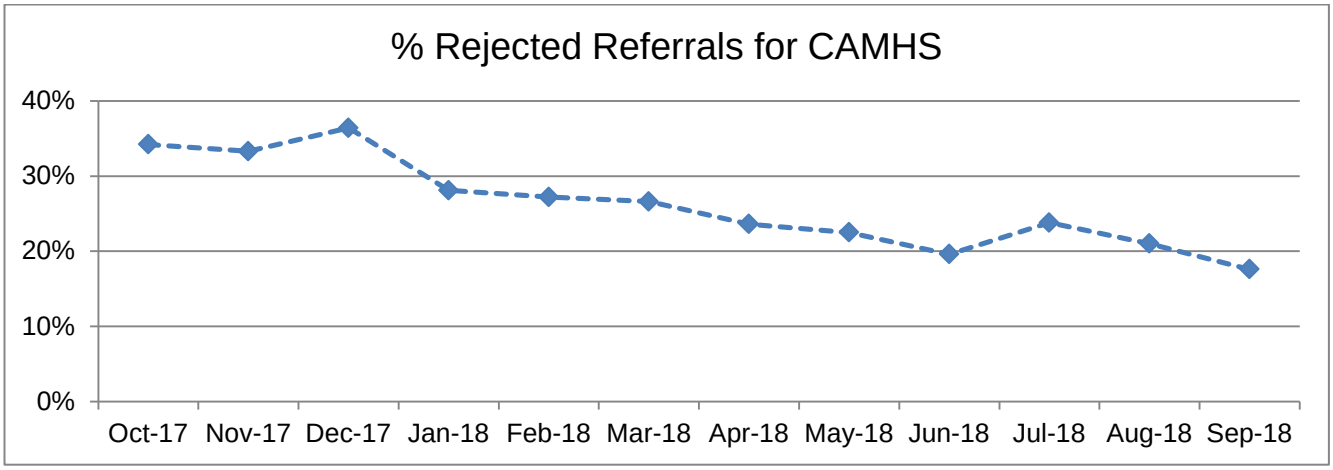
An early action of the programme was seeking to address the dip in percentage of children seen within the 18 weeks RTT target. This included introducing temporary changes to core working hours to include early evenings and weekend work. However, the range of service pressures, and likely future reduction in the RTT target, meant that a more substantial change was required. Consequently, plans were drawn up for a new CAMHS Central Choice Team (implemented from end October 2018) This is being piloted in the Glasgow City area currently and we await evaluation. This is a redesign of the current CAPA model (Choice and Partnership Approach), such that all children who are referred to the service will be seen (aside from inappropriate referrals).

The new Central Choice Team will also focus on being an engaging service, so there has been a change from using opt-in letters to making initial contact with children and families via telephone calls, with letters only used where contact is not possible. Choice appointments will concentrate on exploring what children and families hope to gain from interacting with CAMHS, and where they are referred on for treatment a full booking system will mean both children and families and local teams will know when their next appointment is scheduled. Children and young people not referred for treatment will be offered information on other local services available to them.

Internal audit of rejected referrals and reduction in rejection rate

In August 2017, Glasgow City CAMHS commenced an internal audit of all rejected referrals. Subsequently, the audit was extended to cover all eight Community CAMHS teams in NHSGGC, with data being collected by all teams by January 2018. The audit continued to run up to July 2018, with a pause on reporting internally during February 2018, to accommodate data being collated and submitted to the ISD national audit.

Since October 2017, the NHSGGC Community CAMHS Rejection Rate has varied as shown below.



The above figure is drawn from data submitted to ISD, rather than the internal audit. This demonstrates the impact that the NHSGGC internal audit and associated actions has had, with the rejection rate decreasing from the beginning of 2018, and decreasing substantially most recently. Overall, there is an increase in referrals being accepted across the Board. Currently Inverclyde is sitting < 10% community CAMHS rejection rate.

Early Intervention Project (TiPS)

Other developments in the service include the Early Intervention TIPS Project (Training in Psychological Skills for the Children's Workforce). This is a small team who are piloting a number of interventions including a pilot of 'Let's Introduce Anxiety Management' (LIAM) with Inverclyde school nurses and partner agencies.

Mental Health Access Improvement Collaborative (MHAIC) in Inverclyde

The CAMHS Inverclyde Team successfully applied to participate in the MHAIC. As part of this, the team are working on improving access to neuro-developmental ASD/ ADHD assessments for school age children in the CAMHS pathway. This mainly involves up-skilling core staff to complete the developmental history of children, as well as improving the paperwork for all initial assessments thereby reducing duplication. Findings are positive to date. Next steps will be to transfer the initiative into the Specialist Community Paediatrics school age pathway.

We have also commenced a specialist parenting group programme in CAMHS called Parents in Control (PinC) this initiative is for parents of newly diagnosed children with ADHD and this is evaluating extremely well.

Action Plan within NHSGGC mapped to Audit recommendations

The Audit Scotland report includes a wide range of recommendations for CAMH Services. To review the extent that current and planned service improvements will meet these recommendations. The team are working on the many of the actions currently or they are planned in the near future.

Early help and prevention service for children and young people

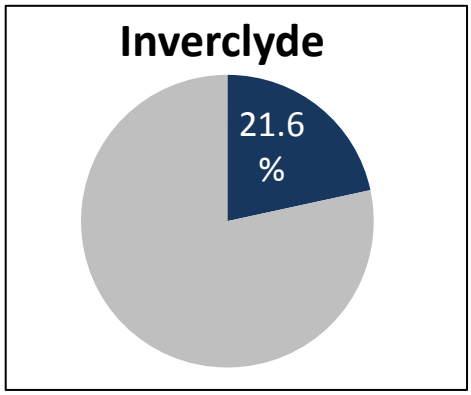
We are also at the exploration and design stage of a tier 2 mental health delivery model. This will be commissioned service across Inverclyde to support the early intervention, prevention and primary care agenda needs and supporting children in their own homes and school communities in the future. This will be a bespoke counselling and mental health intervention that meets the needs of the Inverclyde demographic. It is intended that in 2019 this service development will support the early intervention and avoid escalation of need into Tier 3 Specialist CAMHS provision.

Transitions

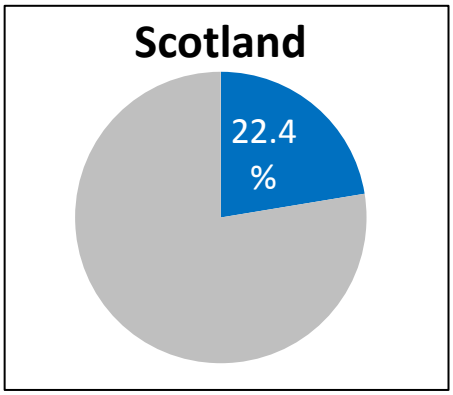
We are also working on improved transitions into Adult services and have on the 1st December adopted the Transition care plans (TCPs). This joint collaborative work will continue to be evaluated to ensure smooth transitions across services within Inverclyde.

Childhood Obesity (at risk of being overweight)

Primary 1 children have their weight measured each year. There is evidence at Scotland level that children are more likely to be at risk of being overweight or obese if they live in more deprived communities (26.1% compared to 17.1% in the least deprived communities in 2017/18). This is even more evident in Inverclyde, with 26.8% of children in more deprived communities being at risk of being overweight or obese, compared to 11.1% in the least deprived areas.



In 2017/18 across Inverclyde, 21.6% of all Primary 1 children were found to be at risk of being overweight or obese. This is slightly below the Scotland level figure of 22.4% of all Primary 1 children.



Infant Breastfeeding Rates

Inverclyde are currently progressing Programme for Government funding to support cultural change to breastfeeding in the community. The focus of this work will also be on increasing overall breastfeeding rates annually with target of 3% by 2022. We also are looking to improve attrition rates at each section of the data points.

We are also involved in an improvement initiative aimed at young mothers and those who reside in the lower SIMD (Scottish Index of Multiple Deprivation) data zones to promote breastfeeding in this group.

The Inverclyde HSCP also supported an Infant Feeding Coordinator post for 2 years. This commenced in December 2018. This focus is on the first 10 days and promoting early handover from midwifery services to Health Visitor with support worker support and coordinator support at this time and thereafter.

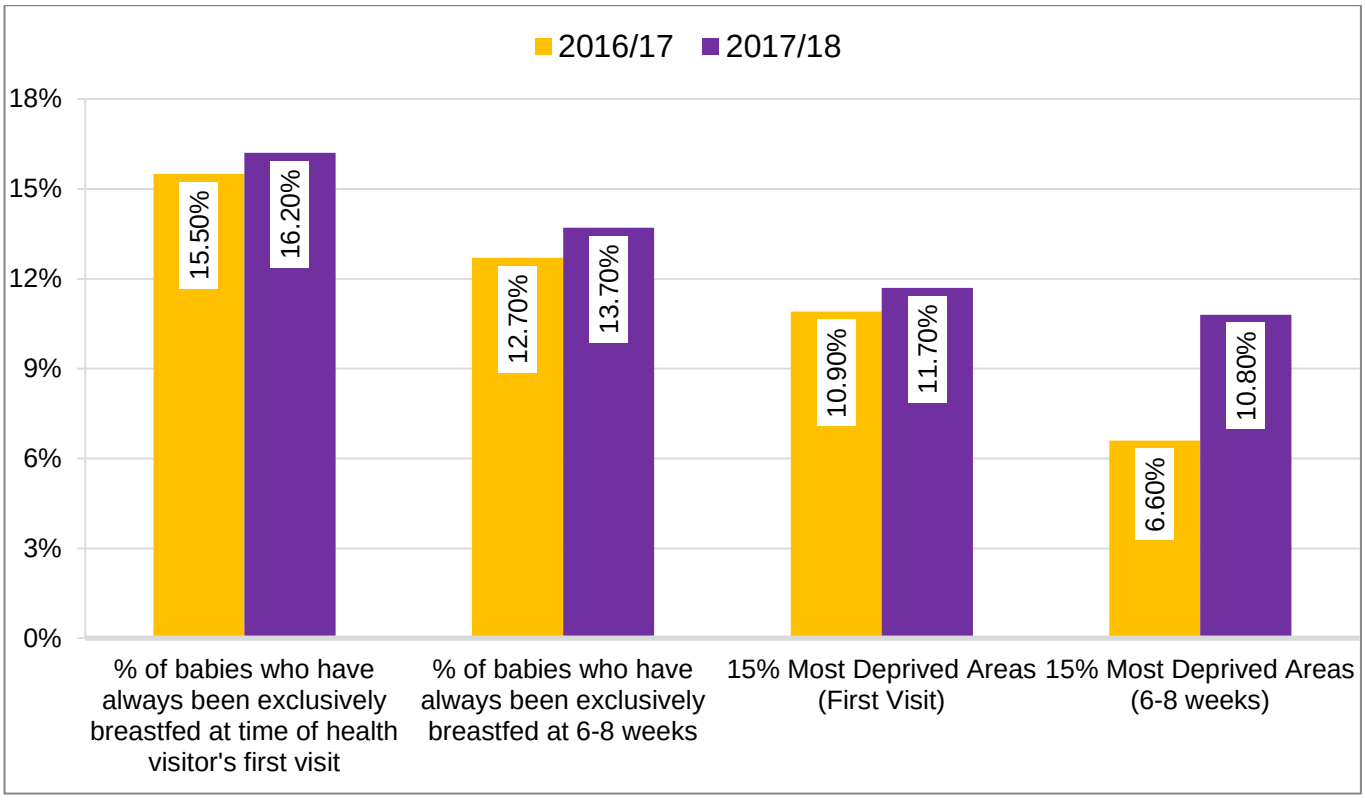
We are also implementing the UNICEF (United Nations Children's Fund) Gold Accreditation Action Plan for revalidation due July 2019.

All of this work will be monitored quarterly via NHSGGC MINF (Maternal Infant Nutritional Framework) group and local re- configured Inverclyde MINF group.

We have also been looking at improved data collection for more accurate performance data and the intention is this dataset will be live in 2019.

By 2024 we will increase the number of Mothers breast feeding

Inverclyde are currently performing above the average for the 15% most deprived areas.



Criminal Justice

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

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

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

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

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

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

	Community Payback Orders Imposed	Number of people given a CPO	Number of CPOs with Unpaid Work to be carried out	Total number of unpaid work hours imposed
2015/16	**347**	**285**	**266**	**29,309**
2016/17	**308**	**292**	**232**	**28,392**
2017/18	**263**	**238**	**208**	**24,412**
2018/19	**242**	**214**	**181**	**23,360**

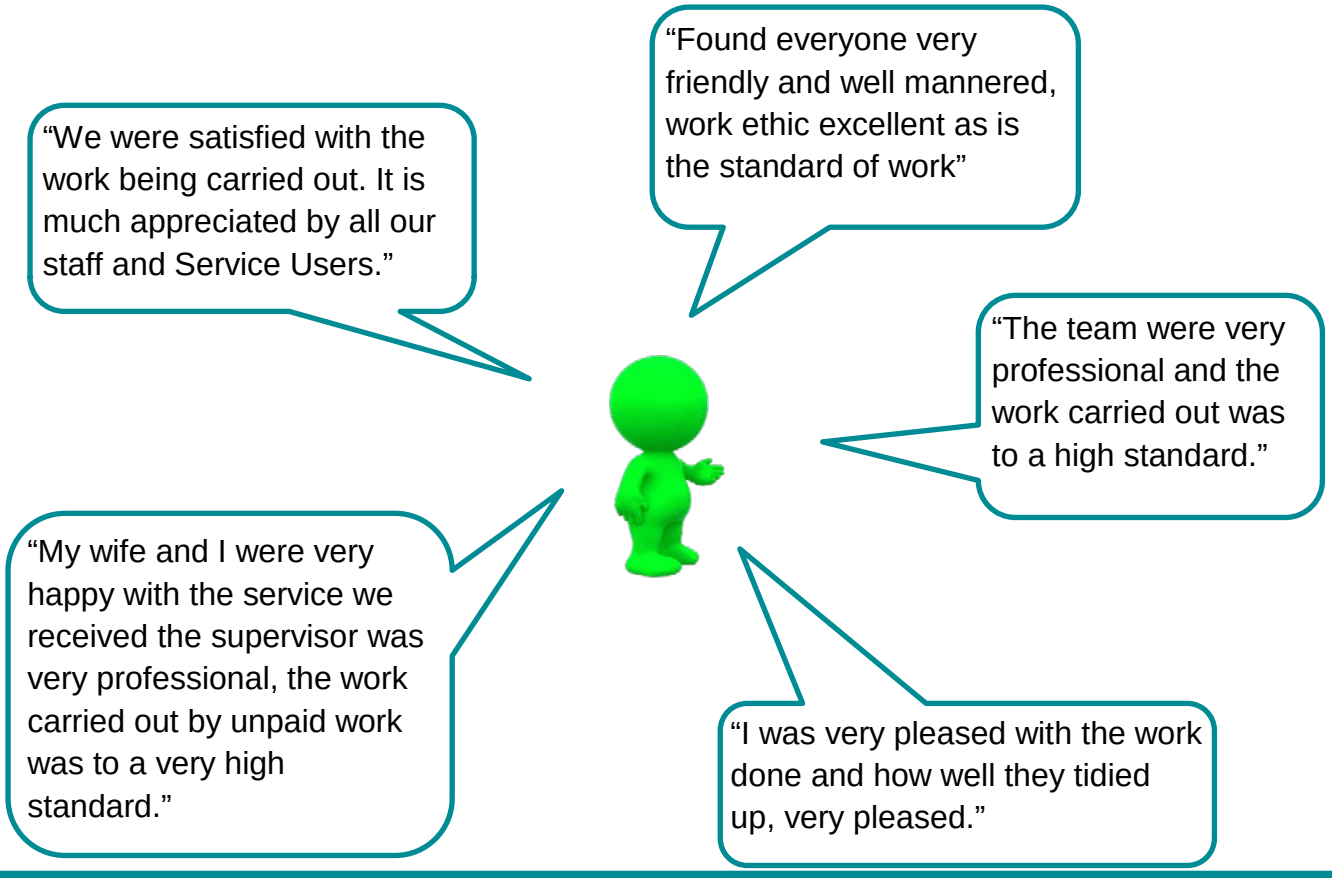
The Unpaid Work Service plans activity for the benefit of individuals, organisations and public areas within Inverclyde. A variety of tasks are undertaken including gardening, painting, joinery and grounds work.

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

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

	Number of hours of gardening	Number of hours of painting	Number of hours of ground work	Number of hours of joinery
2015/16	**5,544**	**7,311**		**1,907**
2016/17	**3,804**	**4,161**	**624**	**1,066**
2017/18	**5,478**	**7,125**	**4,803**	**1,235**
2018/19	**2,726**	**6,012**	**3,835**	**1,281**

Some comments from those who received this Service:



Innovation

INNOVATIVE APPROACH TO OUR NEW STRATEGIC PLAN

Our innovative approach to the new Inverclyde Health and Social Care Strategic Plan engagement listened to nearly 1400 local people including children in order to shape the Strategic direction of the HSCP for the next 5 years. We asked “what are we doing well” against our 6 Big Actions and “what more can we do”. Our people’s responses have helped shape our priorities and vision. Their views have been woven throughout the fabric of our Strategic Plan and demonstrates real co-creation at a Strategic level.

What we did?

Firstly we held community events in our localities and invited people to attend however we realised that in order to support real engagement a different approach was needed. An outreach approach was created and involved going out to existing community groups, schools and housing complexes to talk to people in the heart of their communities.

Different methods were used to engage with children, young people, communities and staff. It is an intergenerational view that created rich discussion and a different type of plan that is easy to understand and creates action to support both young and old. We also engaged with our staff and visited service areas such as Addiction Service, Children Residential facilities and Homecare services to ask staff about their views on our Big Actions, what was working well already and what more we should be doing.

We used a local needs assessment and national information to give information to communities so they could help us shape 6 priorities known as Big Actions. Using the strategic needs assessment for adult and children we broke this down to give specific localities information on the health of people living in their communities. We then took the evidence and drafted action statements with descriptions about what we would do and asked local people and staff to advise how best to explain the actions. They told us what they thought worked well and what words or phrases they didn’t like so we arrived at the 6 Big Actions.

Our vision, values and 6 Big Actions have been shaped through a wide range of mechanisms of engagement in order to reach as many local people, staff and carers as possible. This work included targeted engagement with focus care groups and the children and young people in our schools. We adopted a “you said, we listened” approach that reached out to 1395 local people who kindly shared their thoughts and experiences in order to shape our vision and “Big Actions”.

An ‘outreach’ approach was adopted as part of the engagement and incorporated engagement with 53 focused care groups and listening to 811 individuals.

Our Achievement

What we have achieved by this innovative approach is a plan that has been co-created and is co-owned by the community, the staff and the HSCP. The Plan therefore incorporates people’s views about what’s important to them and professional views. Our “you said, we listened” document demonstrates clearly how we engaged and the impact that engagement has had on the Plan content, our vision statement and how we described our Big Actions.

TEST OF CHANGE - TAILORED CARE SOLUTIONS

In 2018 an application was made to the IHUB (Health Improvement Scotland) for consideration of a 1 year project that looked at a test of change- to tailor and seek opportunities to look at where 1 carer instead of 2 can provide care using special equipment and training. The bid was successful and funding was provided for 1 year costs for an Occupational Therapist to lead the project, training costs to train OT in the techniques and for start-up equipment costs.

The aspirations of the project is to start remodel the Moving and Handling training in Inverclyde, train staff in new techniques, assess all new cases where double up care is required to ensure that any opportunities to tailor and train staff/families/carers to provide support in moving and handling using different techniques and equipment that only require support of one other.

This model of support has been rolled out in parts of England which shows that around 30% of all people who require the support of 2 carers can be supported by 1 carer where different equipment and techniques are used. This approach is not currently the norm in Scotland and there has been a lot of national interest in the pilot.

The work is in its infancy but to date has made a significant difference in how 23 Inverclyde residents have their care provided with very positive feedback from the people involved, their families and carers.

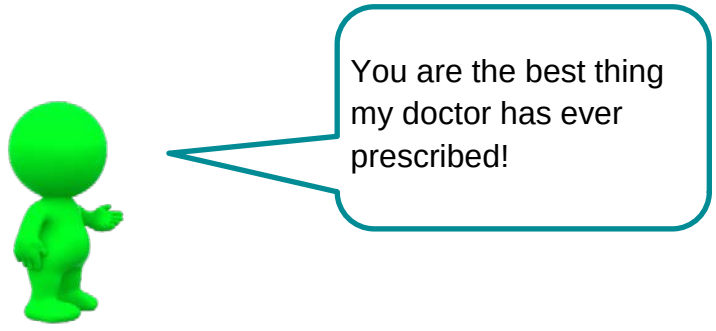
To set up and ensure that care, training and appropriate support is tailored to the individuals care needs takes time and focus, however the outcomes allow for less intrusion in people's lives and homes, more choice as families are often able to be involved.

The assessment, training and set up time and equipment are more costly than our standard approach; however the approach to date has prevented/reduced 291 care hours per week from the people who have been appropriate for this approach.

COMMUNITY LINKS WORKERS

As part of the *New ways of Working* programme, Inverclyde HSCP became an early adopter site for Community Link Workers at the end of 2017. Based within GP practices, the Community Links Workers work with a range of individuals to enable them to identify personal outcomes and priorities for their health and well-being and link them to local and national support services and activities. Working with people who are experiencing complex social and emotional circumstances, this is evidenced in the type of referrals received by the Community Links Workers and also the type of support which they are signposted to. This includes: welfare rights, money and debt advice, advocacy, counselling, victim support and women's aid.

Feedback from GPs is incredibly positive; they have fully embraced the role and are seeing significant benefit from Community Links Workers being able to spend time exploring issues with individuals. The positive impact of this relationship on patients who have mental ill health and also the early intervention for those in distress is recognised and was praised by Clare Haughey, Minister for Mental Health who visited Port Glasgow Health Centre to meet with staff and a service user.



INTRODUCING FLORENCE FOR DIAGNOSING AND MONITORING HYPERTENSION

Inverclyde HSCP were awarded Technology Enabled Care funding in 2018 to test the use of Florence for diagnosing and monitoring Hypertension in general practice. Florence, which was implemented in December 2018, is a simple text messaging service which reduces the need for patients to come into practice and collates data which the clinician can base decisions on. The patient receives a blood pressure monitor to take home and receives text prompts from 'Florence' to take and send in blood pressure readings. Advice and information is texted back in return allowing the patient to better monitor and understand their condition and in some cases to show that the patient does not have high blood pressure.

Two Florence Champions/Trainers in Inverclyde HSCP

Cascaded to 4 GP Practices with more to follow

56 used Florence since December 18 / 35 active patients in April 2019

Average of 4 surgery appointments saved per person

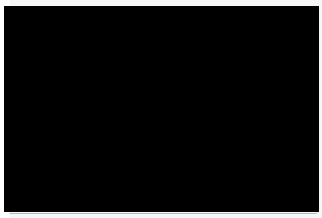
Potential 36 hours (approx.) of staff time saved

Chief Officer's concluding remarks

This is the third HSCP published Annual Performance Report showcasing our progress in delivering the National Health and Wellbeing Outcomes. It has been an exciting year within Inverclyde being recognised through a number of local and national awards as well as the ongoing positive Care Inspectorate inspections across all registered services.

The focus on outcomes has given us an opportunity to think differently about how we deliver services and how we being to address inequalities. The development of the new 5 year strategic plan with communities has been an opportunity to think whole system about how the HSCP and partners work together to address inequalities and improve outcomes for people living in Inverclyde. Throughout this report we reinforce the need to focus on outcomes and with this in mind, we have tried to use a format that is easy to read and visibly shows how and where we are indeed making a difference and ultimately improving the lives of the citizens of Inverclyde. The case studies are real life examples of how we are achieving our vision.

It has been a year of significant success however, Inverclyde is ambitious. As we strive for excellence, it is important we continue to learn and improve. We are lucky, our staff and communities in Inverclyde care deeply about health and social care services and we have a responsibility to deliver high quality service that make a difference to people lives. There is still much to do



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

Appendix: Glossary of abbreviations

A&E	Accident and Emergency department
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
ADL	Aids for Daily Living
ASP	Adult Protection
ASP	Adult Support and Protection
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CMHT	Community Mental Health Team
COSLA	Convention of Scotland Local Authorities
CPO	Community Payback Orders
CSWO	Chief Social Work Officer
DN	District Nurse
GG&C	Greater Glasgow and Clyde Health Board
GP	General Practitioner
H&SCS	Health and Social Care Standards
HSCP	Health and Social Care Partnership
I:DEAS	Inverclyde Delivering Effective Advice and Support
ICCF	Inverclyde Community Care Forum
ICON	Inverclyde Council Online
IHUB	Health Improvement Scotland
ISD	Information Services Division (NHS)
LIAM	Let's Introduce Anxiety Management
LOIP	Local Outcomes Improvement Plan
LPGs	Locality Planning Groups
MAPPA	Multi Agency Public Protection Arrangements
MHAIC	Mental Health Access Improvement Collaborative

MINF	Maternal Infant Nutritional Framework
MMR	Measles, Mumps and Rubella
NHS	National Health Service
NODA	No One Dies Alone
NRS	National Records for Scotland
OT	Occupational Therapist
PCMHT	Primary Care Mental Health Team
PDS	Post Diagnostic Support
PinC	Parents in Control
RES	Rehabilitation and Enablement Service
RTT	Referral to Treatment
SAPE	Small Area Population Estimates
SIMD	Scottish Index of Multiple Deprivation
SMT	Senior Management Team
TCPs	Transition Care Plans
TEC	Technology Enabled Care
TiPS	Training in Psychological Skills for the Children's Workforce
UNICEF	United Nations Children's Fund

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 formacie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਰਾਡ 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 HSCP, Clyde Square, Greenock, PA15 1NB

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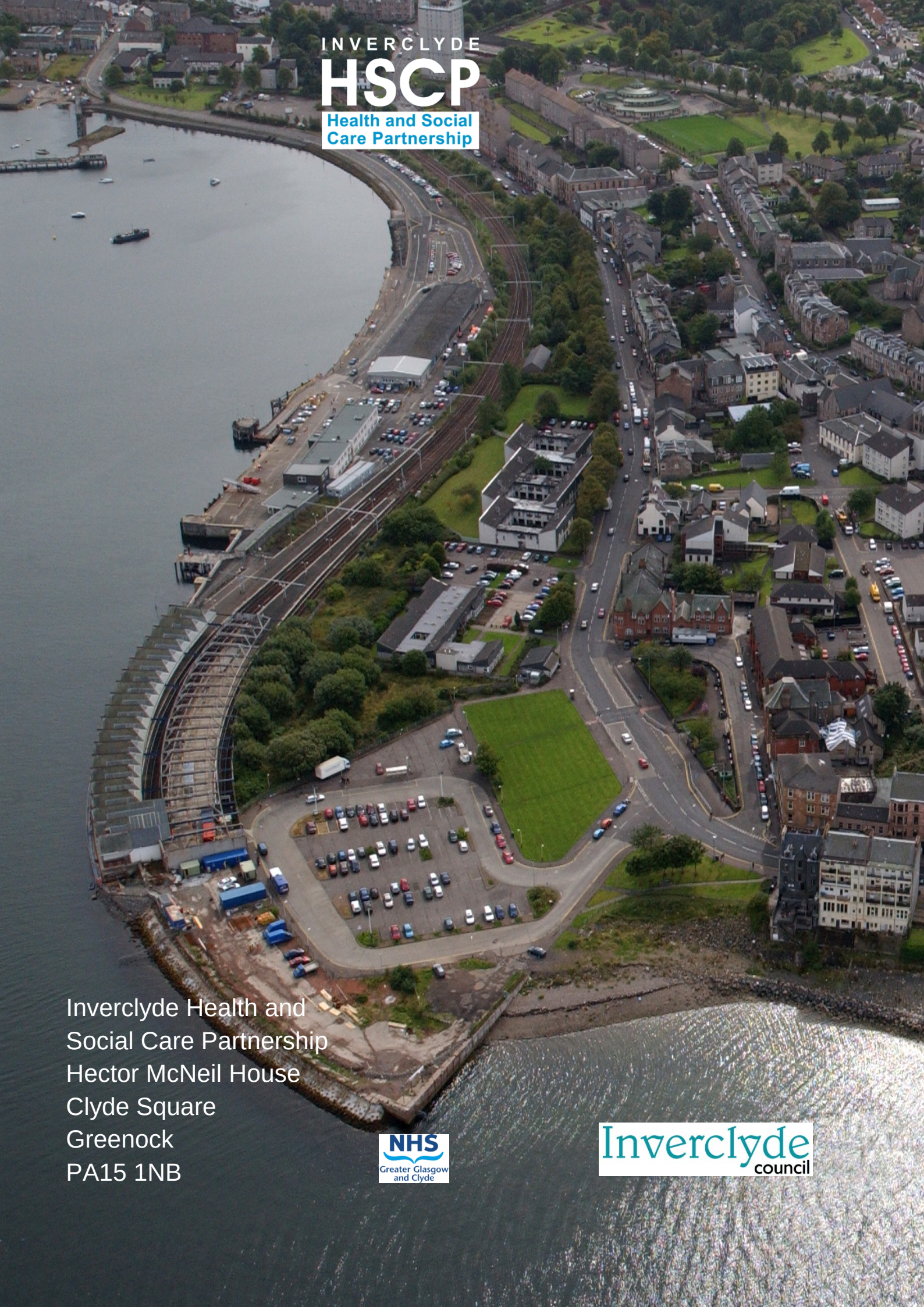

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NHS
Greater Glasgow and Clyde

Inverclyde council

AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/59/19/SMcA**
Contact Officer:	**Sharon McAlees Head of Children's Services & Criminal Justice**	**Contact No:**
Subject:	**Criminal Justice Social Work Inspection**	

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board of an inspection of Criminal Justice Social Work.

2.0 SUMMARY

2.1 We received notification from the Care Inspectorate on 1st May advising of a Criminal Justice Social Work inspection with a particular focus on Community Payback Orders.

2.2 The overall timetable for the inspection extends from 1st May when we received notification and concludes with the publication of the inspection report scheduled for approximately 28th October.

2.3 There are five distinct stages of the inspection including:

- Stage 1 – Notification, Preparation and Engagement
- Stage 2 – Self-Evaluation and Supporting Evidence
- Stage 3 – Case File Reading
- Stage 4 – Onsite Activity
- Stage 5 – Publication of Inspection Report

2.4 Inspection activities will consider:

- Outcomes for individuals subject to community payback orders, including performance measures against both local and national statistical data;
- Impact and experience for those subject to community payback orders;
- Key processes linked to community payback orders, including quality of risk / needs assessment, planning and intervention;
- Fulfilment of statutory duties, performance management and quality assurance;
- Leadership of criminal justice social work.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

a. Notes the content of the report.
b. Requests a further report following the publication of the inspection report.

Louise Long
(Corporate Director) Chief Officer

4.0 BACKGROUND

4.1 The Care Inspectorate provides scrutiny and assurance of community justice and criminal justice social work and commenced a programme of criminal justice social work inspection in 2018. To date, this has included an inspection of Borders and West Dunbartonshire, with Inverclyde being the third Local Authority criminal justice social work inspection area.

4.2 Inverclyde received formal notification of this inspection on 1st May 2019. There are five distinct stages to the inspection including:

- Stage 1 – Notification, Preparation and Engagement
- Stage 2 – Self-Evaluation and Supporting Evidence
- Stage 3 – Case File Reading
- Stage 4 – Onsite Activity
- Stage 5 – Publication of Inspection Report

4.3 The self-evaluation was submitted alongside the supporting evidence on 12th July and this was followed with the case file reading commencing on 22nd July.

4.4 The onsite activity comprises two separate parts:

a. Firstly, Inspectors will meet with individuals who are, or who have recently been, subject to a Community Payback Order. This activity commenced on 5th August and will include focus groups and individual interviews.
b. Secondly, Inspectors will meet with a range of operational staff, managers, senior management as well as partners and other stakeholders. This commenced on 19th August.

4.5 The inspection will focus on the following quality indicators:

- Improving the life chances and outcomes of those with lived experience;
- Impact on people who have committed offences;
- Providing help and support when it is needed;
- Assessing and responding to risk and need;
- Planning and providing effective intervention;
- Involving people who have committed offences and their families;
- Policies, procedures and legal measures;
- Performance management and quality assurance;
- Leadership of improvement and change.

4.6 More broadly, the inspection team will give consideration to services' capacity for improvement and, in particular, the extent to which criminal justice social work services are prepared for the extension of the presumption against short sentences. They will also explore and comment on funding for Section 27 as part of the scope of the inspection.

4.7 It is anticipated that the Care Inspectorate will publish their findings in an inspection report by 28th October.

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 specific legal implications in respect of this report.

HUMAN RESOURCES

5.3 There are no implications.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

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.	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

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

6.0 DIRECTIONS

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 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)**	**Report No: IJB/51/2019/AS**
Contact Officer:	**Allen Stevenson Head of Service Health and Community Care Inverclyde Health & Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**TECHNOLOGY ENABLED CARE (TEC)**	

1.0 PURPOSE

1.1 This report provides an update on the development of Technology Enabled Care (TEC) within Inverclyde and the positive outcomes for people who use the service.

2.0 SUMMARY

2.1 Technology enabled care supports people to have greater choice, control and confidence in their care and wellbeing. Technology can deliver better outcomes for those using our health, housing, care and support services and assist them to remain more independent and safer at home for longer. TEC provision supports a reablement approach, hospital discharge and reduction in bed days as well as avoiding unscheduled care.

2.2 There are approximately 2,200 service users within Inverclyde with a community alarm service. Of this number, over 400 also have enhanced telecare packages. These packages consist of a wide variety of environmental sensors and personal sensors such as fall detectors, and bed exit monitors. Of those utilising enhanced technology, 60% are over 75 years old. (see appendix 1 for the breakdown of those with enhanced telecare).

2.3 The service has seen a 5% net increase in service users year on year, with 803 referrals received during 2018. Within Inverclyde a team of one WTE manager, one WTE co-ordinator and 16.45 WTE officers provide a 24 hour response service and regular visits overnight following discharge from hospital. The service has responsibility for the installation and maintenance of equipment, 6 monthly service user reviews and management of information. (Team structure appendix 5).

2.4 The use of technology is aligned to Scotland's National Health and Wellbeing Outcomes and plays an important role in ensuring that:-

- 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 reasonable practical, independently and at home or in a homely setting in their community.

2.5 Digital technology is also a focus of the Inverclyde Health and Social Care Strategic Plan 2019-2024, and as part of our vision and values is underpinned by the "Big Actions" These include:-

- The use of technology to support and manage long term conditions,
- Benefits and opportunities that technology can offer through the use of digital platforms
- Improved access to physical and digital information
- Development of a Digital Strategy by 2021

2.6 The Inverclyde TEC Service has made significant inroads in embedding technology locally and in meeting the requirements for Scottish Executive funding through the Technology Enabled Care Programme.

Since 2007, TEC initiatives have generated £900,000 non-recurring Government funding which has enabled stakeholder engagement, promotion/awareness sessions, training and implementation of TEC in line with the Government's strategy to achieve an integrated approach to meeting national and local outcomes. The service has established a great deal of experience in managing and developing TEC and has learned much working with other partnerships.

2.7 The current Scottish Executive priority is to fund future tests of change. The aim of any proposed test "must align with the overarching TEC programme aim which is to support more citizens to make greater use of technology to manage their own health and wellbeing at home and in the community. A test of change should seek to demonstrate measurable improvement in outcomes directly to individuals or indirectly through improved service delivery processes". It is assumed by the Scottish Executive that the infrastructure required should now be in place within partnerships.

2.8 Benchmarking shows the benefits of expansion of TEC services and investment made in other partnerships. East Renfrewshire HSCP has made a significant commitment to TEC and currently has approximately 2,741 service users with community alarms and enhanced telecare packages. Advancements in Home and Mobile Health Monitoring (HMHM) have also been realised with 702 people benefiting from this service. East Renfrewshire's TEC Structure (see appendix 4) supports the HSCP's commitment to resourcing and developing the service ensuring its long term sustainability.

2.9 Within Inverclyde recent investment from complex care funding has been utilised to develop the service to meet future challenges in supporting people with more complex needs to live safely within the community. This will ensure the sustainability of the future service and enable the HSCP to continue joint work within the Scottish Executive strategy.

2.10 Future challenge will be the transfer from analogue to digital. OFCOM, the regulator for communication services, has advised that all analogue telephone services in the UK will be switched off and replaced by digital connections by 2025. This transition will have significant financial implications for the Council and has been highlighted in a report to the Head of Service, Community Care and Health dated 6th September 2018. (see appendix 6).

3.0 RECOMMENDATIONS

The Integration Joint Board is asked:

3.1 To note the achievements within Tec and support our continued role in the national digital transformation which will link with the local Digital Strategy as outlined in the

Inverclyde Health and Social Care Strategic Plan 2019-2024.

3.2 To note the future financial pressure and potential costs as a result of the changeover from analogue to digital by telecommunication providers. It is anticipated that these costs could be in the region of £500k with ongoing connectivity costs, after the first 2 years, of potentially £80k annually.

3.3 To agree a future report will be presented to the IJB when feedback from national work streams conclude.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Technology Enabled Care (TEC) can be defined as the use of telecare, telehealth, video conferencing and mobile health and wellbeing to improve outcomes for individuals through the application of technology as an integral part of cost-effective care and support.

4.2 What is Telecare and Telehealth

Telecare – is the provision of care services at a distance using a range of analogue, digital and mobile technologies. These range from simple personal alarms, devices and sensors in the home, through to more complex technologies such as those which monitor daily activity patterns, home care activity, enable 'safer walking' in the community for people with cognitive impairments/physical frailties, detect falls and epilepsy seizures, facilitate medication prompting, and provide enhanced environmental safety.

Telehealth – is the provision of health services at a distance using a range of digital and mobile technologies. This includes the capture and relay of physiological measurements from the home/community for clinical review and early intervention, often in support of self-management: and "teleconsultations" where technology such as email, telephone, telemetry, video conferencing, digital imaging, web and digital television are used to support consultations between professional to professional, clinicians and patients, or between groups of clinicians.

4.3 National Technology Enabled Care Programme

The Technology Enabled Care Programme 2014-2018 and associated funding have been a major focus of the Scottish Government's drive to support the integration of telecare and telehealth across Scotland. The use of TEC locally has allowed Inverclyde HSCP to contribute to the 2020 vision outlined by the Scottish Government:

"By 2020 everyone is able to live longer healthier lives at home, or in a homely setting…….".

The National TEC Programme has focused on five areas of work:-

- Extending the use of home health monitoring
- Expanding use of video conferencing across all health and social care sectors
- Building on the emerging national digital platforms to enable direct access to advice and assistance
- Expanding the take up of telecare with a focus on prevention, points of transitions in care, and dementia
- Exploring the scope and benefits of switching from analogue to digital

Since 2007, TEC initiatives within Inverclyde have generated £900,000 non-recurring Government funding which has enabled stakeholder engagement; promotional/awareness sessions; training and implementation of TEC in line with the Government's strategy to achieve an integrated approach to meeting national and local outcomes.

In line with the National Telehealth and Telecare Delivery Plan for Scotland, the Scottish Executive announced funding in 2014 to support the adoption and delivery at scale, of technology enabled care including expansion and embedding of telehealth and telecare.

It was the Government's expectation that partnerships would use the funding for developments and transitional costs with continued revenue being from mainstream budgets to ensure sustainability beyond the life of the TEC Programme. It was also the case that partnerships would provide a degree of match funding for some of the

identified work areas.

4.4 Technology Enabled Care in Inverclyde

4.4.1 It can be evidenced that technology enabled care can support people to have greater choice, control and confidence in their care and wellbeing. Technology can deliver better outcomes for those using our health, housing, care and support services and allow them to remain independent and safer at home for longer. TEC provision supports a reablement approach, hospital discharge and reduction in bed days as well as avoiding unscheduled care.

4.4.2 It is well documented there is an increasing older population which is higher in Inverclyde compared to the rest of Scotland. In comparison with the Scottish average, Inverclyde also has a greater TEC provision for those over 65 years.

The service has seen a net rise of 5% in demand for services year on year. The service received 803 referrals in 2018.

There are approximately 2,200 service users within Inverclyde with a community alarm service. Of this number, over 440 also have additional telecare packages. These packages, in the main, consist of environmental sensors and personal sensors such as fall detectors, bed exit monitors and so on. Of those utilising enhanced technology, 60% are over 75 years old. (See Appendix 1 for the breakdown of those with enhanced telecare)

Within Inverclyde a team of one manager, one co-ordinator and 16.45 WTE responders provide a 24 hour response service and regular visits overnight following discharge. The service has responsibility for the installation and maintenance of equipment, 6 monthly service user reviews and management of information. (Team structure appendix 5).

4.4.3 Over the last few years the service has increased collaborative working with other agencies. The service has worked tirelessly to bring awareness of TEC and its benefits to service users, carers, professionals and other stakeholders. Partnership working has included Your Voice; Carers Centre; Alzheimer Scotland as well as awareness sessions provided to - acute setting; community AHPs; HSCP mental health as well as assessment and care management teams.

4.4.4 There is ongoing work to raise awareness and provide training sessions and equipment within local care homes. Over the last two years there have been approximately 110 pieces of equipment loaned to care homes in order to keep residents safe. The majority of equipment is in support of falls reduction. The frailty of older people in care homes means that they are three times more likely to fall than older people living in their own homes and there are ten times more hip fractures in care homes than other environments. It is known that approximately 40% of hospital admissions from care homes follow a fall.

4.4.5 The service has introduced the use of GSM units (Global System for Mobile Communication) where service users have no land line but are assessed as being at risk. They are used to facilitate urgent hospital discharges and those moving to temporary accommodation. They have also been used to support housing in emergency situations where there is a risk of domestic abuse.

4.4.6 As part of Inverclyde HSCP Falls Pathway, TEC plays a vital role in supporting and sustaining service users at home. Community Alarm responders assist around 1500 service users annually after sustaining a fall, of which only 10% (150) are taken to hospital. This is significantly lower than those attended to by the Scottish Ambulance Service (SAS) who conveyed (556) 76% of the 735 falls calls they attended in 2017 across Inverclyde. In line with guidance contained in “The Prevention and Management of Falls in the Community – A framework for action” responders complete a level one assessment form to facilitate appropriate follow up action and prevention.

4.4.7 TEC staff complete joint visits with Fire and Rescue Services where a fire risk has been identified. As well as installation of smoke and/or heat detector sensors, fire prevention colleagues complete a home safety check to ensure all fire risks are considered. There have been over 140 such joint visits carried out over the last 2 years.

4.5 **Home and Mobile Health Monitoring (HMHM)**

TEC supports 30 people with Chronic Obstructive Pulmonary Disease (COPD) using Docobo remote health hubs. This allows patients with the long term condition to send their physiological readings through the hub to a website which is triaged daily by community nursing. This process provides early intervention and 'just in case medication' should this be required, thus avoiding exacerbations and potential hospital admissions. The service is in line with the Scottish Government's drive to encourage greater self-management of chronic conditions and has been a strong focus of the TEC Programme. Data taken from the Docobo system has evidenced a reduction in hospital admissions and a cost saving.

4.6 Developments

In 2017, building on the work of the TEC Programme, the Scottish Executive announced their intention to fund tests of change. The aim of any proposed test "must align with the overarching TEC programme aim which is to support more citizens to make greater use of technology to manage their own health and wellbeing at home and in the community. A test of change should seek to demonstrate measurable improvement in outcomes directly to individuals or indirectly through improved service delivery processes". It is assumed by the Scottish Executive that any infrastructure required should now be in place within partnerships. Inverclyde Test of Change Report 2017 (see appendix 3).

In 2015, Government funding was used to recruit a Project Lead to drive forward the TEC Programme and a Marketing/Training post which was seen as pivotal in promoting TEC. This has enabled us to significantly progress the TEC agenda and increase its use. However, the funding for these posts has now come to an end.

4.6.1 Care Lifestyle Monitoring

"I Care" (Intelligent Care) is an assessment and monitoring tool. The technology monitors an individual's activity at home which is recorded and can be viewed by authorised users in the form of a graph and report. Following the roll-out of awareness training the system has been used on over 80 occasions in the community. The technology aids the HSCP's Home 1st approach, early supported hospital discharge and provides a robust assessment as well as rich information to inform future care planning arrangements. Case study 2 shows how Mrs A is now able to remain in her own home rather than move to a care home.

4.6.2 Global System for Mobile Communication (GPS)

GPS technology is being used as part of a safer walking initiative offering individuals greater choice, independence and control. In conjunction with colleagues in Mental Health and Alzheimer Scotland, initially 22 individuals participated in a test of change initiative increasing to 32 service users in 2018. It is planned to upscale this initiative by a further 30 users bringing the total to 62 in 2019.

This technology will also be beneficial to people with a learning disability. Work is underway to introduce the technology as part of an independent travel pilot with learning disability services.

4.6.3 Hypertension

Home health and mobile monitoring can be a cheaper and more cost-effective way of monitoring long term conditions. The use of Florence (mobile App) with 90 people over 3 x 30 day cycles is currently being tested.

The test of change involves patients monitoring their blood pressure from home and relaying their results via their mobile phone to their GP practice. It is anticipated that the outcomes of this test will reduce the number of primary care appointments, address the issue of those suffering from 'white coat syndrome', free up health professionals by improving self-monitoring and improve patient experience.

4.6.4 Diabetes

Florence (mobile App) is also being used to improve self-care in Type 1 Diabetes and increase the number of patients self-administering insulin thus reducing the number of home visits required by the community nursing team. It is anticipated that the outcomes will evidence improved patient confidence in self-monitoring as well as raise the numbers utilising on line resources such as "My Diabetes My Way" to support self-management. Case studies (appendix 2) show how Miss A, a 23 year old, now feels more in control of her condition and Mr C comments " I feel alive again, its great".

4.7 **Transition to Digital**

Preparing for technology changes, such as the analogue to digital telephony switch has been a key focus for the TEC programme.

By 2025 all analogue telephone services in the UK will be switched off and replaced by digital connections. This will have a significant impact for local authorities who provide TEC as part of their service delivery model.

The transition will have resource implications for the HSCP as all alarms will be required to be replaced individually as well as any linked sensors. A briefing has been submitted to the CMT regarding financial implications. (see appendix 6)

Work is underway with regard to planning for the switchover by telephone providers and an advisory group has been established to support local authorities and other organisations through the transition to ensure there is minimal disruption for vulnerable service users.

4.8 **Benchmarking**

Inverclyde has completed a benchmarking exercise with East Renfrewshire HSCP in relation to their Technology Enabled Care Team. As can be seen in the attached structure chart (see appendix 4), East Renfrewshire has committed long term to embedding and sustaining TEC services and supports 24% more service users with a community alarm and enhanced telecare equipment than Inverclyde.

In addition, there have been 702 service users who have benefited from home and mobile health monitoring (HMHM) using FLO to monitor hypertension. Based on a calculation of each patient having between 4-6 appointments with practitioners to diagnose and titrate medication as well as an annual review, they have reported a saving of over 1800 face to face clinical appointments with GPs/practice nurse and pharmacy.

As with most authorities in Scotland, Inverclyde charges for community alarm at £11.25 per month. Following the implementation of the charge in July 2018 there was a 20% reduction in the uptake of alarms and this may impact on the continued demand for the service.

4.9 **Proposal**

To support and develop the TEC Service, it is vital that Inverclyde HSCP continues to

invest in the infrastructure of the service in order to meet the following outcomes:

- Provide the necessary infrastructure to support and maintain TEC delivery as well as new developments
- Be in a state of readiness to take up opportunities for new funding in conjunction with partners and deliver on milestones and agrees outcomes
- Coordinate expansion and upscaling of technology locally
- Include Technology Enabled Care in the Digital Strategy as part of the Strategic Plan
- Continue to meet the ongoing reporting and evaluation work required to meet Tests of Change conditions
- Upscale and expand the use of Home and Mobile Health Monitoring to support long term conditions and self-management and implement innovative use of technology as part of the Strategic Plan
- Manage securely, the transition of analogue to digital for Inverclyde service users
- Implement and promote digital access.

5.0 IMPLICATIONS

FINANCE

5.1 Money will be put aside in an Earmarked Reserve from any Health and Community Care underspends over the next couple of years to cover the anticipated one off costs associated with the move to digital. The expectation is that the recurrent costs will be covered by a review of charging.

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	Other Comments

LEGAL

5.2 There are no legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES

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

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	TEC is inclusive of people with protected characteristics
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	TEC reduces risk in the community for vulnerable groups
People with protected characteristics feel safe within their communities.	TEC equipment can reduce risks and can ensure a greater feeling of safety in the community.
People with protected characteristics feel included in the planning and developing of services.	TEC is promoted in many different locations, including Your Voice, acute setting, Carers Centre, and other events
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	This is included in mandatory training for staff
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	TEC reduces risk in the community for vulnerable groups
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	TEC is open to the Refugee community.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

NATIONAL WELLBEING OUTCOMES

5.6 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.	Services support greater self-management of chronic conditions through remote home health monitoring. Services also support the use of technology to enhance independence and wellbeing through safer walking initiatives.
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	Services support people to live independently, for longer at home using a variety of technologies that can summon assistance in an emergency, monitor activity and provide reassurance for carers.

People who use health and social care services have positive experiences of those services, and have their dignity respected.	Services are delivered in line with National Care Standards and comply with Scottish Social Services Council and Care Inspectorate requirements.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Services support people to have a greater choice and control in their care and wellbeing.
Health and social care services contribute to reducing health inequalities.	Where inequalities arise, services are provided to those with assessed needs and are given early intervention and support
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Unpaid carers are supported and are involved in care planning taking into account their role. Carers are signposted to other support organisations.
People using health and social care services are safe from harm.	Services are delivered in line with National Care Standards and comply with Scottish Social Services Council and Care Inspectorate requirements.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff are recruited and supported develop their skills and knowledge through continuous professional development, supervision, training, team development sessions, briefings.
Resources are used effectively in the provision of health and social care services.	Resources are used appropriately and as an integral part of quality cost effective care and support.

6.0 DIRECTIONS

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

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 Breakdown of service users receiving enhanced TEC – Appendix 1
I Care and FLO Case Studies – Appendix 2
Technology Enabled Care Test of Change Report 2017 – Appendix 3
East Renfrewshire Technology Enabled Care Team -- Appendix 4

Inverclyde HSCP Technology Enabled Care Team -- Appendix 5
Report to CMT on the implication of Analogue to digital -- Appendix 6

APPENDIX 1 – Enhanced TEC

Service User with 1 equipment	
Equipment	**Qty Service Users**
Fall Only	147
Smoke	64
Heat	4
Gas	3
Bed Exit	1
Window / Door	18
Epilepsy	3
Total Service Users	**240**

Service Users with 2 equipment	
Equipment	**Qty Service Users**
Fall & Smoke	22
Fall & Gas	2
Fall & Bed	2
Fall & Carer Alert	4
Fall & Door/Window	9
Fall & Epilepsy	4
Fall & Big Button	1
Smoke & Heat	27
Smoke & Gas	4
Smoke & Carer Aler	2
Smoke & Door/Window	6
Smoke & Chair	1
Heat & Bed	1
Heat & Door/Window	1
Bed & Carer	16
Carer & Door/Window	11
Carer & Epilepsy	7
Carer & Big Button	1
Total Service Users	**121**

Service Users with 3 equipment	
Equipment	**Qty Service Users**
Fall, Smoke & Heat	12
Fall, Smoke & Gas	3
Fall, Smoke & Bed	1
Fall, Smoke & Door/Window	1
Fall, Smoke & Epilepsy	2
Fall, Carer Alert, & Chair	1
Fall, Carer Alert, & Door Window	4
Fall, Carer Alert, &Epilepsy	1
Fall, Heat & Bed	1
Fall, Gas & Door /Window	1
Fall, Bed & Carer Alert	4
Smoke, Heat & Gas	10
Smoke, Heat & Door/Window	2
Smoke, Heat & flood	1
Smoke, Heat & CO2	1
Smoke, Bed & Carer Alert	1
Smoke, Gas & CO2	1
Bed , Carer Alert & Door/Window	3
Carer Alert, Door/Window & Epliepsy	1
Total Service Users	**51**

Service Users with 4 equipment	
Fall, Smoke , Heat & Gas	1
Fall, Smoke , Heat & Bed	1
Fall, Smoke , Heat & Carer Alert	1
Fall, Smoke , Heat & Door/Window	2
Smoke, Heat, Carer alert & Door/Window	1
Fall, Gas , Bed and Carer Alert	1
Fall, Chair, Bed & PIR	1
Fall, Bed, Carer Alert & Door/Window	2
Total Service Users	**10**

Service Users with 5 equipment	
Fall, Smoke, Heat, Gas &Flood	1
Fall, Smoke, Heat, Gas & Door/Window	1
Total Service Users	**2**

Total Number of Service Users
424

APPENDIX 2 - I Care and Florence (FLO) Case Studies

Case Study 1- Diabetes Using "FLO"

Miss A is a 23 year old who has Type 1 Diabetes and, until recently, did not record her blood sugar readings nor administer her daily insulin as prescribed. This proved difficult at reviews with her diabetic nurse who was unable to check her glucose readings and adjust her insulin accordingly.

Miss A was approached about using "Florence" (FLO), a phone app which sends prompts via a text message to patients reminding them to take their readings. This information is then text back to FLO and a further message sent to the patient to administer their insulin or retake their glucose levels.

Miss A agreed to use FLO from 25th June 2019 and commented " I need to take responsibility for my own health and manage my diabetes better"

Since she started, Miss A sends her glucose readings through FLO at least once per day and they are improving. The diabetic nurse can see a clear record of previous readings which can be discussed at her review. Miss A said that "with FLO I feel more in control of my diabetes than I ever have". "I was even able to set the time of the texts to remind me to suit me. I now just answer it and give myself my insulin and move on with my day". "I feel more in control and feel people are allowing me to be a grown up".

Miss A has since commenced a course at college 4 days per week.

Case Study 2 – "I Care" Hospital Discharge

The I Care Lifestyle Monitoring System was an invaluable piece of equipment for social work practice in February 2019. Mrs B is an older lady who was in hospital whose family had requested a transfer to long term care due to the risks around her mobility. These concerns were particularly associated with during the night periods as the family thought that their mother was up all night as she had, on occasion, called them during the night.

Following an assessment it was thought that Mrs B's needs could be met within the community as she had capacity and was keen to return to her own home. It was recognised monitoring her movements in her home using I Care, particularly during the night, would facilitate a better picture of any activity or pattern of behaviour and hopefully go some way to alleviate the family's anxieties.

With Mrs B's permission following a 2 week period of monitoring it was established that there were no overnight needs and for the most part Mrs B remained in her bedroom overnight. This reassured family that their mother was resting and that there was no risk to her wellbeing but more importantly, meant that Mrs B was able to stay independent at home as she wished.

Case Study 3 – Diabetes using "FLO"

Mr C is a 58 year old who was diagnosed with Type 2 Diabetes in 2005. He has a learning disability and lives independently within a sheltered housing complex. Mr C was previously supported by community nursing to administer his insulin twice daily. His diet was also variable leading to high blood sugar readings and he suffered a significant weight loss due to poor glycaemic control.

Mr C agreed to use "Florence" (FLO), and following a number of weeks increased support with understanding and using the system, and learning to self administer his insulin, he became more confident to do this independently.

When Mr C became independent with FLO in March, he commented "I did have initial doubts and made a few mistakes but I now find it easy to use and can follow FLO's instructions in a few minutes". "Before FLO, I was stuck at home for 5 years waiting on nurses visiting twice a day"

Mr C is now fully independent in administering his own insulin and sending his readings through FLO. He no longer receives visits from community nursing and states that "my health has definitely improved and my energy levels too".

Not feeling tied to his home waiting on visits, Mr C has now started a voluntary position at the Inverclyde Royal Hospital making up home from hospital boxes and also attends the HUB at a local church where he can chat to others. Mr C said "I feel alive again, it's great"

TECHNOLOGY ENABLED CARE TESTS OF CHANGE REPORT 2017

Digital Health and Care

The Scottish Government
Riaghaltas na h-Alba

TEC Technology Enabled Care

Inverclyde Test of Change Award £6,000

The Aim

Scope/Deliverables: We aim to increase independence, choice and control to 20 service users, using a low cost (GPS) technology “One Touch”, whilst also ensuring piece of mind and reassurance for carers. This will take place in conjunction with our local Alzheimer Scotland colleagues.

One of our prime aims is to support safer walking within our community for service users that have been diagnosed with a cognitive impairment.

The Activity
A GPS Pilot questionnaire was issued to the 20 users and the following results were observed.
6 users (33%) completed the survey

Of the completed surveys received:

- All users used the One Touch device during the 6 week period
- All users used the One Touch device to get familiar with it
- 50% of users activated the device between 5 – 10 times during the 6 week period
- All users felt more confident and safer while walking
- The majority of users would describe the device as reliable & fit for purpose
- No other services were used by the users during the 6 week period
- 3 people experienced a problem with the device, ‘Battery drained’, ‘SOS alert failed to connect to responder’ and ‘Other’
- Most users found the device very easy or extremely easy to use
- 83% of users found using the device did not encourage them to walk more
- 83% of users felt the device improved their quality of life
- All users noted that the device gave the carer / family member reduced stress levels and additionally gave more independence to the user
- All users expressed that they were not frightened or enter a panic state whilst using the device
- 66% of users felt the Tele-care / TEC Technical teams knowledge of the One Touch device was mostly very good with a further 33% recommending excellent
- All users expressed that it extremely likely that they would recommend the One Touch Service to friends / family

Additionally two service users took part in a case study and were referred for assessment to determine whether they would be eligible for the GPS pilot program. Both users had been engaged within the pilot program from April/May 2017. Service user A (81 years old) lives independently on her own and had recently been diagnosed with Dementia. Service user B (87 years old) lives within a private care home and has recently been diagnosed with Alzheimer's. Both users were recommended for the pilot and geo fencing was set up for each of them to ensure both users were still able to enjoy their independence outdoors whilst benefitting from the security that the Geo fence would ensure their location would be tracked.

The Conclusion

Service User A

Our initial survey results have provided evidence that service user A has used the device to become familiar with how it works. Further to this she has used the device twice as she became confused and could not remember how to use the telephone; she knew if she pressed the SOS button it would contact her daughter. She has found the device to be reliable useful and fit for purpose. Although she hasn't increased the time spend walking, she has felt a lot more confident while walking. Service user A found the device extremely easy to use and believes that it has had a positive impact for her. The impact has also had an extremely positive affect for service user A's daughter as it has reduced stress levels knowing that she can check her mother's location each night before going to bed. Due to the positive impact – reduction in stress levels and confidence it has given to both service user and family member, they would highly recommend the GPS pilot program to friends or family members.

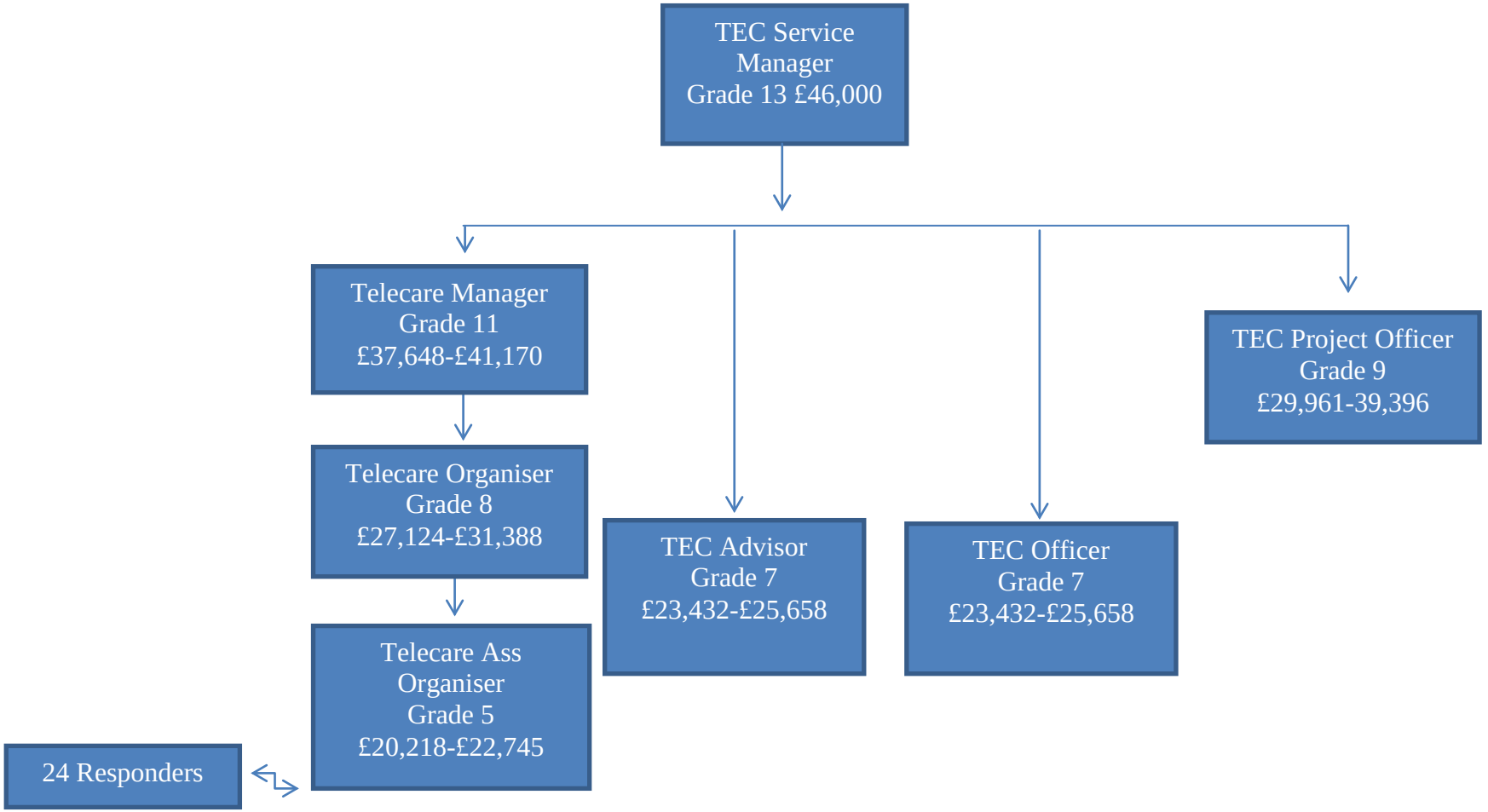
Service User B

Our initial survey results have provided evidence that service user B has used the device to become familiar with how it works. It has allowed him to increase the time spent out with the care home on his own. He feels a lot more comfortable knowing that he can contact the care home management team quickly if he becomes disoriented or anxious while out walking. He has attended a dental and eye appointment on his own and also went for a coffee since having the GPS device. He has found the device very easy to use. He did stress that the audio volume when having a conversation with the care home management team through the GPS device was rather loud. The impact has also had an extremely positive affect for service user B's care management team as it has reduced stress levels and allowed them to increase his level of independence, due to the fact that they can locate him and check on his GPS position while he is out walking. Service user B's son has also had a positive impact as his father is still having a level of independence and he is less concerned with him walking out side of the care home grounds as his father can quickly contact the staff if he has any issues. Due to the positive impact – reduction in stress levels and confidence it has given to both service user and care home management team, they would highly recommend the GPS pilot program to friends or family members

APPENDIX 4

East Renfrewshire HSCP

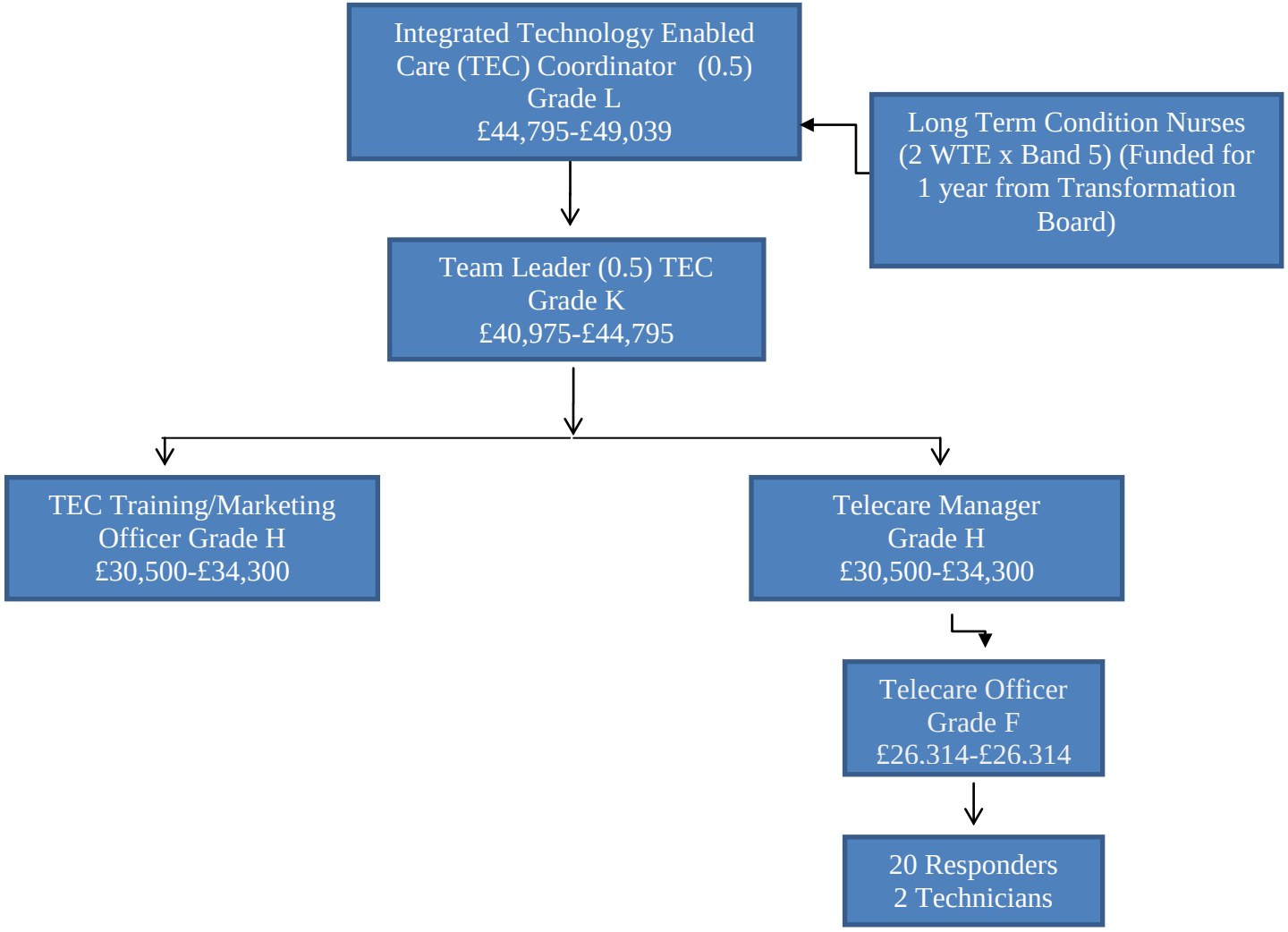
Technology Enabled Care Team – Interim Structure



APPENDIX 5

Inverclyde HSCP

Technology Enabled Care Team



APPENDIX 6

To	**Allen Stevenson, Head of Community Care and Health**
Author	**Gill Burns, Team Leader, Out of Hours Services**
Subject	**Telecare – Switch from Analogue to Digital**
Date	**6th September 2018**

1.0 Introduction

1.1 OFCOM has advised that all analogue telephone services in the UK will be switched off and replaced by digital connections by 2025.

1.2 Current telecare equipment including alarm units and all sensors will need to be upgraded to digital technology. Vulnerable residents within Inverclyde rely on this technology in order to summon assistance when required. When equipment is activated a call is routed through the telephone line to a call handling centre. This results in a variety of responses including those required from emergency services; mobile responder team; family and so on.

1.3 If equipment is not upgraded to digital, then people will be unable to use the service and lose the technology that keeps them safe, reduces risk of harm, and keeps them living independently at home for longer.

1.4 Telecare has been a core component of the HSCP's service delivery model for older people and those with disabilites and mental health issues for over 12 years. The funding awarded by the Scottish Government since 2006 has allowed the service to upscale its use locally and move into other areas of development such as lifestyle monitoring, GPS technology and Telehealth services.

1.5 Digitial Telecare services will offer many benefits to service users and organisations who provide or procure services. Some of these include:-

- Better conectivity
- When connectivity is lost this it picked up and notified to the control centre immediately
- Remote programming of sensors etc
- Lost equipment can be located
- Activations from safety detectors such as falls pendants can be notified to carers via mobile, and many more.

2.0 Recommendations

2.1 The Head of Service is asked to note the following:-

- The HSCP's requirement to upgrade all analogue technology to digital by 2025
- Preparations already underway nationally and locally
- Anticipated financial presure that will be placed on HSCP and Council
- Indicative costings for replacement equipment
- Agreement to update senior management on new developments and costing models
- Associated risks identified

3.0 Transition to Digital

3.1 By 2025, all analogue telephone services in the UK will be switched off and replaced by digital connections. Many telecommunication companies have not yet given any indication of their timeline for migration such as SKY and Talk Talk, while others, such as Virgin media have committed to switch off by 2021. Although timescales have slipped already, the implications of this is that we are likely to need to commence our transition within the next 3/5 years with regard to new installs and replacement units for service users who are contracted to Virgin.

3.2 Within Inverclyde there has been a rise year on year of 6% in new referrals to the service (which includes withdrawals) and, until July 2018, there were over 2,700 using the service. This has changed recently due to the implementation of a community alarm charge of £2.50 per week which has to date resulted in the return of approximately 500 alarm units and addidtional peripheral kit.

3.3 Current analogue based telecare services connect through the service user's telephone line. While service users pay £2.50 weekly for the physical equipment and support responder service, they also pay for the cost of a local call every time they activate their equipment through their telephone contracts.

3.4 The call handling service is sub contracted to Bield (BR24). They require to upgrade software to allow them to accept calls from digital alarm units. This is a small piece of work which they have indicated will take around 6 weeks and require input from Jontek Engineers. (Jontek being the call handling system they operate).

3.5 Bield (BR24) has also confirmed that their call handling platform will be able to accommmodate dual calls from both analogue and digital alarms during the transition and roll out period, and therefore this poses no issues with regard to our planned timeline for rollout.

3.6 New digital equipment will not be able to connect through service users' telephone services, instead there will be a roaming sim card embedded in the new alarm unit. The change will have an additional financial impact for the HSCP as there will a a recurring call/data charges for any sim card connection similar to a mobile phone contract.

4.0 National Picture

4.1 A national Advisory Group has been established including membership from The Scottish Government's Digital Office ; Telecare Association (TSA); Scottish Centre for Telecare and Telehealth (SCTT); NHS24; and Scotland Excel. The group's remit is to support organisations through this transition and provide a set of guiding principles to help organisations to shape solutions and overcome challenges. Guidance has not yet been published.

4.2 Some of the key considerations being looked at by the Advisory Group include:- connectivity, resilience and service levels, service costs and tarrifs, cyber security, privacy and data protection, interoperability and standards, device management, product maturity and migration.

4.3 A number of pilots have been established in Perth and Kinross , East Lothian and Edinburgh, however, their plans to test new digital units through digital lines into Alarm Receiving Centres (ARCs) have all been delayed for a variety reasons but are about to go live in the next few weeks.

4.4 Scotland Excel is also working closely with the Advisory Group to establish a buy off framework by August 2019.

5.0 Financial Implications

5.1 The transition from analogue to digital will have financial implications for the Council. New equipment will require to be procured as well as the cost of connectivity in the form of sim cards.

5.2 Inverclyde HSCP purchase equipment from Scotland Excel and currently use suppliers Tynetec, CHUBB and Tunstall.

5.3 Tynetec (Legrand) have now produced a digital alarm unit which is on the market for testing as mentioned above. They have now indicated that they will start to mass produce this alarm unit towards the end of 2018 and will thereafter be available for purchase. Other suppliers of new digital units include Doro and Possum. New digital units will be fully compliant with the receiving platform at our call handling centre Bield (BR24).

5.4 All peripheral sensors linked to existing alarm units will also need to be replaced which will contribute to the financal impact. Tynetec have some sensors available and on the market and has confirmed that these will be costed at the current price of analogue sensors.

5.5 In addition, within Inverclyde there are 30 remote home healthhubs within the community monitoring the condition COPD. There is currently onging work with Teleheatlh locally to look at more innovative and cost effective ways of providing this service, the health hubs will be replaced as part of the teleheath programme which will ensure compatability.

5.6 The service has arranged for a meeting with Tynetec to allow us to see and test the new digital unit. They have also offered to undertake an audit of our telecare equipment portfolio (at no charge). Based on indicative costs which they have provided us with, the undernoted table provides senior management with approximate costs for the replacement of telecare equipment.

Table 1: New digitial units will come with a 2 year SIM budle which includes all calls and data transfers at an estimated cost of £200 per service user. Potentially this could be subject to change once the units are on the market with a reduction in costs.

Description	Current Numbers	IP Replacement Costs
Dispersed Digital Unit (includes Pendant)	2153	£430,600.00
Bed Exit Sensor	47	£8,041.23
Chair Exit Sensor	5	£796.60
CO2 Monitor	3	£248.85
Door Exit Sensor	84	£2939.16
Epilepsy Monitor	21	£7,678.65
Falls Detector	209	£14,811.83
Flood Sensor	2	£68.72
Gas Sensor	34	£3,171.18
Heat Sensor	87	£5,157.36
PIR	1	£48.00
Smoke Detector	227	£9,890.39
Sensor Controller	24	£2,716.00
Altec response	38	£5,464.00
Total projected capital costs to change existing equipment to digital		**£491,631.97**

5.7 While no providers have confirmed sim card rental costs after the first 2 years, following Discussions, it is a resonable assumption that this could be between £36 - £40 per annum which would mean a recurring annual cost of between £77,508 and £86,120 for the 2153 current service users.

5.8 It is assumed that the above replacement programme to new digital equipment will be rolled out over a period of years from 2021 to 2025. However, this will be dependent on when each telecommunication provider decides to switch over.

5.9 It should be noted that there may be potential to rent equipment, however, Scotland Excel is investigating if this could be an option as a Lot in the Technology Enabled Care contract which will not be concluded until 2019.

5.10 As previously mentioned, the service has seen an increase in referals of 6% year on year (including withdrawals). Service net growth is around 130 additional service users annually however this could reduce with the implementaion of the charge.

5.11 inverclyde HSCP service users who receive a service within their own home have seen a charge of £2.50 implemented from 1st July this year. Increasing this charge to cover some of the above mentioned costs goes against the Scottish Government's desire to deliver and upscale these services free of charge.

5.12 As part of the replacement to digital technology, account will need to be taken of the training requirement for staff who will need to reach a level competency to enable installation and

programming to be carried out effectively. Depending on the roll out programme this will have a resource and financial impact on the service.

6.0 Next Steps

6.1 Planning for this change is difficult as there are still many unknowns within the industry and timelines are still to be confirmed by each telecommunication provider.

6.2 Inverclyde Technology Enabled Care Service is keeping up to date with developments and progress with regard to the switch from Analogue to Digital and will continue to attend events and webinars as well as continue close contact with colleagues from neighbouring authorities.

6.3 Inverclyde Technology Enabled Care Service will continue to have regular discussions with its call handling provider Bield (BR24) in ensuring that they are digital ready and compliant with requirements.

6.4 Advance planning to include mapping telephony providers in the Inverclyde area to service users.

6.5 Consider potential roll out approaches and capacity.

6.6 Consult with service users at the earliest opportunity advising details of our plans to change over.

6.7 Update senior management of any new changes and developments as well as financial projections.

6.8 Agree to uptake the offer by Tyetec to cary out an audit of Inverclyde's Telecare equipment portfolio.

7.0 Risks

Risk	Recommended Mitigating Actions
Inverclyde HSCP has no control over when each telecommunication provider will decide to switch analogue connections. If there is a delay in the availability of new equipment, there is a risk of service disruption to vulnerable service users as their current equipment will no longer work.	• Monitor work and developments coming out from the Advisory Group with regard to ongoing position • Continue to engage in events including webinars on the update and progress of the changeover • Continue to engage and provide updates on developments nationally and locally • Prioritise the rollout by targeting those telephony providers who have confirmed their timeline for changeover.
No national funding has been made available or allocated to support this transition as yet which	• Highlight the financial pressure. • Work with Scotland Excel to establish a call off framework to ensure best value

will mean a financial pressure on the HSCP budgets. It should be noted that it is the Scottish Government's desire that these services should not be charged for.	• Development of a phased replacement programme

AGENDA ITEM NO: 13

Report:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/52/2019/AS**
Contact Officer:	**Allen Stevenson, Head of Health and Community Care**	**Contact No: 01475 715283**
Subject:	**ACCESS 1ST**	

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board about the implementation of the HSCP Access 1st service and to provide an update on its initial six month performance since January 2019. The report also provides an overview of the development plan up to April 2020.

2.0 SUMMARY

2.1 Access 1st was developed to reduce the number of points of access to the HSCP by members of the public, stakeholders and partners. This is in line with the Strategic Plan 2019 -2023.

3.0 RECOMMENDATIONS

3.1 The IJB is requested to note the activity and performance of Access 1st in its initial six months and agree the workplan outlined in paragraph 7.2 of the report.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Inverclyde Health and Social Care Partnership (HSCP) Strategic Plan 2019 - 2023 Big Action 4 states that by 2020 Health and Community Care services (HCC) will have a single point of contact through Access 1st.

4.2 Access 1st is the approach to receiving referrals and contacts into Health and Community Care services. This new initiative includes the screening and gathering of relevant and proportionate information to ensure the most efficient and effective assessment of need in line with the established HSCP eligibility criteria and the best use of health and social care resources.

4.3 Making the system smoother and more efficient means those with critical or substantial needs receive a more expedient service and those with low or moderate needs receive better up-front information, signposting or providing appropriate advice they may require to maintain their independence.

4.4 As a single point of contact, Access 1st has created stronger links with Community Connectors, the Inverclyde Carers Centre and universal services as essential partners in providing community-based solutions and resources for service users, their carers and relatives.

4.5 Access 1st was implemented in a shadow function in November 2018 to test out its processes and impact in Assessment and Care Management duty, Home 1st, Homecare and Reablement services.

4.6 Referrals for hospital discharges were transferred to Access 1st on 12th November 2018 following an extensive promotional campaign with IRH discharge co-ordinators, NHSGGC discharge co-ordinator and hospital wards. The service went live in its own right in January 2019.

4.11 This briefing will set out the main milestones and work plan going forward to reach the full roll out and implementation of Access 1st across the HCC service by March 2020.

5.0 Development Progress

5.1 HCC Team Leads have been extensively involved in the programme of development and implementation of Access 1st through individual and group meetings and two development workshops in February and October 2018.

5.2 Operational guidance has been created for Access 1st together with service specific protocols so that Access 1st has a clear pathway for referring on to other HSCP and community-based services and is consistently applied.

5.3 An Access to Service Form has been developed to consolidate existing referral forms into one document thus reducing duplication and bureaucracy.

5.4 We have worked in partnership with Your Voice to develop marketing and publicity material for Access 1st. A comprehensive communication plan has been produced to ensure that promotional material is focused and distributed to key organisations, local elected members, community groups and agencies. Material was also supplied to public buildings within the Inverclyde area as well as for the wider NHS Greater Glasgow and Clyde Health Board Acute Services in particular discharge coordinators for patients requiring social work or community based services on discharge from hospital.

5.5 The NHSGGC Health Board granted permission for Access 1st to receive referrals through the SCI Gateway system. This means that for the first time GPs can make referrals direct to Access 1st. This is the first non-clinical service across the NHSGGC

area to operate in this way.

5.6 In line with the Inverclyde Adult Protection Procedures, Access 1st receive all adult welfare concerns for screening from Police Scotland, the Scottish Fire and Rescue Service, Scottish Ambulance Service, General or Acute NHSGGC services, NHS 24 and any other professional or member of the public with concerns over the welfare of an individual.

5.7 Access 1st has created an adult welfare concern escalation protocol to ensure timely and appropriate actions are taken to raise and report such concerns that require further investigation under the auspices of adult protection procedures. This links directly to a Council Officer rota operated by the ACM Teams.

6.0 Performance

6.1 Access 1st received 1297 referrals between January and July 2019.

6.2 The table below sets out the performance of Access 1st in its first six months of operation.

6.3 It is planned that Access 1st will produce an annual performance report to cover the period April 1919 to March 2020.

Table 1: number of referrals received and actioned each month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Carried forward	0	0	0	0	0	0	1	**1**
0 to 3 days	97	99	105	200	192	166	138	**997**
4 to 6 days	13	20	9	13	46	29	43	**173**
6 to 9 days	5	9	9	7	14	15	24	**83**
over 9 days	3	4	2	2	8	8	16	**43**
TOTAL cases handled	**118**	**132**	**125**	**222**	**260**	**218**	**222**	**1297**

6.4 Access 1st took on responsibility for screening and responding to adult welfare concerns on 1st April 2019. From the number of overall referrals received by Access 1st, a total of 208 (22.5%) adult welfare concerns have been received and processed during this period.

6.5 Access 1st is responsible for the receiving and processing of NHSGGC acute hospital discharge referrals for patients living in Inverclyde. Access 1st is also responsible for receiving and coordinating referrals for out of area patients who have been treated in Inverclyde Royal Hospital (IRH). Access 1st has received 1868 referrals in addition to community based referrals..

Table 2 sets out the number of referrals received in the reporting period.

Table 2

Month	Inverclyde Patient	Out of Area Patients
January	238	39
February	192	31
March	209	36
April	238	31
May	244	31
June	245	44
July	265	25
Total	**1631**	**237**

7.0 Development plan

7.1 To meet the ambition of the aforementioned HSCP Strategic Plan, there are a number of work streams in place to ensure that the single point of access for all referrals to the HCC services are screened and processed through Access 1st.

7.2 Access 1st Workplan 2019/20

Access 1st Work plan 2019/2020	
Services Type	**Timescale for completion**
Community Alarm and Telecare	September 2019
Blue Badge applications	October 2019
District and Community Nursing	November 2019
Joint Equipment Store	December 2019
Occupational Therapy triage	January 2020
Rehabilitation and Enablement Service	February 2020
Integrated Community Learning Disability Team	March 2020

7.3 Work will also be progressed from April 2020 to look at the feasibility of Access 1st taking over the initial screening and process of referrals for the HSCP mental health and addiction services.

8.0 Access 1st Staffing

8.1 In order to develop Access 1st, we have appointed a Team Leader (QSW) to manage the service and implement the Access 1st development plan. Currently we have 2 SWA drawn from existing resources and one new post at a total annual cost of £148,000 for the Access 1st Team. The expansion of the remit of Access 1st will look to draw staffing resource from existing service resource

8.2 Business Support is a crucial aspect of the service as it is often the first contact people and partners have with the HSCP. We have dedicated staff to support the service. It is anticipated that additional business support staff will be required to manage and facilitate the workload of Access 1st as progress is made to meet the timescales of the work plan. This will be met from existing services.

9.0 IMPLICATIONS

9.1 **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

9.2 The intention for Access 1st it to meet our duty to respond to requests for social and health care support in a more efficient and effective manner.

HUMAN RESOURCES

9.3 There are no specific human resources implications arising from this report.Any change in duties of staff will be done in full consultation with Human Resources and through the Staff Partnership.

EQUALITIES

9.4 Has an Equality Impact Assessment been carried out?

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

9.5 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	It will improve access to advice and guidance making process simpler for people to understand with a single Point of contact and access.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Improved access and appropriate support will positively contribute to this.
People with protected characteristics feel safe within their communities.	Improved access and appropriate support will positively contribute to this.

People with protected characteristics feel included in the planning and developing of services.	Access 1st is part of the JSCP 6 Big Actions and will be involved in the consultation linked to the Strategic Plan
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Improved access and appropriate support will positively contribute to this.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Improved access and appropriate support will positively contribute to this.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Improved access and appropriate support will positively contribute to this.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

9.7 **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.	By having a single point of access to health and community care services (HCC) referrals are screened and information or advice is provided to service users or their representatives expediently to enable people to make informed decisions and look after their own wellbeing independent of statutory services.
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	Early screening and assessment of need ensure services or equipment is provided quickly to maintain a service users independence and stay in their own homes.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Access 1st is a front facing customer focused service. Feedback from referrers has been positive. Referrers have commented on the respectful conversations and support received.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Access 1st undertake home visits and assessments based on the HSCP eligibility criteria for cases which are critical or substantial to ensure that there is minimal delay in implementing support services for those in need.
Health and social care services contribute to reducing health inequalities.	Access 1st work in partnership with District and Community Nursing as well as GP practices to support service users who are regarded as requiring an assessment, or homecare or OT services to improve their health outcomes.

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.	Carers' assessments are offered and promoted by Access 1st to ensure unpaid carers have their own individual needs assessed and addressed. Access 1st work in partnership with Inverclyde Carers Centre to receive and make referrals to support carers in their role.
People using health and social care services are safe from harm.	Access 1st receives all Adult Welfare Concerns from a wide range of statutory services, professionals and other members of the community as necessary. These are progressed or escalated under the Inverclyde Adult Protection Procedure as necessary.
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.	A wide range of training opportunities are available to staff. Access 1st frequently work alongside and shadow other services to gain experience and knowledge of roles and services to assist in making prompt assessments and referrals to other services as required.
Resources are used effectively in the provision of health and social care services.	Access 1st screen and review referrals against the HSCP established eligibility criteria to ensure the best use of HSCP resources.

10.0 DIRECTIONS

10.1

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

11.0 CONSULTATION

11.1 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. Access 1st is also reflecting the consultation around the Strategic Plan and feedback around difficulties some people have to access the correct service when they require it

12.0 BACKGROUND PAPERS

12.1 None.

Inverclyde Integration Joint Board Audit Committee

Tuesday 19 March 2019 at 1pm

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

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 Mailey (for Head of Strategy & Support Services), Ms A Priestman, Chief Internal Auditor, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

In attendance also: Mr M Laird (Audit Scotland).

5 Apologies, Substitutions and Declarations of Interest **5**

No apologies for absence or declarations of interest were intimated.

6 Minute of Meeting of Inverclyde Integration Joint Board (IJB) Audit Committee of 29 January 2019 **6**

There was submitted minute of the meeting of the Inverclyde Integration Joint Board (IJB) Audit Committee of 29 January 2019.
In relation to the IJB Directions Policy, it was noted that the Scottish Government's anticipated timescale for finalising and publishing statutory guidance on directions was approximately six months.
Decided: that the minute be agreed.

7 External Audit Fee 2018/19 **7**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Committee of the response from Audit Scotland relative to the organisation's fee proposal for 2018/19. The report advised that as agreed by the Committee at its January meeting, a letter had been sent to Audit Scotland querying the fee and in particular the significant increase over two years but that Audit Scotland's response was that it was not proposing to change the fee structure.
During the course of discussion on the item it was noted that Audit Scotland's fee was based on a budgeted number of days with more complex audits over and above these budgeted days attracting an additional charge. None of Inverclyde IJB's Audits to date had attracted an additional charge.
Decided: that the response from Audit Scotland be noted and that Officers be authorised to accept the proposed fee.

8 Internal Audit Progress Report – 7 January to 22 February 2019 **8**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period from 7 January to 22 February 2019.

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

(1) One Internal Audit report (IJB Financial Planning) had been finalised since January 2019 with an overall control environment opinion of satisfactory. There were two green issues and an action plan was in place to address both issues by 30 September 2019;

(2) In relation to the audit follow-up, one item was due for completion at the end of January and this was reported to the January IJB Audit Committee meeting as being complete;

(3) There were ten current actions being progressed by Officers and meetings had been held with relevant Officers to ensure that the specified deadlines were achievable;

(4) Since January 2019, there were no Internal Audit reports issued to and agreed by the NHS Greater Glasgow & Clyde (NHSGG&C) Audit Committee which were relevant to the IJB Audit Committee;

(5) Since January 2019, there was one Internal Audit report presented to Inverclyde Council which was relevant to the IJB Audit Committee (Corporate Purchase Cards). Overall, this had a satisfactory control environment opinion with seven green issues identified. An action plan had been agreed and was due for completion by 30 June 2019;

(6) There continue to be a number of investigations carried out in relation to misuse of blue badges and misuse of expired blue badges.

During discussion on this item, key issues highlighted were:

Moving Forward Together Agenda - There were no undue concerns regarding the alignment of NHS Board and IJB plans with any reporting being through the NHS Board.

Reporting Arrangements - It was clarified that it was the responsibility of relevant Officers to close off outstanding audit actions (with evidence requiring to be provided for red or amber issues) and that these updates would, in each case, be reported back to the IJB Audit Committee.

Corporate Purchase Cards - It was noted that the seven green issues identified in the Inverclyde Council audit to enhance the control environment were relevant to all officers within the HSCP and that procedures were transparent, allowing shared learning.

Current Management Actions as at 28 February 2019 - It was clarified that there were four rather than five audit action points specified in Appendix 1 where the agreed deadline had been missed.

Strategic Plan - It was confirmed that some of the 10 audit actions referred to in Section 3 of the report were linked to and captured by the new Strategic Plan.

Issue of Blue Badges and Expired Blue Badges - It was noted that information on Council car parks and parking restrictions was available on the Council's website and was also contained within the information pack provided with the blue badges.

Decided: that the progress made by Internal Audit in the period from 7 January to 22 February 2019 be noted.

9 External Audit – Annual Plan 2018/19 **9**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the External Audit Plan 2018/19 produced by Audit Scotland.

Mr Mark Laird presented the External Audit Plan 2018/19 on behalf of Audit Scotland. It was noted that the Plan is comprised of two sections:

Risks and Planned Work - One risk had been identified - risk of management override of controls. It was explained that this was an inherent risk in every audit. The Audit Outputs for 2018/19 and target timescales were also highlighted and explained.

Audit Scope and Timing - It was explained that this section included information on the Annual Accounts and timetable, calculating materiality values and the audit dimensions (financial sustainability; financial management; governance and transparency; value for money) which frame the wider scope of public sector audit requirements.
Decided: that Audit Scotland's Annual Audit Plan 2018/19 be noted.

10 Financial Regulations Update **10**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of revised Financial Regulations which detail the responsibilities of the Integration Joint Board for its own financial affairs.
Decided: that the contents of the report be noted and that approval be given to the revised Financial Regulations as set out in Appendix 1.

11 IJB Risk Register **11**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of the new IJB Risk Register which was fully reviewed and re-scored at the 20 February development session facilitated by CIPFA, taking account of the risks relevant for the IJB, current controls and mitigations in place.
The Committee was asked to note that, in relation to the HSCP Operational Risk Register, (which has its own reporting line directly to Inverclyde Council and the NHS Board), as at February 2019 there was one risk classified as very high/red. This was Risk 3 (Medical Workforce) with a risk of failing to maintain medical capacity and clinical leadership. The Corporate Director (Chief Officer) advised that an action plan had been prepared and short term cover agreed.
The following matters were discussed in relation to the report:
(1) The possible addition of a target risk score after mitigating actions. The Committee was advised that before this could be done, it would be necessary to define the risk "appetite" or tolerance level and to set a target under that level. Any risks above the tolerance level would be reported to the Committee. The use of heat maps could also allow a focus on high risks. The matter could be reviewed as time went on.
(2) The need to review the Risk Register and actions over time.
(3) The attribution of Risk 5 (Performance Management Information) to IJB Members rather than Officers.
(4) The need to continue the process of establishing time frames for all controls, it being noted that the time frame for the development of a Community Engagement Strategy for the HSCP under Risk 6 would be reinstated.
Decided:
(1) that the contents of the report be endorsed and that agreement be given to the new Risk Register based on the discussions at the 20 February 2019 development session;
(2) that the reporting process be noted;
(3) that any high/red risks contained on other HSCP Operational Risk Registers be noted;
(4) that agreement be given to the proposed IJB Strategic Risk Register; and
(5) that it be agreed that going forward, the Audit Committee review the IJB Strategic Risk Register annually with a six monthly update to the Committee reflecting all red/very high risks.

AGENDA ITEM NO: 15

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/48/2019/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Strategy and Support Services**	**Contact No: 01475 715285**
Subject:	**NHSGGC MUSCULOSKELETAL (MSK) PHYSIOTHERAPY SERVICES**	

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board members on the performance of the MSK Physiotherapy Service, which is hosted on our behalf by West Dunbartonshire HSCP.

2.0 SUMMARY

2.1 The Annual Report provides data on performance for Inverclyde people in relation to source of referrals, referrals per month and average wait in days.

2.2 The report also outlines the key objectives of the MSK Service.

3.0 RECOMMENDATIONS

3.1 That the Inverclyde Integration Joint Board members note the proposed actions to reduce waiting times.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 MSK conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with MSK disability than any other condition. The MSK Physiotherapy Service aims to provide a person-centred approach which is focused on movement, exercise and supported self- management.

4.2 The MSK Service is hosted by West Dunbartonshire HSCP on behalf of the six Partnerships based within the NHS Greater Glasgow and Clyde catchment. The appended report relates to service activity within Inverclyde during 2018/19. The report highlights a reduction in both waiting times and the number of patients waiting for an appointment.

4.3 During the period April 2018 to March 2019 Inverclyde HSCP referral rates rose from 4,726 to 5,004. The number of patients waiting over 4 weeks has reduced from 9,770 in April 2018 to 5,575 in March 2019. Within Inverclyde HSCP a total of 249 new appointments were not attended (6.3%). Out of 10,374 return appointments, 857 were not attended (8.3%).

4.4 The report also mentions an underspend of £238,000 (in relation to the entire service, not just the Inverclyde provision) and savings of £58,000, making an overall spend reduction of £296,000.

4.5 The report commits to developing the Advanced Practice Physiotherapy role, and investigating possible new models of care, although it is not clear how the service plans to work with wider community-based services to deliver better outcomes, or work more closely with the new teams set up to deliver the Primary Care Improvement Plan.

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 None.

HUMAN RESOURCES

5.3 The report commits to a further 10 WTE posts, although it is not clear what these will deliver.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.2 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

5.5 The potential clinical or care governance implications arising from this report are not clear, as there is no narrative about the outcomes for patients who either did not attend or had a long wait before entering the service. However the report does provide information about complaints and about quality of care audits.

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.	MSK Physio is central to reablement and promoting self-care and independence
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 MSK Physio Service could potentially work more closely with the Home 1st Services.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The quality audits support enhanced experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The service clearly aims to deliver this outcome, but appears to focus solely on the condition being treated. Better linkage with wider

	community services could potentially enhance this outcome.
Health and social care services contribute to reducing health inequalities.	Further analysis is required in regard to those patients who did not attend, to ascertain if equalities issues contributed to non-attendance.
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.	Quality Audits indicate the MSK Physio team deliver a safe service.
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.	Analysis has not been undertaken to ascertain if reduced spend has been the result of efficiencies or service reduction.

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)	X
	4. Inverclyde Council and NHS GG&C	

NHS GGC should confirm what Partnerships' expectations from the MSK Physio Service should be, and consider a Service Level Agreement (SLA) with partners receiving services from a Single Host.

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

APPENDIX

West Dunbartonshire
Health & Social Care Partnership

NHS
Greater Glasgow and Clyde

NHSGGC Musculoskeletal (MSK) Physiotherapy Service Annual Report 2018/19 for Inverclyde Health and Social Care Partnership

Our Vision

To offer expert diagnosis and intervention to maximise the potential of people with MSK conditions, the most common cause of disability and work related absence in the UK

Foreword

Welcome to our annual report which covers the period April 2018 to March 2019.

MSK conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with an MSK disability than any other condition. The MSK Physiotherapy Service continues to provide a person-centred approach which is focused on movement, exercise and supported self management. As we help patients to recover and return to normal activities, we are also encouraging them to take up more active and healthy lifestyles.

2018/19 has been a successful year. We have reduced both our waiting times and the number of patients waiting for an appointment. This has been achieved at a time of increasing demand with more patients being referred to our service. We have worked with the NHSGGC AHP Director and the MSK Programme National Lead from the Scottish Government to review our service and ensure we are as efficient and effective as possible.

This year saw the expansion of our Advanced Practice Physiotherapists into Primary Care. From the initial pilot in Inverclyde HSCP then Govan Ship, we went on to recruit a total of 13 wte posts for GGC during 2018/19 and we continue to progress this work across all HSCPs.

Our focus on staff wellbeing has seen many new exciting developments for staff within the service and we held a successful wellbeing event led by Sir Harry Burns in August 2018. Our first conference focusing solely on MSK Physiotherapy was held in December 2018 and feedback from staff was very positive with new learning resulting in changes to clinical practice.

This year saw us involved in a funded project with Orthopaedics to test if we could improve the patient journey and reduce Orthopaedic demand by ensuring patients were seen by the most appropriate service. Almost 1,000 patients were referred to MSK Physiotherapy direct from the Orthopaedic waiting list and were managed appropriately during the project. These results will inform future developments within NHSGGC.

In conclusion, 2018/19 has been a very positive year. This is testament to all the hard work, commitment and dedication of all the staff in the MSK Physiotherapy Service as well as the support of the Chief Officer, Beth Culshaw, from West Dunbartonshire HSCP.

[redacted]

Janice Miller, MSK Physiotherapy Service Manager & Professional Lead (Partnerships)

The year in figures 2018/19

75,510 referrals (70,097 in 2017/18)

Average wait in April 2018 56 days

Average wait in March 2019 32 days

154,814 return appointments

60,171 new appointments

4 stage 2 complaints

3 not upheld

1 partially upheld

184.61 wte staff with 243 staff in post (including APPs)

132.38 wte qualified clinical staff

MSK Physiotherapy

The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire Health & Social Care Partnership (HSCP) on behalf of Partnerships and the Acute Service Division of NHSGGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP; and the service is included within the HSCP development plans and governance structures.

MSK Physiotherapists are highly skilled in assessing, diagnosing and treating people with physical problems caused by accidents, ageing, disease or disability. The service treats adults over the age of 14 and all qualified staff are registered with the Health and Care Professions Council (HCPC) with registration checked on a monthly basis.

Key Objectives

Provide an efficient, timely and equitable MSK service

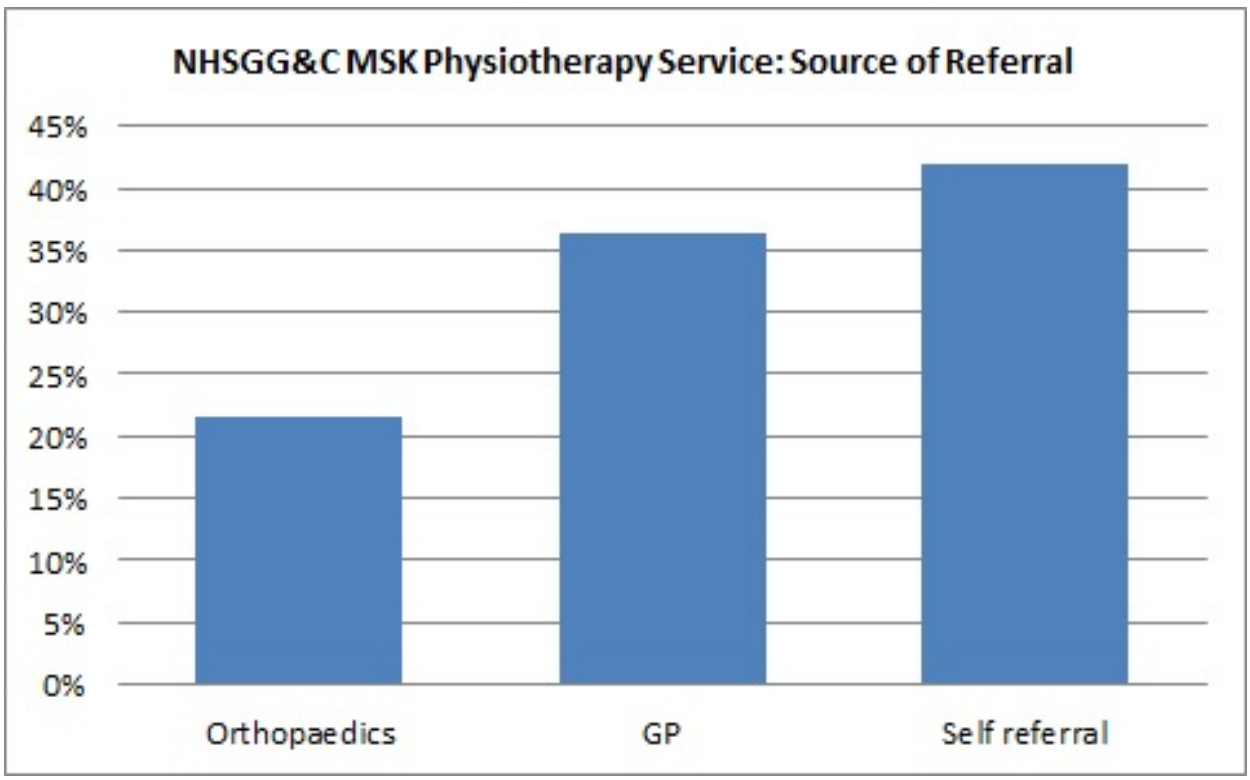
Provide an effective MSK service

Provide a person centred MSK service

Ensure staff wellbeing within the MSK service

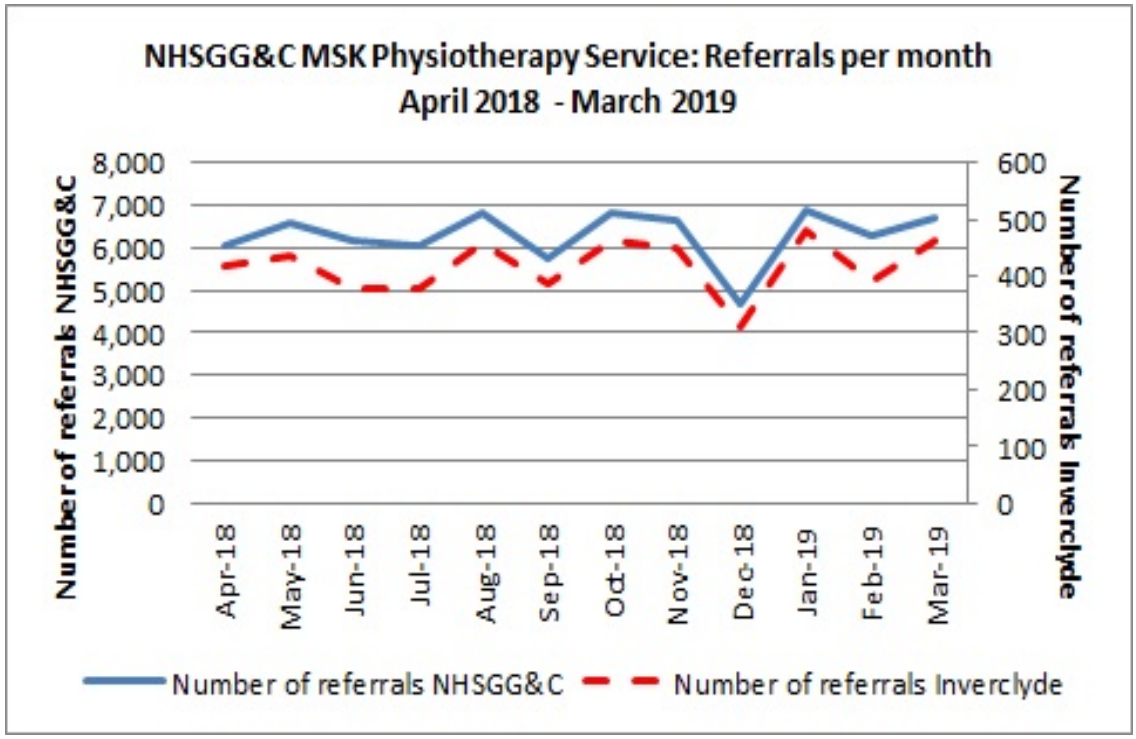
Provide a safe MSK service

Provide a creative & innovative service that will be responsive to current and future challenges



Patients can access MSK Physiotherapy via self referral or GP referral. The Orthopaedic service continues to be the other main source of referrals into the service. All referrals are logged onto our electronic system and vetted by a clinical member of staff to identify any clinical priorities. A small proportion of patients are phoned directly as they require an immediate appointment whilst the majority are sent a letter inviting them to call and book an appointment at a time and place suitable to the patient. They are usually offered the first available appointment within their local quadrant but many patients choose to wait for an appointment closer to home or work. All appointments are managed by our Referral Management Centre (RMC).

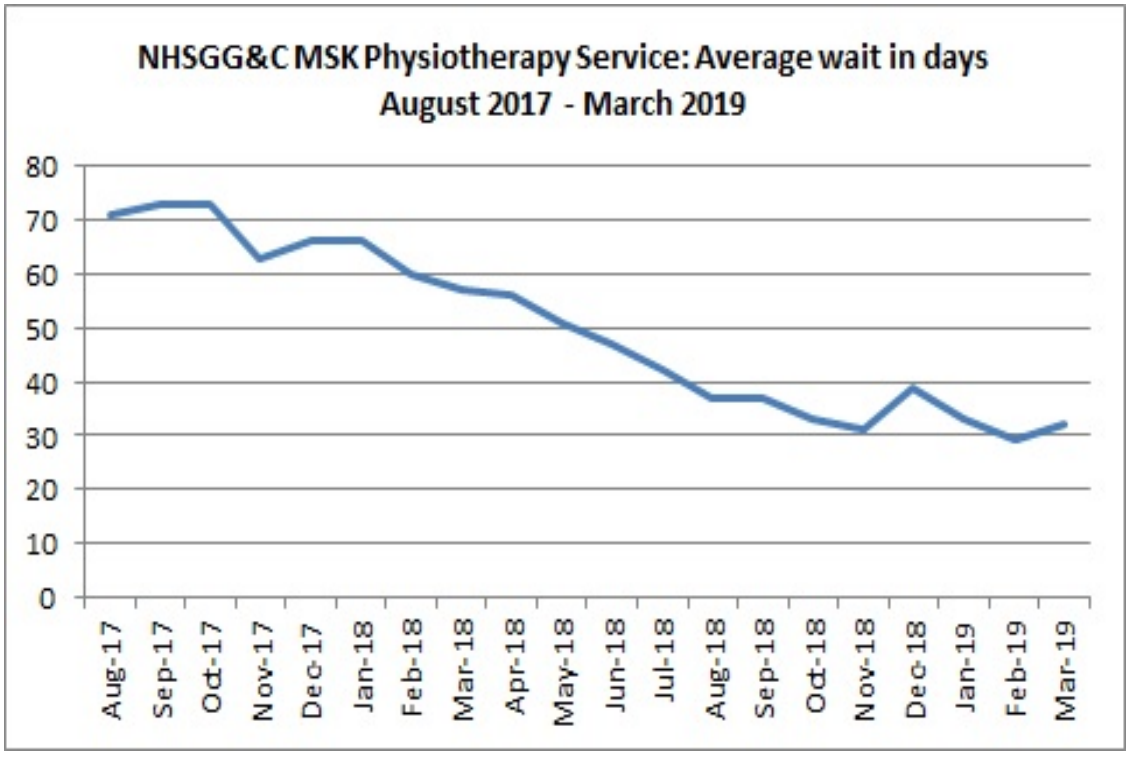
Inverclyde HSCP



Across NHSGGC the number of referrals received from all sources has increased during 2018/19 from 70,097 referrals in 2017/18 to 75,510 in 2018/19. Almost 1,000 of these referrals were part of the joint MSK/Orthopaedic project (for which additional staff were funded and recruited). This equates to a 6.3% rise excluding these additional referrals.

Referrals in Inverclyde HSCP rose from 4,726 to 5,004.

Inverclyde HSCP



Considerable work has been done this year to reduce waiting times for MSK Physiotherapy. Various improvement workstreams and extra capacity from the MSK/Orthopaedic project have allowed us to reduce the number of patients waiting over 4 weeks from 9,770 patients in April 2018 to 5,575 in March 2019. The waiting time for a routine appointment has reduced from a maximum of 20 weeks to 13 weeks (excluding periods of unavailability).

The chart above shows the average wait in days for an appointment within the service. As work has focused on seeing the patients who have waited the longest, the total number of patients seen has increased but this has reduced the proportion of patients seen within 4 weeks. An average of 39% of patients were seen within 4 weeks.

Inverclyde HSCP

In 2018/19 there were 60,171 new patient appointments available across the whole MSK Physiotherapy Service. Within Inverclyde 3,945 new appointments (6.6%) were available and patients from the area have accessed the service outwith the HSCP. During this period, approximately 5% of all appointments for Inverclyde residents were outwith the HSCP area. These are predominantly at the RAH although Inverclyde residents access the service across the whole of NHSGGC possibly due to work or family commitments. Less than 5% of Inverclyde appointments are used by residents from outwith Inverclyde. Each month Inverclyde had between 220 and 320 new appointments available, the variation due to the number of working days in the month and staff on duty at any one time.

Within Inverclyde HSCP a total of 249 new appointments were not attended (6.3%) and could have been offered to patients on the waiting list if we had been informed or patients cancelled with enough notice to refill the appointment. Out of 10,374 return appointments, 857 were not attended (8.3%).

MSK Physiotherapy Service

Regular audits include our record cards and a yearly Consultation and Relational Empathy (CARE) Measure ensure quality of care. This validated patient reported experience measure seeks feedback from our patients on their experience of the therapeutic intervention. The results demonstrate the empathy and interpersonal effectiveness of our excellent clinicians.

Results from the audits are below.

Record Card Audit	2016	2017	2018
Quantative results	94%	97%	98%
Qualitative results	91.5%	94.3%	96.7%

CARE Measure	2017	2018
results	48.4 out of 50	48.4 out of 50

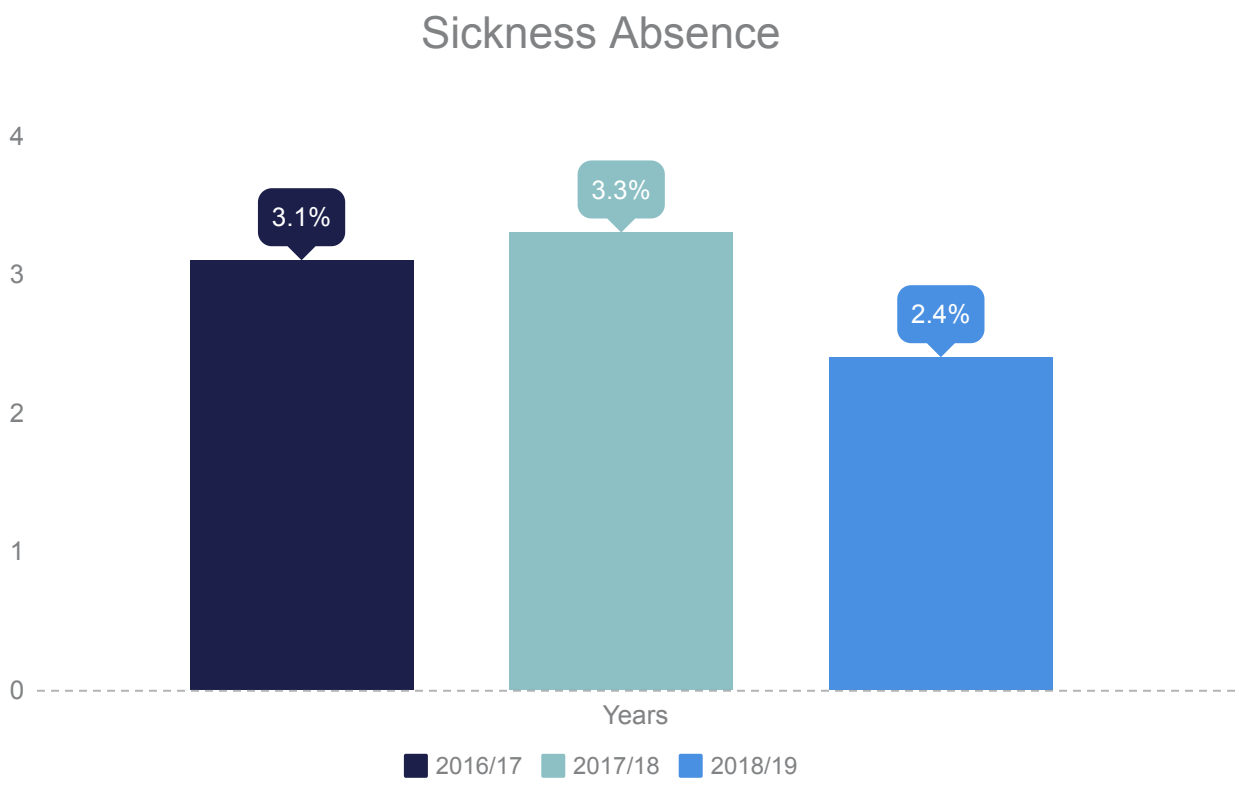
Outcome measure	Pre treatment (average)	Post treatment (average)
Pain (10 = worst pain possible)	6	3
Function (10 = no functional restriction)	5	8

During 2018/19 the did not attend (DNA) rate for new patients for the whole service was averaging 6.3% down from 7.5% in 2017/18. Staff are actively reminding patients to cancel appointments if they no longer require them or cannot attend and text reminders continue to be sent to all patients before their appointments.

Rates of DNA for follow up appointments are always slightly higher but we have still managed to reduce this rate from 10% in 2017/18 to 8.7% in 2018/19 by regularly reminding staff to prompt patients.

MSK Physiotherapy Service

The MSK Physiotherapy service received a budget allowance for 2018/19 of £6.103m which reflected savings of £0.058m. The actual expenditure for 2018/19 was £5.865m. The underspend was due to an unprecedented turnover in staff linked to the new APP posts.



The Year Ahead

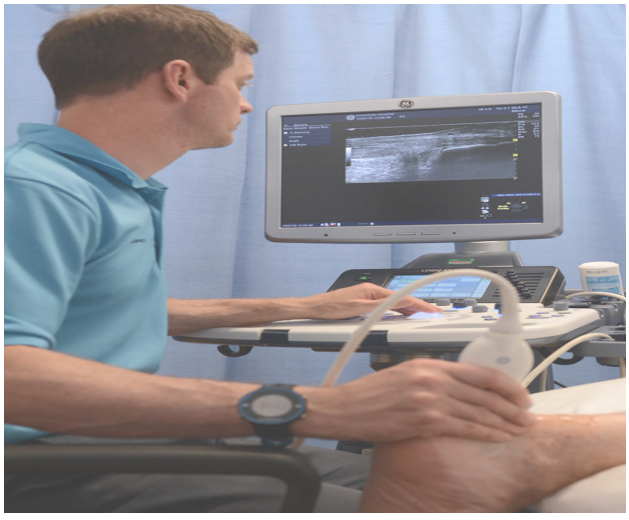
Waiting times and rising demand continue to be the main challenges for the MSK Physiotherapy Service and will remain a focus for the senior management team. Evaluating new treatment modalities and diagnostic tests which aid the patient's recovery continue to progress within the service including the use of diagnostic ultrasound and shockwave therapy.

Work to develop the Advanced Practice Physiotherapy posts within Primary Care continues along with investigating possible additional models of care. Further recruitment of another 10wte posts is planned in 2019/20.

Work has just started to develop electronic patient records (EPR) on clinical portal and we plan to pilot this in 2 sites within the coming year. Further work is required to scope out hardware and Wi-Fi issues within the service to allow rollout across the whole service. We continue to record our outcome measures electronically and use a validated risk stratification tool for back pain patients so these will be incorporated into the EPR.

Initial discussions are underway to be the first NHS Board in Scotland to pilot the new national web based access tool "MSK Advisor". We will work with the National Programme Lead to test this tool which will allow patients to enter their symptoms online and following specific questions, gain access to relevant exercises, advice and support to self manage their problem or provide an onward referral to MSK Physiotherapy if appropriate.

Developments both within MSK Physiotherapy and other services e.g. Emergency Departments has led to competing demands for MSK physiotherapy staff and further work must be done in the coming year to address future workforce issues. We already link closely with the HEIs and the national Transforming Roles group around these issues but we still need to address local workforce issues especially around recruitment.



Diagnostic ultrasound in action

MSK Physiotherapy Service – actions to reduce waiting times June 2019

1. Ongoing improvement work with Referral Management Centre (RMC) to maximise clinical capacity and manage waiting list
2. RMC converting vacant slots at 72 hours instead of at 48 hours to increase chance of slots getting utilised)
3. Promote new GP referral guidance with GPs at locality/cluster meetings
4. Promote new self management resource cards to support above.
5. Auditing new patients seen in June to measure how many patients unlikely to benefit are still attending the service
6. Service review by AHP Director and national MSK Programme Lead – ongoing action plan has several workstreams all looking to improve efficiency
7. Exploring use of e-health within the service e.g. Attend Anywhere, Florence
8. Meeting planned on GGC being national test site for Web Based Access
9. Monitor impact of Advanced Practice Posts in Primary Care on demand into MSK

The high demand for MSK Physiotherapy continues to put pressure on the service and on waiting times. Excluding referrals from the MSK Orthopaedic project, referrals rose by 6.3% during 2018/19.

AGENDA ITEM NO: 16

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)**	**Report No: IJB/58/19/HW**
Contact Officer:	**Helen Watson Head of Strategy & Support Services**	**Contact No: 01475 715285**
Subject:	**STAFF GOVERNANCE PLAN**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the Staff Governance Plan, developed by officers and staff side representatives via the Staff Partnership Forum (SPF).

2.0 SUMMARY

2.1 The Staff Governance Standards have been developed by NHS Greater Glasgow and Clyde to apply to all staff employed by that organisation. In Inverclyde the HSCP has adopted these standards to apply to all staff, regardless of whether they are employed by the NHS or the Council.

3.0 RECOMMENDATIONS

3.1 That the Integration Joint Board notes the Staff Governance Plan.

Louise Long
Chief Officer
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

4.1 This report highlights the Inverclyde HSCP Staff Governance Plan.

4.2 The Staff Governance Standards have been developed by NHS Greater Glasgow and Clyde to apply to all staff employed by that organisation. In Inverclyde the HSCP has adopted these standards to apply to all staff, regardless of whether they are employed by the NHS or the Council.

4.3 The Staff Governance Standards state that staff should be:

- Well informed;
- Appropriately trained;
- Involved in decisions that affect them;
- Treated fairly and consistently; and
- Provided with an improved and safe working environment.

4.4 To ensure that these standards are incorporated into our day to day work, we have developed an action plan that specifically outlines what we will do to ensure that the spirit of the standards is reflected in how staff experience working within the HSCP. That Plan is therefore presented to the IJB with this report.

5.0 PROPOSALS

5.1 The content of this report is mainly for noting, and to ensure that IJB Members are informed about how the HSCP works to create a positive environment for staff as well as service users.

6.0 IMPLICATIONS

Finance:

6.1 There are no financial implications at this time, although implementation could potentially highlight the need to resource additional training.

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 The Staff Governance Plan highlights how we will improve staff experience in working within the HSCP.

Equalities:

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or Strategy. Therefore, no Equality Impact Assessment is 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.	The Staff Governance Standard includes a commitment to treat everyone fairly and consistently, The Action Plan ensures that officers remain focused to deliver on this.
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

7.0 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

8.0 NATIONAL WELLBEING OUTCOMES

8.1 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.	If staff are happy and feel valued, they are more likely to be caring and compassionate.
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
People who use health and social care services have positive experiences of those services, and have their dignity respected.	When staff are treated consistently with dignity and respect, they are more likely to model this same behaviour when interacting with clients or patients.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Not applicable
Health and social care services contribute to reducing health inequalities.	Not applicable
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.	Not applicable
People using health and social care services are safe from harm.	Not applicable
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 Staff Governance Standard is the main vehicle for delivering this outcome.
Resources are used effectively in the provision of health and social care services.	Not applicable

9.0 DIRECTIONS

9.1

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	

10.0 CONSULTATION

10.1 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.

11.0 BACKGROUND PAPERS

11.1 None.

APPENDIX

Inverclyde Health & Social Care Partnership

Staff Governance Action Plan

August 2019

Introduction

Staff governance focuses on how NHS Scotland staff are managed, and feel they are managed. The NHS Reform (Scotland) Act makes NHS employers legally accountable for staff governance, in the same way that they are already responsible under law for the quality of clinical care and for appropriate financial management. NHS employers must demonstrate that they are becoming exemplar employers and must have systems in place to identify areas that require improvement and to develop action plans that describe how improvements will be made.

The implementation of the Staff Governance Standard demonstrates the proactive approach of trade unions and professional bodies, NHS employers and the Scottish Government Health Department to modernise employment practices based on the concept of partnership working.

Inverclyde HSCP Staff Partnership Forum is an integrated forum which was developed following Inverclyde CHCP becoming an HSCP. The chair is shared and rotated by the following people:

Louise Long, Chief Officer and Diana McCrone and Gemma Eardley who are both staff side representatives. The Partnership forum meets every 6 weeks approximately.

Key

Performance on target	G
Performance needs some improvement / risk of deterioration / plan slipped	A
Performance is below target, requiring improvement / plan failed	R
Action not yet underway / too early to determine progress	0

The Staff Governance Standard requires that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

The Standard also requires all staff to:

- keep themselves up to date with developments relevant to their job within the organisation;
- commit to continuous personal and professional development;
- adhere to the standards set by their regulatory bodies;
- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- treat all staff and patients with dignity and respect while valuing diversity; and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

1. Well Informed

	Activity	Evidence of Application	Leads	Timescale	Status
1.1	All staff regularly receive accessible information about their organisation.	Chief Officer's Brief issued each month and discussed at team meetings. Communications Group developing Communication Action Plan. Chief Officer Brief is circulated monthly to staff and is focused on a different Head of Service area each month. Ensure homecare bulletin is distributed to home care staff.	Chair of Communications Group	Ongoing	Green
		Improve awareness of SPF through Chief Officer's Brief to include key points from each SPF Meeting. Process agreed whereby SPF key points are agreed after each meeting and forwarded for inclusion in Chief Officer's Brief.	SPF Co-Chairs	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		Monthly review to ensure notice boards are kept up-to-date in each of the HSCP premises, ensuring key documents such as Chief Officer's Brief and notes of staff meetings are posted on these. Name of person responsible for notice board to be posted on the notice board with their contact number. All staff responsible for updating notice boards have been identified and name and contact number attached to boards.	Chair of Communications Group	Review to be completed by August 2019	Amber
1.2	All staff have access to communication channels which offer the opportunity to give and receive feedback on organisational issues at all levels	Maintain and develop Chief Officer Brief with managers and team leads encouraging discussion and questions with a focus on effective two-way communication.	Chair of Communications Group	Ongoing	Green
		Staff and staff representatives well informed and involved in discussions about proposed service change at an early stage. Open chair is available at SPF for staff to attend. All service redesigns are discussed at SPF as a standing item.	SPF Co-Chairs	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		Staff make use of 1:1 meetings to discuss organisational issues and working practices. Supervision Framework has been agreed and implemented across all staff groups.	Head of People and Change and Council HR Service Manager	Ongoing	Green
1.3	All staff have access to a range of communication systems. This will include IT systems, and staff will be provided with appropriate training (and adaptation if appropriate) to use them and hard copies are available.	All staff can access policies, procedures, and key HSCP documents electronically via ICON/Staffnet or their manager for a hard copy. Staff are notified of new policies, procedures and key HSCP documents through regular communications bulletins.	Service Manager: Engagement, Financial Inclusion and Workforce / Head of People and Change/ Council HR Service Manager	Ongoing	Green

2. Appropriately Trained & Developed

	Activity	Evidence of Application	Leads	Timescale	Status
2.1	TURAS/Knowledge and Skills Framework and Performance Appraisals and PDPs to be fully implemented.	All staff have regular effective performance reviews. Every HSCP employee has a development review cycle agreed (regardless of employing body) which includes an annual review and PDP/CPD, and all managers, team leads and staff trained in the respective systems Regular WIAR reports are issued to managers, to ensure appropriate management intelligence relating to staff that have or have not had an appraisal, or completed a PDP, and WIAR discussed at SMT and SPF.	Head of People and Change and Council HR Service Manager	Ongoing Quarterly	Amber Green
2.2	Those staff not covered by TURAS/ Council Performance Appraisal have rigorous personal development plans.	All appraisals and mid-year reviews are diaried in advance. TURAS /PDPs are now monitored to ensure completion before appraisal can be signed off.	Chief Officer	6-monthly	Amber
		Directly employed medical staff have performance plans agreed and evaluated.	Heads of Service	Annually	Green
2.3	National education, learning and development strategies are fully implemented	Training activity report to SPF indicating HSCP activity and progress. Activity information is incorporated into the	Head of People and Change and Council HR	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		regular WIAR including compulsory and mandatory training. Service Managers area provided with named lists of their staff, indicating status on statutory and mandatory training modules.	Service Manager / Service Manager: Engagement, Financial Inclusion and Workforce	Monthly	Green
		Gaps in training need to be identified. New Practise Learning & Development Team Leader in post to take forward TNA.	Team Leader Learning & Education, and Team Leader Practise Development	December 2019	Amber
		Training needs from People Plan to be identified and an action plan developed. The Practise Learning & Development Team Leader will support /chair the People Plan Implementation Group, ensuring that training needs are regularly assessed, and then reflected in the HSCP Training Plan.	Team Leader Practise Development and Service Manager: Engagement, Financial Inclusion and Workforce	December 2019	Amber
2.4	Succession Planning	Support transition and planning to support the evolving workforce. Each area in HSCP has completed a workforce succession plan. These are monitored and reviewed at team meetings.	Heads of Service	December 2019	Green

	Activity	Evidence of Application	Leads	Timescale	Status
2.5	Ethical Care Charter	Homecare staff internally and externally appropriately supported. Legal support for contract variations when ECC not being delivered. Also Commissioning & Contract Monitoring Framework has been revised to include a clear escalation process when providers are not delivering on the terms of their contract, including ECC. The revised framework will be presented to Committee in September 2019 for approval.	Head of Health & Community Care Head of Strategy and Support Services	Ongoing September 2019	Green Amber
2.6	All staff have equity of access to training, irrespective of working arrangements or profession	Training needs should be discussed and recorded as part of the PDP process. Reported via WIAR. Staff satisfaction reflected through iMatters.	Head of People and Change/ Council HR Service Manager	Ongoing	Amber
2.7	All staff have access to appropriate induction that covers, as a minimum, partnership; staff governance; health and safety; and equality legislation	HSCP Induction involves manager and staff member. Welcome Pack is made available. The welcome pack has been refreshed to reflect our revised HSCP arrangements. Induction programmes and checklists are now used for all new staff, or staff changing roles/departments. Staff are not given access to IT systems until it can be evidenced that they have undergone	Head of People and Change/ Council HR Service Manager	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		induction.			

3. Involved in Decisions

	Activity	Evidence of Application	Leads	Timescale	Status
3.1	Partnership working is embedded and mainstreamed within the HSCP	SPF contribution to IJB is effective and is valued and recognised. The IJB papers template requires all submissions to identify personnel implications.	SPF Co-Chairs	Ongoing	Green
3.2	Each NHS Board has in place Partnership Forums as appropriate to reflect local structures. These should include an APF and the HSCP must have an SPF in accordance with local structures.	HSCP SPF meets regularly and effectively. Meeting schedule is completed to cover the whole year so that regular diary slots are secured well in advance. The SPF meets regularly and has a schedule that covers the whole year, generally meeting every 6 weeks.	SPF Co-Chairs	Ongoing	Green
3.3	Service Development and organisational changes are planned and implemented in partnership.	SPF members, including staff representatives are well informed and involved in discussions about proposed service change and financial savings plans at an early stage. It is recognised that some savings targets or performance targets are not negotiable, but that staff should be involved in decisions about how they are implemented. Redesign updates are a standing item on SPF agenda.	SPF Co-Chairs	Ongoing	Green

4. Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

	Activity	Evidence of Application	Leads	Timescale	Status
4.1	Best practice HR policies are in place and communicated to staff.	Staff are notified of new policies, procedures and key HSCP documents through regular communications bulletins.	Service Manager: Engagement, Financial Inclusion and Workforce / Head of People and Change/ Council HR Service Manager	Ongoing	Green
		The Council Staff Survey and the pilot NHS Dignity at Work survey both invite staff to state any feelings of discrimination. Staff are and were encouraged to complete staff surveys. The mandatory training modules on promotion of equality and promotion of dignity and respect underpin the need to expose dignity at work issues, and completion rates on these modules are regularly reviewed by the Senior Management Team.	Head of People and Change/ Council HR Service Manager	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		We have process in place to monitor that staff feel empowered to report any incident, which they feel resulted in them being treated in a discriminatory way. In addition to the above policies there is the whistle-blowing policy and an employee hotline number for NHS Scotland.	Head of People and Change/ Council HR Service Manager	Ongoing	Green
4.2	NHS staff have security of employment and no detriment through the organisational change policy, and Council staff have access to redeployment/ phased protection policy.	Redesign and change projects include appropriate arrangements for staff, eg migration plans, and staff and representatives are involved in discussions about savings and redesigns. This is currently done as part of the redesign approach.	Head of People and Change/ Council HR Service Manager	Ongoing	Green
4.3	Respective pay and terms and conditions for all NHS and Council Staff are applied fairly and equitably.	Ensure the consistent application of terms and conditions in place for Council and NHS staff respectively. All staff have access to the policies of both NHS and Council.	Head of People and Change/ Council HR Service Manager	Ongoing	Green

5. Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

	Activity	Evidence of Application	Leads	Timescale	Status
5.1	Appropriate occupational health and safety arrangements are in place as a means of improving the health and wellbeing of staff and minimising sickness absence. All staff have access to Occupational Health support and advice and the facility to self-refer.	Healthy Working Lives Gold Award sustained.	SPF Co-Chairs	Ongoing - annual renewal	Green
5.2	Resources, including time and funding, allocated appropriately to meet the health and safety strategy	All staff have access to Health and Safety Policies as these are reviewed and issued, and work is underway to develop regular training reports. The Health and Safety Committee meets regularly and has rep from all service areas, policies and reviews are routinely considered discussed by this group. The Health and Safety Committee have had a recent focus on violence and aggression and from the learning from serious incidents is disseminated for service awareness and learning. The Committee is also producing an Annual Report, aiming to present at the November IJB	Health & Safety Committee Co-Chairs	November 2019	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		and publish thereafter, to highlight the work of the Committee and the importance of ensuring the health and safety of all HSCP staff.			
5.3	NHS and Council workplaces should ensure that the personal health and safety of service users, patients and staff is paramount.	Risks reviewed and actions identified and implemented. Any risks not resolved are escalated to Risk Registers, which are regularly reviewed by the Senior Management Team. A process is in place, supported by Internal Audit.	SPF Co-Chairs	Ongoing	Green
		List of nominated fire officers available for each area. List has been agreed and is displayed at each site.	Senior Business Support Co-ordinator	Ongoing	Green
		Health & Safety incidents and RIDDOR reports reviewed at Health & Safety Committee. Reported quarterly to H & S Committee, and learning disseminated.	HSCP Health & Safety Committee		Green
		Health & Safety Assessments are Incorporated into all HSCP estates projects. On the Council side controlling contractor's policies are in place to evaluate all contractors working on behalf of the HSCP. Fire risk assessments and audits are undertaken by Health and Safety Adviser and Fire Officer for	Council and NHS Estates leads	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		HSCP. On the NHS side the Project Alert System (PA) is used for all Estates Projects, i.e. refurbishments and new builds.			
		Impact Assessment is incorporated into all service and staffing redesign projects. Risk assessments are undertaken by managers within each service area. Information and advice on how to complete the risk assessment is available on Staffnet and ICON. Risk assessments are undertaken by managers (Health and Safety management manual Holders/Deputies) within each service area. Information and advice on how to complete the risk assessment is available via the Health and Safety Staffnet page or by contacting the relevant Health and Safety Practitioner.	SMT	Ongoing	Green
5.4	National and local occupational health and safety strategies are implemented.	All staff have access to policies as they are agreed and implemented. Cascade system agreed at H & S, with each service area having a named rep who gathers issues to bring to the Committee as well as receives policies and distributes them on.	HSCP Health & Safety Committee	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
5.5	All areas have lone working safety arrangements in place.	All team managers. HSWs have phones with a duress assistance feature, while other workers have tracking phones. Review and risk assessment of usage of phones allocated to lone workers. Each Service Manager is provided with a monthly report detailing the lone working system usage rates of their staff.	HSCP Health & Safety Committee Line Mangers	Ongoing Monthly	Green Amber

6. Other Key Performance Indicators

	Activity	Evidence of Application	Leads	Timescale	Status
6.1	Staff turnover	Report available quarterly, to be submitted to SPF. All of these actions are combined into a single quarterly and annual WIAR report.	Head of People and Change/ Council HR Service Manager	Quarterly and Annually –	Green
	Number of disciplinary, grievance and dignity at work cases	WIAR report reported quarterly and available annually, to be submitted to SPF.	Head of People and Change		Green
	Sickness absence levels and reasons	Reports produced for the HSCP regularly for sharing with all staff as part of actions to achieve and sustain absence level targets, are submitted to SPF.	Senior Business Support Co-ordinator	Monthly	Green
	Analysis of absences including reasons for sickness absence, Work Life Balance and maternity leave (excl annual leave and PH's)	Report available annually, and submitted to SPF.	Senior Business Support Co-ordinator	Annually	Green
6.2	Patient/client complaints	Clinical and Care Governance Annual Report includes complaints information: • number; • response timescales; • Improvement Plans; • information and • compliments or expressions of being	Chief Nurse /CSWO.	Annually in August of each year	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		pleased with level or quality of service. This report is presented annually to IJB.			

iMatter: Staff Experience

Most Recent EEI Score:	80%
Most Recent Response Rate:	62%
Action planning to date:	85%*

***At 14/7/19**
81% at 12 weeks.

Achievements

Key Staff Governance achievements in the past 12 months

- Delayed discharge performance maintained and improved through the development of Home 1st.
- Compassionate Inverclyde received a COSLA excellence award, and International Centre for Integrated Care Best Innovation Award 2019.
- Retained Gold Award for Healthy Working Lives in 2019, jointly with Inverclyde Council.
- SVQ centre independently inspected by SQA – received “excellent” ratings.
- Visible leadership throughout organisation, improved through implementing SVQ centre independently inspected by SQA – received “excellent” ratings.
- 2018 iMatter plans.
- Aligned induction check lists to ensure newly appointed staff are given the opportunity to meet senior management team.
- Newly appointed staff must complete statutory and mandatory training within the first six weeks of appointment.
- Staff are given the opportunity to attend the IJB /extended management group meetings/SPF to improve their understanding of governance.
- Improvement in sickness levels in short term and long term sickness levels between calendar years 2017 and 2018 Short term average absence reduced from 2.41 to 2.10%. Long term reduced from 4.27 to 3.80%.
- Significant Progress in Learnpro statutory and mandatory module compliance. Over 90% in five modules and over 87% in three of the four remaining modules.
- Staff Awards continue to receive high-calibre applications
- Annual and Biennial reports on services that do not have statutory performance indicators to the IJB. This ensures that the contribution of all staff, regardless of service, is recognised.
- Recent recruitment fair to fill home care vacancies has been very successful.

Priority Areas

Our key challenges for 2019/20 include:

- The improvement of long term absence management against challenging levels in the first half of 2019.
- KSF/TURAS Compliance – Continued focus on improving compliance performance. Provide necessary encouragement and data to inform performance strengths and areas for improvement.
- Undertaking a number of redesign programmes simultaneously – importance of ensuring congruence between them.
- Ensuring staff side representatives have sufficient capacity to contribute to redesign programmes whilst maintaining their other commitments.
- Implementing the commitments of the Strategic Plan.
- The continuing challenge of recruitment and retention of staff, particularly at senior clinical level.
- Delivery of the seven point Home 1st action Plan.
- Implementing the recommendations from the Criminal Justice inspection.
- Requirement to improve DATIX recording, particularly in respect of Clinical Governance and Health & Safety

AGENDA ITEM NO: 17

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/62/2019/AS**
Contact Officer:	**Allen Stevenson** **Head of Service, Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**SCOTTISH GOVERNMENT REPORT ON OUT OF AREA PLACEMENTS AND DELAYED DISCHARGE FOR PEOPLE WITH LEARNING DISABILITIES AND COMPLEX NEEDS**	

1.0 PURPOSE

1.1 The purpose of this report is to advise members of the Integration Joint Board of Inverclyde HSCP's position in relation to the Scottish Government report "Coming Home - Out of Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs.

2.0 SUMMARY

2.1 The discharge of people with a learning disability or complex needs from hospital and their return from out of area placements is a complex issue involving challenging behaviour and commissioned services maintaining placements during behavioural crisis.

2.2 There are three main recommendations from the Coming Home report:

- Strengthening Community Services
- Developing Commissioning and service planning
- Workforce development in Positive Behavioural Support

2.3 The integrated Community Learning Disability Team working in partnership with commissioned support providers, supporting people with a complex learning disability has achieved zero delays within long stay Learning Disability in patient resources (July 2019).

2.4 Inverclyde HSCP has reduced its out of area placements from twenty two in 2014 to twelve in 2019. Three of Inverclyde's out of area placements are within the boundaries of NHS Greater Glasgow & Clyde. There are plans to continue to bring out of area service users back to the Inverclyde community where they wish to do so.

2.5 Inverclyde HSCP has zero out of Scotland placements as per the Scottish Government's National Strategy – Keys to Life.

3.0 RECOMMENDATIONS

The Integration Joint Board is asked to note that:

3.1 Inverclyde HSCP continues to reduce the historical placement of people with a learning disability outwith Inverclyde and the wider NHS Greater Glasgow & Clyde boundary with the number standing at twelve in July 2019.

3.2 Inverclyde HSCP has zero delayed patients in long stay/assessment learning disability beds

3.3 Inverclyde HSCP has no out of Scotland placements which is in line with Scottish Government recommendations.

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Scottish Government Strategy "Keys to Life" recognises that out of area placements and delayed discharge for people with complex support needs are not in the best interest of the individual, family/carers, where service users are placed into supported care settings that are out with their community or remain within an inpatient setting beyond the clinical requirement for them to be there.

4.2 The Coming Home report 2018 is a Scottish Government report on Out of Area Placements and Delayed Discharge for People with Learning Disability and complex needs. The two year project reviewed data from thirty one of the thirty two local authority areas to identify the number of people involved and also to suggest support solutions. The report also acknowledges that some out of area placements may be appropriate in terms of choice or Adult Protection issues.

4.3 Nationally the reasons for Out of Area Placements include:

- To prevent hospital admission 1%
- Specialist Services are available locally but have no capacity 5%
- Specialist Services not available locally 48%
- Family choice 25%
- Individual choice 3%
- Other 18%

4.4 The reason for hospital admission for learning disability are:

- Challenging Behaviour 48%
- Service Breakdown 9%
- Other 43%

4.5 Inverclyde HSCP Community Leaning Disability Services have worked in Partnership with both inpatients services and commissioned support providers to promote an ethos of an integrated approach to supporting service users to prevent where possible support breakdown, continuity of service support whist receiving inpatient care and supporting discharge back to community supports within agreed timescales. This has drastically reduced unnecessary inpatient stay within hospital.

4.6 Of the 677 adults known to Inverclyde HSCP, 463 adults receive some support from HSCP services Inverclyde HSCP Learning Disability Services continue to support people with a learning disability with placements within the Inverclyde community or within NHS Greater Glasgow & Clyde boundaries where a joint partnership approach is required. Services will only place out with Inverclyde where there is an identified support need that is not available or cannot be developed locally.

4.7 The integrated Community Learning Disability Team working in partnership with commissioned support providers, supporting people with a complex learning disability has achieved zero delays within long stay Learning Disability in patient resources (July 2019).

4.8 Inverclyde HSCP has reduced its out of area placements from twenty two in 2014 to twelve in 2019. Three of Inverclyde's out of area placements are within the boundaries of NHS Greater Glasgow & Clyde. There are plans to continue to bring out of area service users back to the Inverclyde community where they wish to do so.

4.9 Inverclyde HSCP has zero out of Scotland placements as per the Scottish Government's National Strategy – Keys for Life.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improve Access
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Improve Access
People with protected characteristics feel safe within their communities.	Improve Access

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.	Services within own community
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.	Improve Access
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	Improve Access
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improve Access
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved Health
Health and social care services contribute to reducing health inequalities.	Improved Health
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.	Improved Health
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.	Improved use of Resources

6.0 DIRECTIONS

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 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners, and a full programme of ongoing engagement and consultation with service users, carers, the public, staff and providers.

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde HSCP Adult Learning Disability Strategic Review 2016-2020.

https://www.inverclyde.gov.uk/meetings/.../08z%20Service%20Model%20-Draft.pdf

8.2 Coming Home - A Report on Out of Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs (2018).
https://www.gov.scot/publications/coming-home-complex-care-needs-out-area-placements-report-2018/pages/6/

AGENDA ITEM NO: 18

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 September 2019**
Report By:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/54/2019/LL**
Contact Officer:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 712722**
Subject:	**CHIEF OFFICER'S REPORT**	

1.0 PURPOSE

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

2.0 SUMMARY

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

3.0 RECOMMENDATIONS

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

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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

5.0 BUSINESS ITEMS

5.1 Strategic Plan Implementation

Further to the Strategic Plan 2019-24 approval in March of this year, we have been working closely with staff, service users and other stakeholders to develop implementation plans in respect of our 6 Big Actions. Your Voice has led on engaging with our local communities, and the implementation plans reflect the actions that need to be undertaken to deliver the Big Actions. The Strategic Planning Group is fully involved, and it is proposed that going forward, officers will submit full update reports to the SPG, and streamlined reports to the IJB on an exceptions basis. A development session will be held in October for the Board on the implementation plans.

5.2 Market Facilitation Plan

Work has begun on supporting services to commission in clusters that deliver similar outcomes. The commissioning plan encourages services to move away from commissioning in silos.

Additional legal capacity has been put in place to support the increased activity. Commissioning intentions fit with the Market Facilitation Plan which is currently being updated and will be presented to the IJB in the Autumn.

5.3 Localities – Working in Partnership

The Inverclyde Alliance Board and the HSCP have been developing 6 localities together. Events are being held across the months of August and September to encourage communities to engage and support changes in their local areas. The events have been supported by Your Voice, CVS, the Council, Police, Fire and Rescue and the Scottish Ambulance service.

5.4 Sandyford Update

Reports in September 2018 and May 2019 have been brought to the attention of the Inverclyde Integration Joint Board, detailing the proposal for an area-wide review of Sandyford Sexual Health Services. These have described the intended future direction of travel for the entire service, with a focus on the local implementation, which highlighted Inverclyde will be allocated a Tier 1 service, operating 2 days per week (9.00am to 7.30pm) in Greenock Health Centre. The full report and recommendations need to be considered by Glasgow IJB; if endorsed a follow-up report will be presented to the Inverclyde IJB. A fuller consultation is currently taking place before the proposal is considered by Glasgow IJB.

5.5 Social Worker – Grade H Posts

There has been ongoing difficulties recruiting and retaining social workers. A number of social workers are new and are now undertaking the full role of a social

worker. In response, Inverclyde Council has reviewed the starting salary and removed the yardstick so that all social workers are paid as an H Grade. Costs of this have been contained in the social worker budget.

6.0 IMPLICATIONS

FINANCE

6.1 **Financial Implications**:

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
Various	Employee Costs	August 2019	£88,000	N/A	£44,000 each of C&F employee costs and Health & Community

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	The Strategic Plan has a strong focus on tackling inequalities, and the implementation plans aim to identify tangible and measurable actions to ensure that the 6 Big Actions are delivered.
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.	The inclusive approach taken to develop the Strategic Plan has carried through to the development of the Implementation Plans, and delivery will be monitored closely by the SPG.
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

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

7.0 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 updated implementation plans will help us to identify areas that are progressing well, and areas that might need greater focus.
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 inclusive approach taken to develop the Strategic Plan has carried through to the development of the Implementation Plans, thus ensuring a voice for people with a disability or long-term condition.

People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above.
Health and social care services contribute to reducing health inequalities.	Our implementation plans have an underpinning ethos of 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.	The SPG has a range of participants, including a carers representative, to ensure that carers and other important participants are fully represented and supported by the implementation plans.
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.	Staff will have greater job satisfaction when dealing with appropriate levels of need, focused on delivering the 6 Big Actions.
Resources are used effectively in the provision of health and social care services.	As above.

8.0 DIRECTIONS

8.1

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	

9.0 CONSULTATION

9.1 There are no consultation requirements related to this report.

10.0 LIST OF BACKGROUND PAPERS

10.1 None.