INVERCLYDE HSCP Health and Social Care Partnership

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 5 March 2020

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 17 March 2020 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS ****Copy to follow**		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
Items for Action:		
2.	**Minute of Meeting of Inverclyde Integration Joint Board of 28 January 2020**	**p**
3.	**Rolling Action List**	**p**
4.	**Financial Monitoring Report 2019/20 – Period to 31 December 2019, Period 9** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
5.	**Scottish Index of Multiple Deprivation (SIMD) 2020** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
6. **	**2020/21 Budget** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
7.	**Inverclyde Integration Joint Board Audit Committee Membership** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8.	**Inverclyde Alcohol and Drug Recovery Development Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB There will also be a presentation on this item**	**p**
9.	**Hard Edges Scotland Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Continuing Care** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

11.	**Tailored Moving and Handling Solutions** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
<u>Items for Noting:</u>		
12.	**Inspection of Children's Residential Care Homes** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
13.	**Update on Significant Case Review** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
14.	**Non-Voting Membership of the Integration Joint Board – Change to Named Proxy** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
15.	**Minute of Meeting of IJB Audit Committee of 28 January 2020** **NB There will also be a verbal update by the Chair providing feedback on the IJB Audit Committee held earlier in the day**	**p**
16.	**Immunisations and Screening Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
17.	**ADRS CORRA Project – New Pathways for Service Users** 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**
19.	**GP Out-of-Hours** 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.		
20.	**IJB Risk Register** **Para 6** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership setting out the Risk Register as agreed by the IJB Audit Committee in January 2020	**p**
21.	**Review of Health & Social Care Out-of-Hours Services** **Para 1** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update in relation to the review of the Out of Hours District Nursing, Technology Enabled Care and Home Care Services	**p**
22.	**Inverclyde HSCP Alcohol and Drugs Service Redesign Workforce** **Para 1** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress of the Inverclyde HSCP review of Alcohol and Drugs Services and seeking approval to proceed with the workforce plan	**p**

23.	**Learning Disability Redesign – Preferred Site for New LD Community Hub** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the conclusion of site investigation work undertaken in relation to two potential sites, making recommendations in relation to a site and seeking support for the inclusion of funding for the new Hub within the 2020/23 Capital Programme	**Paras 6, 8 & 9**	**p**
24.	**Reporting by Exception – 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**
25.	**Social Care Case Management – Mini Competition** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the proposal to move forward with the replacement of the current Social Case Management Solution, SWIFT, and seeking approval in relation to a portion of the funding	**Para 1**	**p**

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

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

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

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

Inverclyde Integration Joint Board

Tuesday 28 January 2020 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Dr D Lyons, Mr A Cowan and Ms D McErlean, Dr H MacDonald, Dr D McCormick, Dr C Jones, Ms L Long, Ms S McAlees, Ms L Aird, Ms G Eardley, Ms D McCrone, Ms C Elliott, Ms C Boyd and Mr S McLachlan.

Chair: Councillor Clocherty presided.

In attendance: Head of Health & Community Care, Head of Mental Health, Addictions & Homelessness, Ms A Mailey (for Head of Strategy & Support Services), Ms D Maloney, Service Manager, Innovation & Independent Living, Ms E Cummings, Service Manager, Primary Care & Public Health and Inequalities, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

1 IJB Audit Committee - Feedback **1**

Prior to the commencement of the scheduled business, Alan Cowan, Chair of the IJB Audit Committee provided a brief feedback on the main issues discussed at the IJB Audit Committee earlier in the day. These were:

Internal Audit Progress Report

The overall control environment was satisfactory with two issues of significance:
(a) Delivery of the IJB directions policy, with the expected date still to be advised pending receipt of Scottish Government guidance; and
(b) Integration Scheme governance, with one amber issue identified in relation to hosted services.

IJB Strategic Risk Register

The following issues were reported:
(a) The Risk Register had last been reviewed by HSCP senior management in December 2019;
(b) The highest scoring risks were financial sustainability and workforce sustainability, both with scores of 12 and the mitigating actions were noted;
(c) The HSCP Operational Risk Register had a high/red risk in respect of the Mental Health Medical Workforce and officers had been asked to reflect this potential strategic risk within the IJB Strategic Risk Register;
(d) The Committee had agreed a tolerance level of 9 and above for mid-year reporting of risks within the Register; and
(e) Agreement had been given for a half day development session for the IJB Audit Committee at the end of April/May with all members of the IJB being invited to attend.

External Audit – Proposed Audit Fee 2019/20

The Committee had delegated authority to the Chief Officer to accept the final fee proposal on its behalf.

Enabling Digital Government – Audit Scotland

The Committee had noted the Audit Scotland report 'Enabling Digital Government' and Inverclyde HSCP's proposed response to it.

2 Apologies, Substitutions and Declarations of Interest 2

No apologies for absence or declarations of interest were intimated.

3 Chief Social Work Officer Annual Report 2018/19 3

There was submitted a report by the Chief Social Work Officer for Inverclyde Council on the content of the Inverclyde Chief Social Work Officer (CSWO) report for 2018/19 which was appended to the report.
The Board heard a presentation by Sharon McAlees, Chief Social Work Officer, who answered a number of questions from members.
Decided: that the content of the Inverclyde Chief Social Work Officer (CSWO) report for 2018/19 be noted.

4 Transformational Change Programme - Sexual Health Services Implementation Plan (Update) 4

There was submitted a report by the Head of Adult Services (Sexual Health, Prison and Police Custody Health Care) on the service changes and implications for Inverclyde of the Transformational Change Programme for Sexual Health Services.
Rhoda MacLeod, Head of Adult Health Services, and Jennifer Schofield, Service Manager, Sandyford were present and Ms MacLeod spoke in relation to the proposals for the new service model contained in the report and then answered a number of questions from members.
(Dr Lyons left the meeting during consideration of this item of business).
Decided: that the proposed timescale for implementation of the service changes contained in the report as part of the new service model be noted.

Dr Lyons returned to the meeting at this juncture.

5 Minute of Meeting of Inverclyde Integration Joint Board of 4 November 2019 5

There was submitted the minute of the Inverclyde Integration Joint Board of 4 November 2019.
Decided: that the minute be agreed.

6 Rolling Action List 6

There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.
Decided: that the rolling action list be noted.

7 Financial Monitoring Report 2018/19 – Period to 31 October 2019, Period 7 7

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

October 2019.
The HSCP Chief Financial Officer provided the Board with a verbal update in relation to the Period 9 information available to date as follows:

Health

- Pressures remained around Mental Health inpatients and there was continued uncertainty around prescribing.
- There were delays in filling vacancies across a number of services and some slippage in the commissioning of new external services had led to a projected £1.5m underspend for 2019/20.
- £423,000 of this £1.5m underspend related to Scottish Government funded projects (Action 15, ADP and PCIP) and would require to be carried forward in specific Earmarked Reserves at the year-end.
- The remaining £1.1m related to a number of services

Proposed Allocation of Anticipated Health Underspend

The proposed allocation of the anticipated Health underspend was as follows:
- Retain the £423,000 relating to Scottish Government projects in the specific Earmarked Reserves.
- Fund the additional Mental Health 2019/20 pressures, outlined in the Mental Health Services Inverclyde report to be considered later in the agenda, from the underspend rather than from the Mental Health Transformation Fund. It was estimated that this would be around £100,000 - £200,000 depending on how quickly recruitment to posts could take place.
- Allocate £300,000 to the Mental Health Transformation Fund to support this ongoing initiative and also ensure the availability of the funding for a five year Mental Health Action Plan activity.
- Allocate £300,000 to a Prescribing Reserve to provide a smoothing reserve for prescribing for future years, with any final underspend in prescribing in 2019/20 being added to this reserve.
- Allocate £200,000 to the contribution to the Partner Capital Projects Reserve to cover any additional one-off costs for the new Health Centre.
- Allocate the balance of approximately £100,000 - £200,000 to the Transformation Fund.

Social Care – Period 9

While the Period 9 Social Care report was still being finalised, high level summary information indicated an anticipated reduction in spend from Period 7.

2019/20 Annual Financial Statement

The Period 9 figures indicated that the projected net use of reserves would reduce to around £0.717m for 2019/20.

Ms Aird confirmed that the above information would be incorporated into the Financial Monitoring Report to be submitted to the next meeting of the Board.
Decided:
(1) that the current Period 9 forecast position for 2019/20 and the Period 7 detailed report contained in Appendices 1 to 3 be noted;

(2) that approval be given to the proposed budget realignments and virement as set out in Appendix 4 and that officers be authorised to issue revised directions to the Council and/or Health Board, as required, on the basis of the revised figures set out in Appendix 5;
(3) that approval be given to the planned use of the Transformation Fund set out in Appendix 6;
(4) that the planned use of the Integrated Care Fund and Delayed Discharge monies set out in Appendix 7 be noted;
(5) that the current Capital position set out in Appendix 8 be noted;
(6) that the current Earmarked and Unearmarked Reserves position set out in Appendix 9 be noted; and
(7) that the Board be advised of any provision within the Integration Scheme in relation to the use of underspends.

8 Criminal Justice Social Work Inspection 8

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership informing the Board of the very positive outcome of the recent inspection of Criminal Justice Social Work which indicated a high-performing service.
Decided:
(1) that the content of the report, including the requirement to develop an improvement action plan, be noted;
(2) that a further update on the improvement action plan be submitted to the Board; and
(3) that the Board's congratulations be extended to all those involved in the service provision.

9 Locality Planning – Progress Report 9

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made in the establishment and development of the HSCP Locality Planning Groups (LPGs) in line with legislation and Scottish Government statutory guidance and which aligned with and supported Inverclyde Alliance's requirements for locality planning with a focus on inequalities.
(Dr McCormick left the meeting during consideration of this item of business).
Decided:
(1) that the ongoing work to establish and develop the six Locality Planning Groups (LPGs) be noted;
(2) that approval be given to the allocation of £60,000 to support locality workers in supporting training and the administration of localities;
(3) that approval be given to the non-recurring allocation of £9,000 to support LPGs and their respective Communications and Engagement Groups for their first year, after which this be reviewed and further recommendations made; and
(4) that the joint plans commissioned by the Alliance Board and the IJB be noted and that approval be given to the direction of travel as set out in the report.

10 Standard Operating Procedure on Reporting Progress in Implementing the Commitments of the Strategic Plan 10

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the standard operating procedure on reporting

progress in implementing the commitments of the Strategic Plan.
Decided: that approval be given to the standard operating procedure on reporting progress in implementing the commitments of the Strategic Plan as detailed in the report and appendix.

Mr Cowan left the meeting at this juncture.

11 Inverclyde Rights of the Child Award (IROC Award) and Children's Rights Duty to Report 2020 11

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the launch and roll-out of the co-designed Inverclyde Rights of the Child Award and plans for the 2020 duty to report on the embedding and progression of children's rights under the Children and Young People (Scotland) Act 2014.
(Dr McCormick and Mr Cowan returned to the meeting and Ms Boyd left the meeting during consideration of this item of business).
Decided:
(1) that that it be agreed to note and approve the plan to implement an Inverclyde Rights of the Child Award in line with Big Action 6 of the HSCP Strategic Plan; and
(2) that the Integration Joint Board seek accreditation in relation to the award.

12 Living Well 12

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the emergent thinking around maximising service user/patient independence in Inverclyde, with a particular focus on helping citizens in Inverclyde to live well for longer.
(Ms Boyd returned to the meeting and Councillor Quinn left the meeting during consideration of this item of business).
Decided:
(1) that it be agreed to give further consideration to the emergent model which supported maximum levels for self-management and independence;
(2) that it be noted that a report would be submitted to the March meeting of the Board setting out proposals to progress the model following engagement with the South Clyde HSCPs, including the potential resources required, with a view to working together to progress the aspirations as set out in the report.

Dr Jones left the meeting at this juncture.

13 Review of Inverclyde HSCP Alcohol and Drug Services – Progress Update 13

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress of the Inverclyde HSCP Review of Alcohol and Drug Services.
(Mr McLachlan left the meeting and Dr Jones returned to the meeting during consideration of this item of business).
Decided:
(1) that the progress of, and actions being taken by, the Alcohol and Drug Partnership to support the new approach to alcohol and drugs in Inverclyde be noted; and
(2) that it be agreed that a further report be submitted once the implementation of the

integrated service had progressed.

14 Integration Scheme Review Timeline 14

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the timeline for the review of Inverclyde's Health and Social Care Integration Scheme.
Decided: that the work to date and the proposed timeline for completion of the review be noted.

15 Update from Transformation Fund 15

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress to date in relation to the transformational change across the Health and Social Care Partnership and how the Transformation Board had helped steer the work to date through Transformation Fund investment.
Decided: that it be agreed to note the progress to date, the returns on investment through the Transformation Fund and the transformational change linked to the effective delivery of the Strategic Plan and its 6 Big Actions.

16 Social Prescribing Report October 2019 16

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the range of social prescribing activity in Inverclyde.
Decided: that the report be noted.

17 Chief Officer's Report 17

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of activities undertaken across the Inverclyde HSCP.
Decided: that the report be noted.

18 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 10 September 2019 18

There was submitted the minute of the Inverclyde Integration Joint Board Audit Committee of 10 September 2019.
Decided: that the minute be noted.

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

Item	**Paragraph(s)**
Reporting by Exception – Governance of HSCP Commissioned External Organisations	**6 & 9**
Mental Health Services - Inverclyde	**1**

19 Reporting by Exception – Governance of HSCP Commissioned External Organisations 19

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.
Decided:
(1) that the governance report for the period 21 September to 22 November 2019 be noted; and
(2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poorly performing services guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

20 Mental Health Services - Inverclyde 20

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) on the current arrangements in place in relation to Mental Health Services in Inverclyde and the plans linked to the Health Board's 5 year Mental Health Strategy and the Greater Glasgow & Clyde-wide Action 15 works, (2) providing an overview of the wider range of work being undertaken and (3) seeking approval to progress the proposed actions and associated investment to support the delivery of local services.
Decided:
(1) that the current position and actions being taken be noted; and
(2) that approval be given to the proposed actions and funding from the Inverclyde Mental Health Transformation Fund.

21 Ms Deborah Gillespie 21

At the conclusion of the meeting, the Chair referred to the forthcoming retiral of Ms Deborah Gillespie, Head of Mental Health, Addictions & Homelessness.
On behalf of the Board, he presented Ms Gillespie with a bouquet of flowers and paid tribute to her many years of service which, he indicated, had made a significant difference to the lives and wellbeing of many people in Inverclyde. The Board members extended their best wishes to Ms Gillespie for a long and happy retirement.

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	March 2020	Report delayed to November/December IJB	Update in Chief Officer's Report
11 September 2018 (Para 55(3))	Sandyford Sexual Health Services – Update on Direction of Travel	Helen Watson	March 2019	Once agreed by Glasgow IJB	Complete
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. Complete	Complete
14 May 2019 (Para 36(2))	Progress of test of change within 'New Pathways for Service Users' Project	Deborah Gillespie	January 2020	CORRA Project recruited post however too early to report	Complete
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	March 2020 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 in June	June 2020 IJB
24 June 2019 (Para 63(5))	Locality Planning Groups – Progress Report (Early 2020)	Helen Watson	January 2019	Update report	Complete
10 September 2019 (Para 73(2))	Alcohol and Drug Services – Progress of Integrated Service	Sharon McAlees	March 2020	Update report	Complete

AGENDA ITEM NO. 3

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
10 September 2019 (Para 75(2))	Criminal Justice Social Work Inspection – Further report following publication of Inspection Report	Sharon McAlees	January 2020	Report on findings of inspection report once released	Complete January 2020
10 September 2019 (Para 76(3))	Technology Enabled Care (TEC) – Further report on conclusion of feedback from National Workstreams	Allen Stevenson	June 2020	Update Report	
4 November 2019 Para 91(4)	Use of Transformation Fund in Previous Year and Impact of Funding	Helen Watson	June 2020	Evaluation report on test of change	Complete
4 November 2019 Para 94(5)	Mental Health Strategy – Outcome of Peer Recovery Model	Deborah Gillespie	September 2020	Progress on pilot	
4 November 2019 Para 95(2)	Out-of-Hours Services Review – Update Report	Helen Watson	March 2020	Report on agenda March	Complete
4 November 2019 Para 98(2)	Implementation of Primary Care Improvement Plan Update (May 2020)	Allen Stevenson	May 2020	Update report	
28 January 2020 Para 8(2)	Criminal Justice Social Work Inspection – Update on Improvement Action Plan	Sharon McAlees	May 2020	Update report	
28 January 2020 Para 9(3)	Review of Support to Locality Planning Groups (after first year)	Helen Watson	January 2021	Review report	
28 January 2020 Para 12(2)	Living Well – Proposals to Progress Model	Allen Stevenson	June 2020	Update report	
28 January 2020 Para 13(2)	Review of HSCP Alcohol & Drug Services – Further report following implementation of Integrated Service	Sharon McAlees	March 2020	Report on agenda March	Complete

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/20/2020/LA**
Contact Officer:	**Lesley Aird** **Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**FINANCIAL MONITORING REPORT 2019/20 – PERIOD TO 31 DECEMBER 2019, PERIOD 9**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 9 to 31 December 2019.

2.0 SUMMARY

2.1 The detailed report outlines the financial position at Period 9 to the end of October 2019. The current year-end operating projection for the Partnership is a projected overspend of £0.065m, after a number of transfers to/from Earmarked Reserves (EMR). The projected overspend has decreased by £0.163m since the last report. The IJB is expected to utilise a net £0.037m 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 underspends. Anticipated use of reserves has decreased by £2.597m since the last report. A verbal update on any significant changes to the current forecast position as at Period 11 to 29 February will be provided at the meeting.

2.2 At Period 9 there is a projected overspend of £0.065m on Social Care Services after the transfer to EMR. The main elements of the overspend are detailed within this report and attached appendices.

2.3 Health services are currently projected to outturn in line with the revised budget after transfers to EMR.

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 underspend 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 £0.693m.

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 Unearmarked Reserves, giving a total Reserve of £7.281. The projected year-end position is a carry forward of £7.244m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 11 forecast position for 2019/20 and Period 9 detailed report contained in Appendices 1-3;
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
3. 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), and
6. Notes the current Earmarked and Unearmarked Reserves position (Appendix 9);

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

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

4.2 The IJB Budget for 2019/20 was set on 24 June 2019. The table below summarises the agreed budget and funding together with the projected operating outturn to the yearend:

	Revised Budget 2019/20 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	66,584	66,649	65
Health Services	73,179	73,179	0
Set Aside	16,857	16,857	0
HSCP NET EXPENDITURE	**156,620**	**156,685**	**65**
FUNDED BY			
Transfer from / (to) Reserves	(855)	(790)	65
NHS Contribution to the IJB	106,698	106,698	0
Council Contribution to the IJB	50,777	50,777	0
HSCP FUNDING	**156,620**	**156,685**	**65**
Planned Use of Reserves	28	(37)	
Annual Accounts CIES Position	**28**	**(37)**	**0**

4.3 Updated Finance Position and Forecasting to Year-end

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 are 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 is provided as part of the monitoring report presentation from the P7 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 31 December is a £0.065m overspend.

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 projection. The main variances are detailed below with further detail provided in Appendix 2A. As at Period 9, there is a projected overspend of £0.065m, after the use of £0.510m of smoothing reserves, the approved transfer of £0.398m to the Learning Disability Hub earmarked reserve and the transfer of £0.195m to a new EMR for the Tier 2 School Counselling Project. The main elements of the overspend are:

- Additional turnover savings being projected across services £0.530m.
- £0.072m projected underspend resulting from the partial implementation of Ethical Care within Homecare.
- £0.077m projected underspend within external homecare mainly due to a decrease in client hours/packages due to deaths and transfers to other areas. The decrease in spend is partially offset by an increase in Homecare staffing costs.
- £0.053m projected underspend within Day Care client commitments.
- £0.051m projected underspend within Alcohol and Drug Recovery service client commitments due to a reduction in service provision.
- One-off £0.190m projected underspend against Free Personal Care for under 65s.

In the main offset by:

- Within Learning Disabilities a projected overspend of £0.263m due to increase in packages, package reviews and new service provisions.
- As reported at Period 7, a £0.063m projected under-recovery of income from other local authorities within Learning Disabilities. This is consistent with current levels of income and last year's out-turn.
- A projected overspend of £0.090m on agency workers within Mental Health due to an increased pressure on meeting service demands resulting from staff vacancies and difficulty in recruiting.
- A projected overspend of £0.282m within Criminal Justice due to the client package costs shared between Criminal Justice and Learning Disabilities.
- Respite, Direct Payments and Additional Hours are projected to overspend by £0.148m, mainly due to respite beds previously being shown to be funded from the Transformation Fund now being funded from core budgets.
- Projected overspends of £0.044m and £0.048m against the Pay and Grading model allowance and the costs recharged from Health respectively.

6.0 HEALTH SERVICES

6.1 The projected outturn for health services at 31 December is in line with the revised budget. The projection includes planned offsetting variances against individual service lines to cover the Mental Health inpatient pressures. Within these figures is an assumed £1.986m transferred to Earmarked Reserves. This was highlighted during the verbal update at the January meeting and is detailed in Appendix 3a summarised as follows:

- Delays in filling vacancies in a number of services - £0.797m
- Slippage on planned spend against Scottish Government projects - £0.422m
- Anticipated underspend on Prescribing - £0.6m
- Premises-related cost underspend £0.167m, £0.089m of which relates to new GP Premises monies received in-year but not yet spent and the remainder relates to planned premises underspends linked to future running costs for the new Greenock Health Centre

6.2 The total budget pressure for Health has been 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 9, the projected year-end overspend on Mental Health Inpatients is £0.516m. This is being funded non recurringly by planned underspends in the following areas:

- Mental Health Communities £0.173m – delays in filling vacancies
- Management and Admin £0.343m - £0.293k relates to a saving agreed and implemented for 2019/20 but not required in-year after the Health uplift was increased. The remainder relates to delays in filling vacancies.

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

6.6 Prescribing
This is currently projected as in line with budget. Based on latest advice from the prescribing teams it is anticipated that there may be an underspend at the year-end of between £0.4m-£0.7m; this report reflects an anticipated £0.6m being transferred to IJB reserves, as detailed in Appendix 3a. The prescribing position is 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 experiences in-year pressure due to increased premiums paid for drugs that are 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. Linked to this it is proposed to allocate £0.300m of the anticipated in year Prescribing underspend to a Prescribing Smoothing Reserve.

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. Further updates will be brought to the IJB as available.

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these

proposed budget changes. The updated Directions linked to these budget changes are shown in Appendix 5. These require both the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

8.0 TRANSFORMATION FUND, INTEGRATED CARE FUND & DELAYED DISCHARGE

8.1 Transformation Fund

At the beginning of this financial year, the balance on the Transformation Fund was £2.505m. Spend against the plan is done on a bids basis through the Transformation Board, which is then later ratified by the IJB. Appendix 6 details the current agreed commitments against the fund. At Period 9 there is £1.729m committed and £0.775m still available from the fund. Proposals with a total value in excess of £0.100m require the prior approval of the IJB.

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

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

9.0 CURRENT CAPITAL POSITION - Nil Variance

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

- £0.995m for the replacement of Crosshill Children's Home,
- £0.070m for the upgrade of the equipment store in the Inverclyde Centre for Independent Living,
- £0.028m for projects complete on site.

No slippage is currently being reported. Expenditure on all capital projects to 31 December 2019 is £0.693m (63.4% of projection). Appendix 8 details capital budgets.

9.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- 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.
- Timber kit and roof structure are complete.
- Roof works complete and building wind and watertight.
- External render in progress but delayed due to inclement weather.
- Internal partitions complete.
- Underfloor heating installation complete and floors screeded.
- Electrical and plumbing installation partially complete.
- Internal fit out of fitted furniture in progress.
- Contractor's site compound has been reduced and external landscaping works had commenced.
- The Contractor had intimated further delays which were subject to dispute.
- The Contractor had also been instructed to alter part of the works to convert the study room to a seventh bedroom.

The original Contract Period was 39 calendar weeks with completion in July 2019. However as previously reported, the delays above have impacted on the completion date.

The Board is requested to note that the Main Contractor (J.B. Bennett) are now in

administration with work having ceased on site on 25th February. The site has been secured with arrangements made to address temporary works to protect the substantially completed building. Completion of the project is subject to formal contact from the Administrators but may involve a separate completion works contract. It should also be noted that this will likely result in a delay of a number of months to progress the necessary re-tender exercise for any completion contract.

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.

- The store has been decanted.
- Initial asbestos removal has been completed.
- The roof replacement over the warehouse has been completed however the roof over the offices has been delayed as the Contractor has failed to submit a satisfactory method statement confirming a safe method of working.
- Meanwhile, the Contamination Unit is almost complete with the Contractor intimating this by mid-February. We propose to return the Joint Equipment Store facility to the premises thereafter subject to the Contractor's agreement that this will not compromise the work to the remainder of the roof.
- Works commenced early October with completion expected late December however slow progress on site and the poor performance of the Contractor suggests that the completion will be March 2020.

Officers await a revised programme and confirmation of the revised completion date.

10.0 RESERVES

10.1 Reserves Funds are established as part of good financial management. CIPFA recommend that unallocated reserves balances should be between 2 and 4% of revenue expenditure. In Inverclyde our forecast reserves at the yearend are:

- unallocated reserves £1.010m, 0.7% of budgeted revenue expenditure.
- smoothing reserves £0.836m, together with our unallocated reserves represent 1.3% of our revenue expenditure, still below the CIPFA recommended 2-4%.

10.2 The IJB holds a number of Earmarked and Un-Earmarked Reserves; these are managed in line with the IJB Reserves Policy. 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. To date at Period 9, £3.909m of new reserves are expected in-year, £2.412m has been spent, projected carry forward at the year-end is £7.244m (£6.299m Earmarked, £1.010m General). 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 - monies held as a contingency against one-off pressures in the IJBs more volatile budgets eg Children & Families Residential

Un-Earmarked Reserves

- General

10.3 The movement in anticipated Reserves at the year end from the last report is £2.597m. This is made up as follows:

- £1.986m Health projected underspend due to delays in filling vacancies, decrease in

projected Prescribing outturn, slippage on government funded initiatives – as detailed in 6.1 above and Appendix 3a

- £0.195m to carry forward the new Tier 2 school counselling monies
- £0.200m reduction in anticipated spend on the Transformation Fund by 31st March
- £0.216m reduction in anticipated Social Care underspend and use of Smoothing Reserves

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 on 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 9, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 9.

12.0 DIRECTIONS

12.1

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

13.0 IMPLICATIONS

FINANCE

13.1 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 9: 1 April 2019 - 31 December 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	53,052	52,761	(291)	-0.5%
Property Costs	1,121	1,090	1,067	(23)	-2.1%
Supplies & Services	49,521	50,177	51,032	855	1.7%
Family Health Services	24,617	26,655	26,655	0	0.0%
Prescribing	18,054	17,827	17,827	0	0.0%
Transfer from / (to) Reserves	0	(2,841)	(2,841)	0	0.0%
Income	(5,426)	(6,197)	(6,673)	(476)	7.7%
HSCP NET DIRECT EXPENDITURE	**137,151**	**139,763**	**139,828**	**65**	**6.7%**
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	**154,008**	**156,620**	**156,685**	**65**	**0.0%**

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	2,006	1,951	(55)	-2.7%
Older Persons	28,267	28,619	28,497	(122)	-0.4%
Learning Disabilities	11,510	11,845	12,043	198	1.7%
Mental Health - Communities	6,541	6,793	6,692	(101)	-1.5%
Mental Health - Inpatient Services	8,400	9,186	9,702	516	5.6%
Children & Families	12,774	13,831	14,026	195	1.4%
Physical & Sensory	2,828	2,889	2,878	(11)	-0.4%
Alcohol & Drug Recovery Service	3,324	3,088	2,872	(216)	-7.0%
Assessment & Care Management / Health & Community Care	7,583	9,260	9,223	(37)	-0.4%
Support / Management / Admin	5,769	6,089	5,496	(593)	-9.7%
Criminal Justice / Prison Service **	0	20	282	262	0.0%
Homelessness	743	1,078	1,107	29	2.7%
Family Health Services	24,618	26,283	26,283	0	0.0%
Prescribing	18,262	17,732	17,732	0	0.0%
Change Fund	1,228	1,044	1,044	0	0.0%
Unallocated Funds	3,167	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	**137,151**	**139,763**	**139,828**	**65**	**0.0%**
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	**154,008**	**156,620**	**156,685**	**65**	**0.0%**
FUNDED BY					
NHS Contribution to the IJB	86,534	89,841	89,841	0	0.0%
NHS Contribution for Set Aside	16,857	16,857	16,857	0	0.0%
Council Contribution to the IJB	50,617	50,777	50,777	0	0.0%
Transfer from / (to) Reserves	0	(855)	(790)	65	0.0%
HSCP NET INCOME	**154,008**	**156,620**	**156,685**	**65**	**0.0%**
HSCP OPERATING SURPLUS/(DEFICIT)	**0**	**0**	**0**	**0**	**-0.0%**
Anticipated movement in reserves ***	(1,747)	28	(37)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	**(1,747)**	**28**	**(37)**		

** 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 9: 1 April 2019 - 31 December 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	28,400	27,870	(530)	-1.9%
1,028	Property costs	1,115	1,085	1,062	(23)	-2.1%
1,185	Supplies and Services	912	1,019	1,030	11	1.1%
411	Transport and Plant	381	377	407	30	8.0%
799	Administration Costs	783	766	761	(5)	-0.7%
39,552	Payments to Other Bodies	41,117	40,522	41,580	1,058	2.6%
(16,765)	Resource Transfer	(16,751)	(16,662)	(16,662)	0	0.0%
(5,980)	Income	(5,382)	(4,730)	(5,206)	(476)	10.1%
	Transfer to Earmarked Reserves	0	(855)	(855)	0	0.0%
47,112	**SOCIAL CARE NET EXPENDITURE**	**50,617**	**49,922**	**49,987**	**65**	**0.1%**

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	1,625	1,570	(55)	-3.4%
27,154	Older Persons	28,267	28,619	28,497	(122)	-0.4%
11,054	Learning Disabilities	11,049	11,325	11,523	198	1.7%
3,740	Mental Health	3,539	3,627	3,699	72	2.0%
10,079	Children & Families	9,837	10,502	10,697	195	1.9%
2,921	Physical & Sensory	2,828	2,889	2,878	(11)	-0.4%
1,759	Alcohol & Drug Recovery Service	1,772	1,788	1,572	(216)	-12.1%
2,507	Business Support	3,087	2,694	2,444	(250)	-9.3%
2,101	Assessment & Care Management	2,123	2,417	2,380	(37)	-1.5%
(32)	Criminal Justice / Scottish Prison Service	0	20	282	262	0.0%
(16,764)	Resource Transfer	(16,751)	(16,662)	(16,662)	0	0.0%
0	Unallocated Funds	2,424	0	0	0	0.0%
791	Homelessness	743	1,078	1,107	29	2.7%
47,112	**SOCIAL CARE NET EXPENDITURE**	**50,617**	**49,922**	**49,987**	**65**	**0.1%**

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**	**50,777**	**50,777**	**0**	**0.0%**
(2,541)	**Transfer from / (to) Reserves**	**0**	**(855)**	**(855)**	**0**	

APPENDIX 2A

SOCIAL CARE
PERIOD 9: 1 April 2019 - 31 December 2019

Extract from report to the Health & Social Care Committee

Children & Families: £195,000 overspend (1.82%)
The projected overspend is £43,000 more than reported at period 7 and is largely due to:
- a £195,000 projected overspend on employee costs, up £49,000 from the position reported at period 7 and is mainly due to vacant posts filled earlier than anticipated along with projected increase in allowances, holiday pay and increments. 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.
- A full underspend of £195,000 against the additional budget allocated by the Scottish Government for the Tier 2 Counsellors through Schools, which we are recommending to IJB that they are earmark for spend in 2020/21, leaving a net nil position on the projected outturn.

Any over/ underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred to the respective earmarked reserve at the end of the year. The balance on the two reserves as at 1 April 2019 is £1,407,000. At period 9 there is a projected net overspend of £422,000 on children's external residential accommodation, adoption, fostering and kinship and continuing care, which will be funded by the earmarked reserves and is thus not included in the projected overall overspend.

Criminal Justice: Projected £262,000 (14.23%) overspend
The position is £55,000 less than that reported at period 7, mainly due to a reduction in the rates for the client package costs shared with Learning Disabilities.

Older People: Projected £122,000 (0.48%) underspend
The projected underspend is £43,000 more than reported at period 7 and comprises:
- A projected £27,000 underspend on employee costs. The underspend has decreased by £75,000 from the position reported at period 7 and is mainly within Homecare services due to increased sessional and overtime costs.
- A £77,000 projected underspend within external homecare, a decrease in spend of £124,000 since period 7 mainly due to a decrease in client hours/packages due to deaths and transfers to other areas combined with a reduction in new packages. The decrease in spend is partially offset by an increase in Homecare staffing costs.
- A £72,000 projected underspend within Ethical Care a further decrease in spend of £24k since period 7.

- Residential and Nursing net bed costs projected to out-turn online with budget which is £54,000 less than reported to Committee in period 7 due to a revision of financial assessments and a reclassification of four clients from Social Work Funding to Free Personal Care.

- Respite, Direct Payments and Additional Hours are projected to overspend by £148,000, an increase in spend of £102,000 since period 7 mainly due to respite beds previously miscoded to the Transformation Fund earmarked reserve for Winter Planning now correctly coded to core budgets.

Any over / underspends on residential & nursing accommodation are transferred to the earmarked reserve at the end of the year. The balance on the residential & nursing accommodation reserve is £226,000 as at 1 April 2019, with £700,000 also available in the IJB free reserves, At period 9 there is a net projected overspend of £86,000 (a reduction in spend of £140,000 since period 7), which would be funded from the earmarked reserves at the end of the year if it continues and is not included in the projected overall overspend.

Learning Disabilities: Projected £198,000 (2.54%) overspend
The projected spend is £91,000 higher than the position reported at period 7 and mainly comprises an increase of £73,000 in the projected overspend on client commitments due to increase in packages, package reviews and new service provision.

Physical & Sensory: Projected £11,000 (0.45%) underspend
The projected underspend is £60,000 less than reported at period 7 and mainly comprises a decrease of £50,000 in the projected overspend on client commitments due to one-off credits received for costs relating to 2018/19.

Assessment & Care Management: Projected £37,000 (1.70%) underspend
The projected spend has reduced by £28,000 since period 7 primarily due to a £33,000 reduction in spend projected for respite.

Mental Health: Projected £72,000 (5.11%) overspend
The projected spend has decreased by £25,000 from the position reported at period 7 and comprises a reduction of £30,000 in the overspend on agency workers from the position reported at period 7.

Alcohol and Drugs Recovery Service: Projected £216,000 (22.27%) underspend
The projected underspend has increased by £42,000 from the position reported at period 7 and comprises a decrease of £40,000 in the projected overspend on client commitments due to a reduction in service provision.

Homelessness Service: Projected £29,000 (2.69%) overspend
There has been a minor increase in spend of £3,000 from the position reported at period 7.

Strategy and Support Services: Projected £55,000 (3.38%) underspend
The projected underspend has increased by £28,000 since the period 7 report to Committee and is mainly due to an £18,000 increase in the projected underspend within employee costs as a result of a delay in filling vacant posts.

Business Support: Projected £250,000 (8.40%) underspend

The projected underspend has increased by £19,000 since the period 7 report to Committee and is mainly due to a reduction in spend of £20,000 for the cost of a Third Sector Integration Partner.

APPENDIX 3

HEALTH

REVENUE BUDGET PROJECTED POSITION 2018/19

PERIOD 9: 1 April 2019 - 31 December 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	24,652	24,891	239	1.0%
20	Property	5	5	5	0	0.0%
5,815	Supplies & Services	5,586	7,493	7,254	(239)	-3.2%
25,547	Family Health Services (net)	24,617	26,655	26,655	0	0.0%
18,394	Prescribing (net)	18,054	17,827	17,827	0	0.0%
16,764	Resource Transfer	16,751	16,662	16,662	0	0.0%
	Unallocated Funds/(Savings)	743	0	0	0	0.0%
(1,171)	Income	(44)	(1,467)	(1,467)	0	0.0%
	Transfer to Earmarked Reserves	0	(1,986)	(1,986)	0	0.0%
87,444	**HEALTH NET DIRECT EXPENDITURE**	**86,534**	**89,841**	**89,841**	**0**	**0.0%**
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	**HEALTH NET DIRECT EXPENDITURE**	**103,391**	**106,698**	**106,698**	**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	3,329	3,329	0	0.0%
6,081	Health & Community Care	5,460	6,843	6,843	0	0.0%
2,118	Management & Admin	2,682	3,395	3,052	(343)	-10.1%
480	Learning Disabilities	461	520	520	0	0.0%
1,537	Alcohol & Drug Recovery Service	1,552	1,300	1,300	0	0.0%
2,972	Mental Health - Communities	3,002	3,166	2,993	(173)	-5.5%
8,729	Mental Health - Inpatient Services	8,400	9,186	9,702	516	5.6%
499	Strategy & Support Services	438	381	381	0	0.0%
1,133	Change Fund	1,228	1,044	1,044	0	0.0%
25,547	Family Health Services	24,618	26,283	26,283	0	0.0%
18,591	Prescribing	18,262	17,732	17,732	0	0.0%
0	Unallocated Funds/(Savings)	743	0	0	0	0.0%
16,764	Resource Transfer	16,751	16,662	16,662	0	0.0%
87,444	**HEALTH NET DIRECT EXPENDITURE**	**86,534**	**89,841**	**89,841**	**0**	**0.0%**
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	**HEALTH NET DIRECT EXPENDITURE**	**103,391**	**106,698**	**106,698**	**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**	**106,698**	**106,698**	**0**	**0.0%**

APPENDIX 3a

HEALTH

REVENUE BUDGET PROJECTED POSITION 2018/19

PERIOD 9: 1 April 2019 - 31 December 2019

Significant Projected Variances	Over/ (Underspend) £000	Notes
MH Adult Inpatients	516	Overspend in line with prev years, to be offset non recurringly by Pressure planned underspends on MH Community underspend and £150k of additional MH funding agreed at Jan 2020 IJB
MH Adult Community	(173)	
Management & Admin	(343)	Saving agreed but not required for 19/20 £239k when the Health uplift was increased after the budget was set. Agreed to keep it to cover other pressures eg MH Inpatients. Balance from underspend due to delay in filling vacancies
TOTAL	0	

Proposed transfers from the following services to Earmarked Reserves in year	Over/ (Underspend) £000	Notes
Addictions	(222)	Delay in filling vacancies pending Review being finalised
Adult Community	(208)	Delay in filling vacancies £85k in Rehab rest small amounts across various teams
Children's Services	(155)	Delay in filling vacancies plus additional funding received in year
Business Support	(141)	£89k of this is earmarked for the new Health Centre rest is delay in filling vacancies
PHI & Strategy	(156)	Vacancies eg OD post not filled
GP Premises Improvement	(82)	New money no spend to date
Scot Govt Funded Projects	(422)	PCIP, Action 15, ADP - Vacancies and slippage on commissioning eg BI and ADHD
Prescribing	(600)	Still awaiting info re Brexit impact and final projections but latest figures suggest a £0.45-0.7m underspend by yearend
TOTAL	(1,986)	

Proposed Health EMR In Year Allocations

Scot Govt Funded Projects EMRs		
PCIP	133	These funds are ringfenced by Scottish Govt
ADP	148	
Action 15	141	
Other EMRs		
MH Transformation	300	Funding for MH services to support 5 year strategy and local MH planning
Contribution to Partner Capital Projects	200	Funding support for new Health Centre
Primary Care Support	82	Projected underspend on GP premises funding received in year
Prescribing Smoothing Reserve	300	Reinstating budget smoothing reserve for this volatile budget to help reduce requirement for recurrent budget funding
Addictions Review	222	CORRA and service underspends ringfenced for this service for future years
Transformation Fund	460	Balance to IJB Transformation Fund
	1,986	

Budget Movements 2019/20

Appendix 4

Inverclyde HSCP Service	Approved Budget 2019/20 £000	Movements Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	Revised Budget 2019/20 £000
Children & Families	12,774	0	972	435	350	14,531
Criminal Justice	0	0	20	0	0	20
Older Persons	28,267	0	352	0	0	28,619
Learning Disabilities	11,510	0	440	11	116	12,077
Physical & Sensory	2,828	0	61	0	0	2,889
Assessment & Care Management/ Health & Community Care	7,583	0	815	1,285	0	9,683
Mental Health - Communities	6,541	0	179	214	141	7,075
Mental Health - In Patient Services	8,400	0	781	5	0	9,186
Alcohol & Drug Recovery Service	3,324	0	89	45	370	3,828
Homelessness	743	0	282	53	0	1,078
Strategy & Support Services	2,138	0	(71)	95	156	2,318
Management, Admin & Business Support	5,769	0	(863)	1,868	685	7,460
Family Health Services	24,618	0	153	1,512	0	26,283
Prescribing	18,262	0	70	0	600	18,932
Change Fund	1,228	0	(114)	(70)	0	1,044
Resource Transfer	0	0	0	0	0	0
Unallocated Funds *	3,167	0	(3,167)	0	0	0
Totals	137,151	0	0	5,453	2,418	145,023

* 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 - Minor budget realignments		
Health & Community Care	4	
Management, Admin & Business Support		28
Alcohol & Drug Recovery Service - transfer to Social Care		75
Mental Health - Communities	29	
Mental Health - Inpatient Services	3	
Strategy & Support Services	5	
Prescribing	24	
Resource Transfer	38	
Social Care - Transfer of Pay & Grading and Anti Povery budgets to EMR		
Children & Families		17
Older Persons		118
Learning Disabilities		1
Physical and Sensory		5
Assessment and Care Management		6
Mental Health		4
Alcohol & Drug Recovery Service	33	
Homelessness		12
Strategy & Support Services		65
Management, Admin & Business Support - EMR	195	
	331	331

Supplementary Budget Movement Detail

	£000	£000
Children & Families		**435**
Non Recurring PRF Breastfeeding funding	40	
Tier 2 Revenue Grant Allocation	195	
Non Recurring CAMHS Funding via Outcomes Framework	200	
Learning Disabilities		**11**
Non Recurring Funding from formerly hosted LD Liaison Service	11	
Health & Community Care		**1,285**
Additional Scot Govt Funding for Hospices for Superannuation increase	38	
PCIP Funding 2019/20	778	
Non Recurring SESP Diabetes Funding	95	
Non Recurring Associate Improvement Advisor (dementia post)	22	
Non Recurring PCIP Reprofile	352	
Mental Health Communities		**214**
Action 15 Funding 2019/20	214	
Mental Health - Inpatient Services		**5**
Non Recurring OU Student Funding	5	
Alcohol & Drug Recovery Service		**45**
ADP Funding 2019/20 Tranche 1	45	
Strategy & Support Services		**95**
Non Recurring SESP Eat Up Funding, Smoking Prevention & Food Hygeine	95	
Management & Admin		**1,868**
Health - Budget realignment linked to uplift	970	
Social Care - £88k linked to Advice Services EMR already passed across in 18/19	(88)	
Additional Syrian Refugee Funding Non Recurring	8	
Additional Scot Govt Funding to cover Superannuation cost increase	931	
Non Recurring CAM GP Premises Improvement Funding	49	
Transfer of Medical Records budget and costs to Acute	(16)	
Additional Funding re Pay As If At Work (PAIAW)	14	
Family Health Services		**1,512**
Additional in year funding - Non Cash Limited Budget	473	
GMS HSCP Uplift	1,039	
Homelessness		**53**
Rapid Rehousing Transition Programme	53	
Integrated Care Fund		**(70)**
Funding transferred to Acute for Stroke Outreach Team - Non Recurring	(70)	
		5,453

APPENDIX 5

INVERCLYDE HSCP Health and Social Care Partnership

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	28,400
Property costs	1,085
Supplies and Services	1,019
Transport and Plant	377
Administration Costs	766
Payments to Other Bodies	40,522
Income (incl Resource Transfer)	(21,392)
Social Care Transfer to EMR	(855)
SOCIAL CARE NET EXPENDITURE	**49,922**

Health Transfer to EMR	(1,986)

OBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL CARE	
Strategy & Support Services	1,625
Older Persons	28,619
Learning Disabilities	11,325
Mental Health	3,627
Children & Families	10,502
Physical & Sensory	2,889
Alcohol & Drug Recovery Service	1,788
Business Support	2,694
Assessment & Care Management	2,417
Criminal Justice / Scottish Prison	20
Change Fund	0
Homelessness	1,078
Unallocated Budget Changes	0
Resource Transfer	(16,662)
SOCIAL CARE NET EXPENDITURE	**49,922**

This direction is effective from 17 March 2020.

INVERCLYDE HSCP Health and Social Care Partnership

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	24,652
Property costs	5
Supplies and Services	7,493
Family Health Services (net)	26,655
Prescribing (net)	17,827
Resources Transfer	16,662
Unidentified Savings	0
Income	(1,467)
Transfer to EMR	(1,986)
HEALTH NET DIRECT EXPENDITURE	**89,841**
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	**106,698**

OBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Children & Families	3,329
Health & Community Care	6,843
Management & Admin	3,395
Learning Disabilities	520
Alcohol & Drug Recovery Service	1,300
Mental Health - Communities	3,166
Mental Health - Inpatient Services	9,186
Strategy & Support Services	381
Change Fund	1,044
Family Health Services	26,283
Prescribing	17,732
Unallocated Funds/(Savings)	0
Resource Transfer	16,662
HEALTH NET DIRECT EXPENDITURE	**89,841**
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	**106,698**

This direction is effective from 17 March 2020.

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 9: 1 April 2019 - 31 December 2019

Total Fund at 31/03/19	2,505,000
Balance Committed to Date	1,729,470
Balance Still to be Committed	775,530

Current Projects List

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Project Complete	Spend to date	Balance to spend
001	CELSIS Project	Children's Services	IJB	18/06/18	31,600		20,800	10,800
002	Infant Feeding Coordinator	Children's Services	TB	12/09/18	27,900		21,500	6,400
008	Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370		5,471	53,899
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000		0	70,000
010	TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340		12,695	9,645
012	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	IJB	29/01/19	80,500		60,300	20,200
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	150,000		0	150,000
014	Localities Enagement Officer - 1 year	Strategy & Support Services	IJB	27/03/19	122,000		39,155	82,845
015	Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100		0	51,100
016	Domestic Abuse	Children's and Criminal Justice Services	TB	27/03/19	20,000		0	20,000
017	Signposting/Care Navigation	Health & Community Care	TB	27/03/19	10,400		0	10,400
018	CAMHS - Tier 3 service development - for 3 years	Children & Families	IJB	24/06/19	300,000		27,400	272,600
020	Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500		5,729	36,771
021	Resiliance Training - 172 staff	All	TB	01/05/19	52,000		15,226	36,774

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Project Complete	Spend to date	Balance to spend
022	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		17,200	78,040
023	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
024	Temp HR advisor for 18 months to support absence management process and occupational health provision within HSCP.	Strategy & Support Services	TB	26/06/19	66,000		0	66,000
027	Autism Clinical/Project Therapist	Specialist Children's Services	TB	28/08/19	90,300		0	90,300
028	Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	10/09/19	200,000		0	200,000
029	Winter Plan 2019/20	Health & Community Care	IJB	04/11/19	117,660		17,657	100,003

APPENDIX 7

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET
PERIOD 9: 1 April 2019 - 31 December 2019

Integrated Care Fund (ICF)

By Organisation	Revised Budget	Projected outturn	Variance	YTD Actuals
HSCP Council	827,990	833,230	5,240	558,210
HSCP Council Third Sector	202,800	204,750	1,950	177,670
HSCP Health	115,970	115,970	0	87,000
Acute	70,000	70,000	0	70,000
	1,216,760	**1,223,950**	**7,190**	**892,880**

Any surplus/(deficit) at the yearend will go to or be taken from the IJB's ICF EMR

Delayed Discharge (DD)

Summary of allocations	Revised Budget	Projected outturn	Variance	YTD Actuals
Council	616,270	665,145	48,875	337,280
Health	144,300	144,300	0	108,220
Acute	50,000	50,000	0	50,000
	810,570	**859,445**	**48,875**	**495,500**

Any surplus/(deficit) at the yearend will go to or be taken from the IJB's DD EMR

APPENDIX 8

INVERCLYDE HSCP - CAPITAL BUDGET 2018/19

PERIOD 9: 1 April 2019 - 31 December 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	1,721	582	995	599	144	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	70	0	70	70	0	0	0
Completed on site	70	0	28	24	42	0	0
Social Care Total	**1,861**	**582**	**1,093**	**693**	**186**	**0**	**0**
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	**1,861**	**582**	**1,093**	**693**	**186**	**0**	**0**

EARMARKED RESERVES POSITION STATEMENT **APPENDIX 9**

INVERCLYDE HSCP

PERIOD 9: 1 April 2019 - 31 December 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**	**176**	**509**	**203**	**87**	**422**	
Mental Health Action 15	HOS MH & Addictions	31/07/2020	98	43	141	11	0	141	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
ADP	HOS MH & Addictions	31/07/2020	235		235	192	87	148	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
PCIP	Allen Stevenson	31/07/2020	0	133	133	0	0	133	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
Existing Projects/Commitments			**2,077**	**2,451**	**4,528**	**1,712**	**2,734**	**1,794**	
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. Minimal use expected in 2019/20
Integrated Care Fund	Allen Stevenson	ongoing	11	1,042	1,053	736	1,002	51	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. A small carryforward is expected for 2019/20.
Delayed Discharge	Allen Stevenson	ongoing	428	334	762	371	636	126	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. A small carryforward is projected for 2019/20
CJA Preparatory Work	Sharon McAlees	31/03/2020	112		112	41	64	48	Budget is for post to address the changes in Community Justice (£67k), shortfall of savings target for 2019/20 (£20k) and also £25k for Whole Systems Approach. Projected that savings shortfall and not all of Whole Systems Approach will not be required in 2019/20, together with a small carry forward re the post being funded.
Swift Replacement Programme	Helen Watson	30/09/2019	27		27	27	27	0	Post from September 18 to progress replacement client information system for SWIFT plus upgrade costs, post has been extended to Nov 2020 and this will now be funded from Transformation Fund.
Service Reviews	Alan Best	31/03/2021	240		240	169	240	0	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.
Continuing Care	Sharon McAlees	ongoing	675		675	18	126	549	To address continuing care legislation. Based on period 9 projections it is assumed that £123k of the EMR will be spent at the end of 19/20.
Rapid Rehousing Transition Plan (RRTP)	HOS MH & Addictions	31/03/2020	30		30		30	0	RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer employed by an RSL. EMR to fund £30k of this spend in year 1.
Dementia Friendly Inverclyde	HOS MH & Addictions	tbc once Strategy finalised	100		100		0	100	Now linked to the test of change activity associated with the new care co-ordination work.
Primary Care Support	Allen Stevenson	31/03/2020	241	82	323	142	200	123	Monies carried forward at y/end for slippage on GP Premises and PCIP investment programmes

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
Contribution to Partner Capital Projects	Lesley Aird	ongoing	145	200	345	8	65	280	Funding to support various capital projects linked to HSCP service delivery
LD Redesign	Allen Stevenson	31/03/2021	0	398	398	0	100	298	LD Redesign estimated spend for site investigation to be £50k per site and to be incurred in 2019/20. Balance to be spent in future years.
Develop Pay & Grading Model	Louise Long	31/03/2020	0	200	200	200	200	0	Reserve to fund pay & grading costs for 1 year
Tier 2 School Counselling	Sharon McAlees	31/03/2021	0	195	195	0	0	195	Tier 2 Counselling - contract will commence in 2020-21
Transformation Projects			**2,815**	**982**	**3,797**	**352**	**550**	**3,247**	
Transformation Fund	Louise Long	ongoing	2,505	460	2,965	352	550	2,415	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	300	610		0	610	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
Addictions Review	HOS MH & Addictions	31/03/2021	0	222	222		0	222	Underspend in Addictions and CORRA spend linked to delay in filling vacancies due to the Addictions Review. This fund will be used to support initial implementation of the Addictions Review in 2020/21
Budget Smoothing			**1,046**	**300**	**1,346**	**145**	**510**	**836**	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	732		732	97	336	396	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. Projection assumes £281k of the EMR will be spent at the end of 19/20.
Advice Service Smoothing	Helen Watson	31/03/2020	88		88	48	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		86	140	This reserve is used to smooth the spend on nursing and residential care beds across the years. Currently projecting an overspend of £86k which will be transferred to the residential and nursing EMR at the year-end.
Prescribing	Louise Long	ongoing	0	300	300	0	0	300	This reserve is used to smooth short term fluctations in prescribing costs linked to short supply issues
TOTAL EARMARKED			**6,271**	**3,909**	**10,180**	**2,412**	**3,881**	**6,299**	
UN-EARMARKED RESERVES									
General			1,010		1,010			1,010	
			1,010	**0**	**1,010**	**0**	**0**	**1,010**	
In Year Surplus/(Deficit) going to/(from) reserves								(65)	
TOTAL IJB RESERVES			**7,281**	**3,909**	**11,190**	**2,412**	**3,881**	**7,244**	
							b/f Funding	7,281	
							Earmark to be carried forward	7,244	
							Projected Movement in Reserves	**(37)**	

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date: 17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/34/2020/LL**
Contact Officer:		**Contact No: 712722**
Subject:	**Scottish Index of Multiple Deprivation (SIMD) 2020**	

1.0 PURPOSE

1.1 The purpose of this report is to provide the Integration Joint Board with a more detailed analysis of the results from the SIMD 2020, to inform the Board of the work that is currently being taken forward in connection with this and to ask the Board to consider its unique contribution to addressing deprivation.

2.0 SUMMARY

2.1 The Scottish Government published the Scottish Index of Multiple Deprivation on 28th January. The SIMD is the Scottish Government's official tool for identifying places in Scotland suffering from deprivation. It uses data relating to multiple aspects of life (income, employment, health, education, access, crime and housing) in order to gain the fullest possible picture of deprivation across Scotland.

The Briefing Note attached as Appendix 1 aims to provide IJB Members with a fuller picture of the SIMD 2020 results. Some of the key points included in the Briefing are:

- Inverclyde has the highest local share of all councils for the percentage of data zones in the 5%, 10% and 20% most deprived data zones.
- Inverclyde has the second highest local share of all councils for the percentage of data zones in the 15% most deprived data zones. Glasgow has the highest local share

2.2 The analysis shows that a large proportion of Inverclyde's data zones have very high levels of income and employment deprivation, which has a significant impact on the overall SIMD data zone rankings e.g. Inverclyde's most deprived data zone, which is located in Greenock town centre, has an income deprivation rate of 48% and an employment deprivation rate of 44%.

2.3 In publishing the SIMD, the Scottish Government emphasises the point that not all people experiencing deprivation live in deprived areas and not everyone in a deprived area is experiencing deprivation. Within Inverclyde:

- 13,945 people (17.7%) of the population is estimated to be income deprived.

- Of this 13,945 income deprived population, 10,143 live in the 20% most deprived data zones, therefore 3,802 income deprived people live outwith the 20% most deprived data zones.
- 7,126 people (14.3%) of the population is estimated to be employment deprived.
- Of the 7,126 employment deprived population, 4,994 live in the 20% most deprived data zones, therefore 2,132 employment deprived people live outwith the 20% most deprived data zones.

2.4 In addition to the Briefing Note attached as Appendix 1, an analysis of movement between deciles has been carried out. This shows that between 2016 and 2020:

- 24 data zones moved into a more deprived decile;
- 14 data zones moved into a less deprived decile, this includes 5 data zones that lie within the 20% least deprived data zones that improved in ranking;

There was already a significant gap between the more affluent areas and those experiencing high levels of poverty and deprivation in Inverclyde and the latest SIMD data would suggest that this gap has widened further.

2.5 To establish a better understanding of the prevalent issues within Inverclyde's most deprived areas, a data group has been established by the Corporate Director of Education, Communities and Organisational Development with representation from Health and Social Care Partnership.

2.6 This group has been tasked with a 'deep dive' into the data for the top 5 most deprived data zones in Inverclyde and also the 5 data zones that have a ranking which places them towards the bottom of the 20% most deprived data zones in Inverclyde. The rationale for this is to look in more detail at our most deprived communities and also those that sit just within the threshold of the most deprived 20%. An initial data profile for each of these 10 data zones has been compiled and the profile for Inverclyde's most deprived data zone is attached as appendix 2.

2.7 Tackling inequality is one of the three key priorities which underpin all the work of the Inverclyde Alliance. There are major challenges to be overcome in relation in reducing poverty and deprivation, delivering area renewal, increasing employment opportunities, improving health and reducing health inequalities. It is not possible for one organisation to deliver this on its own and to successfully deliver positive change, stronger, more targeted collaborative working is required. The SIMD 2020 will be discussed at the Alliance Board meeting on 16th March 2020. The outcome of these discussions will be brought back to the Integration Joint Board for further consideration.

2.8 Data analysis of the SIMD continues to be ongoing and will inform the approach that will be taken by the Inverclyde Council, Health and Social Care Partnership and the Inverclyde Alliance's to tackling poverty and deprivation locally.

2.9 The Integration Joint Board is asked to be an active partner with the Alliance Board to support the allocations of funding to address poverty and deprivation.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

- Notes the analysis that has been carried out on the SIMD 2020 and that this work continues to be ongoing through the SIMD data group;
- Agrees to support the Alliance Board to create a multi-agency plan.
- Agrees to an annual report being submitted to the IJB on the outcomes and to a joint session between the IJB and the Alliance Board in 2021.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The Scottish Government published the Scottish Index of Multiple Deprivation on 28 January 2020. The SIMD is the Scottish Government's official tool for identifying places in Scotland suffering from deprivation. Previous SIMD statistics have been published in 2016, 2012, 2009, 2006 and 2004.

4.2 SIMD 2020 is calculated using 2011 data zone boundaries. These data zones are based on the 2011 Census and were introduced in November 2014. 2011 boundaries differ from 2001 data zones which were used in previous SIMD editions. This means that whilst comparison can be made between SIMD 2016 and 2020, the data cannot be directly compared with previous editions of the SIMD.

4.3 The SIMD is based on small areas known as data zones. Each data zone has on average between 700 and 800 people living in it. As data zones are population-based they can vary hugely in size. Scotland has been divided into 6,976 data zones and Inverclyde consists of 114 of these.

4.4 The SIMD 2020 uses data relating to multiple aspects of life in order to gain the fullest possible picture of deprivation across Scotland. Seven different domains are used, covering income, education, employment, health, housing, access to services and crime. The use of data for such small areas helps to identify 'pockets' of deprivation or multiple deprivation that may be missed in analyses based on larger areas such as council wards or local authorities. The data can be used to target policies and resources at the places with greatest need.

5.0 SIMD 2020 – Additional analysis

5.1 More detailed analysis is now provided in the Briefing Note that is attached in Appendix 1. Some of the key points included in the Briefing are:

- Inverclyde has the highest local share of all councils for the percentage of data zones in the 5%, 10% and 20% most deprived data zones.
- Inverclyde has the second highest local share of all councils for the percentage of data zones in the 15% most deprived data zones. Glasgow has the highest local share.

A large proportion of Inverclyde data zones have very high levels of income and employment deprivation, which has a significant impact on our overall SIMD rankings. Inverclyde's most deprived data zone for example, which is located in Greenock town centre has an income deprivation rate of 48% and an employment deprivation rate of 44%.

5.2 It is important to remember that the SIMD identifies multiply deprived *areas* not individuals, so not everyone living in a deprived area is individually deprived, and not all deprived individuals live in multiply deprived areas. The SIMD national report states that around two out of three people on low income do not live in deprived areas and around one in three people living in a deprived area is on a low income.

5.3 Alongside the SIMD ranking data, the Scottish Government publishes individual domain data which allows you to calculate the number of people that are considered to be income or employment deprived.

- 13,945 people or 17.7% of Inverclyde's population is estimated to be income deprived. This is up from 16.8% in 2016.
- Of this 13,945 income deprived population, 10,143 live in the 20% most deprived data zones, which means that 3,802 income deprived people do not reside in the 20% most deprived data zones.
- 7,126 people or 14.3% of Inverclyde's population is estimated to be

employment deprived. This is down from 15.3% from 2016.

- Of the 7,126 employment deprived population, 4,994 live in the 20% most deprived data zones, which means that 2,132 employment deprived people do not reside in the 20% most deprived data zones.

5.4 In addition to the Briefing Note attached as Appendix 1, an analysis of movement between deciles has been carried out. This shows that:

- 24 data zones moved into a more deprived decile;
- 14 data zones moved into a less deprived decile, this includes 5 data zones that lie within the 20% least deprived data zones that improved in ranking; and
- One data zone that lies within the intermediate geography of Inverkip and Wemyss Bay improved by 2 deciles, moving from decile 7 to 9.

There was already a significant gap between the more affluent areas and those experiencing high levels of poverty and deprivation in Inverclyde and the latest SIMD data would suggest that this gap has widened further.

5.5 To establish a better understanding of the prevalent issues within Inverclyde's most deprived areas, a data group has been established by the Corporate Director of Education, Communities and Organisational Development. The group comprises officers from the HSCP, Inverclyde Council and partners.

5.6 This group has been tasked with a 'deep dive' into the data for the top 5 most deprived data zones in Inverclyde and also the 5 data zones that have a ranking which places them towards the bottom of the 20% most deprived data zones in Inverclyde. The rationale for this is to look in more detail at our most deprived communities and also those that sit just within the threshold of the most deprived 20%. An initial data profile for each of these 10 data zones has been compiled and the profile for Inverclyde's most deprived data zone is attached as appendix 2.

5.7 Tackling inequalities is Big Action 1 within the IJB 5 year Strategic Plan, however almost all the activity within Inverclyde IJB plan is impacted by deprivation and inequalities. The Child Poverty Plan presented on 24th June 2019 to the IJB, members were keen to explore if financial support from the IJB be allocated. Addressing deprivation will require a whole system response and is therefore best placed within the Alliance Board, however it is proposed that Inverclyde IJB provides some financial support from an unallocated finance in 2020/21 budget.

5.8 Tackling inequality is one of the three key priorities which underpin all the work of the Inverclyde Alliance. There are major challenges to be overcome in relation to reducing poverty and deprivation, delivering area renewal, increasing employment opportunities, improving health and reducing health inequalities. To be successful, this will need to be delivered through stronger, more targeted collaborative working and a full discussion on the SIMD and its results took place at the Alliance Board meeting on 16 March 2020. The IJB is being asked to commit funding and support multi-agency approach through the Alliance Board to address deprivation. It is likely to be universal initiatives across Inverclyde to support families as well as specific work within localities. The locality planning group with the highest levels of SIMD zones will be involved in agreeing priorities within their area. There will be a report to the IJB in March 2021 on the outcomes achieved by the £250,000 contribution to the Alliance Board to address deprivation.

6.0 IMPLICATIONS

FINANCE

6.1 IJB supports additional finance to the Alliance Board to address issues of deprivation.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
New monies			250,000		

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.

6.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact developing a multi agency plan to address deprivation
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact on protected characteristic groups
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	Spend and plan link to localities.
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.	Positive impact by working with localities

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are clinical or care governance implications arising from this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Positive impact on health & address health inequalities
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	Positive impact on wider deprivation
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Positive impact on equality of access
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.	Addressing deprivation will have positive impact on access
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.	Staff will be encouraged to raise opinions and views on how plan to address deprivation can be developed
Resources are used effectively in the provision of health and social care services.	Resource used across Alliance to support a whole system change

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 Appendix 1 SMID Briefing note.

Scottish Index of Multiple Deprivation 2020
Briefing Note
Key points for the Inverclyde area

This briefing note aims to summarise the key components of the Scottish Index of Multiple Deprivation (SIMD) published on 28 January 2020, with a particular focus on the results for Inverclyde at the local level and the changes that have taken place since SIMD 2016.

Key points:

- 51 (44.7%) of Inverclyde's data zones are in the 20% most deprived in Scotland, this is the highest local share in Scotland
- Inverclyde has the second highest local share of data zones in the 15% most deprived in Scotland. The council with the highest local share is Glasgow.
- 22 (19.3%) of Inverclyde's data zones are in the 5% most deprived in Scotland, this is the highest local share in Scotland.
- There has been a trend in data zones moving into the 5% and 10% most deprived in Scotland that previously in the 10-20% most deprived category.
- Most of the deprived data zones are within Greenock and Port Glasgow.
- Across Inverclyde 13,945 people are income deprived. This is 17.7% of the population and higher than the Scottish average of 12%. Of this number, 10,143 live in the 20% most deprived data zones, which means that 3,802 income deprived people do not reside in the 20% most deprived data zones.
- There are 7,126 people in Inverclyde that are employment deprived. This is 14.3% of the population and is higher than the Scottish average of 9%. There has been a small reduction in employment deprivation (1%) between 2016 and 2020. Of this number, 4,994 live in the 20% most deprived data zones, which means that 2,132 employment deprived people do not reside in the 20% most deprived data zones.
- Between 2016 and 2020:
  - the number of data zones in the income domain in the 20% most deprived increased by 6, from 47 to 53.
  - the number of data zones in employment domain in the 20% most deprived increased by 2, from 52 to 54.
  - the number of data zones in heath domain in the 20% most deprived increased by 3, from 50 to 47.
  - the number of data zones in education domain in the 20% most deprived increased by 6 from 36 to 42.
  - the number of data zones in geographic access domain in the 20% most deprived increased by 2, from 16 to 18.
  - the number of data zones in the housing domain in the 20% most deprived remained at 42.
  - the number of data zones in the crime domain in the 20% most decreased by 8 from 32 to 24.

SIMD 2020

Background and purpose of the SIMD

The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,979 small areas in Scotland, known as data zones. Focusing on small areas shows the different issues there are in each neighbourhood. This could be poor housing conditions, a lack of skills or good education or poor public transport.

Previous SIMDs were published in 2004, 2006, 2009, 2012 and 2016, however changes to methodology and the data zone geographies, which resulted in an increase in the number of data zones in 2016 means it is not possible to directly compare results prior to 2016, although it is possible to drawn some broad conclusions on the changes in relative levels of deprivation.

If an area is identified as 'deprived' this can relate to people having a low income but it can also mean fewer opportunities or resources, for example in health and education.

Limitations of the SIMD

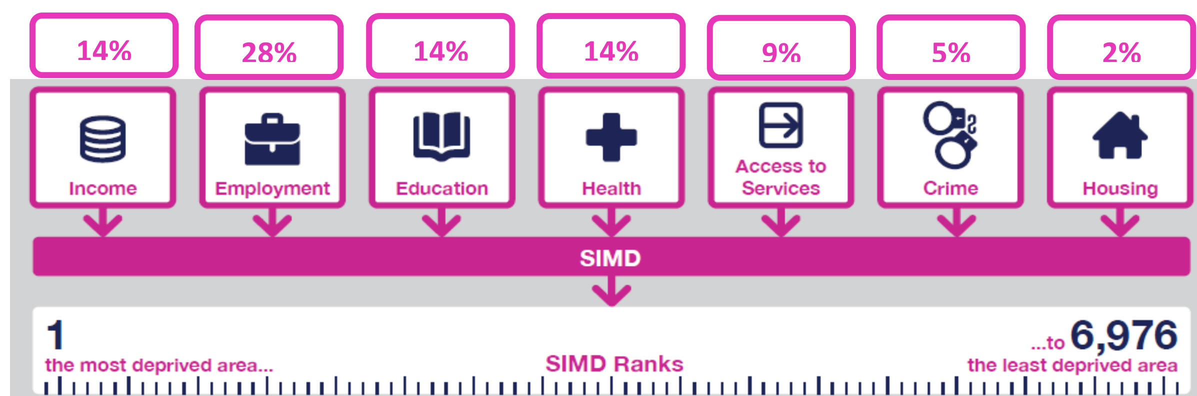
The limitations of the SIMD should always be remembered when considering the data:

- You cannot pinpoint how much more deprived one area is from another, as the difference between ranks can be tiny or large. It is therefore not possible to say the one data zone ranked 50 is twice as deprived as another data zone ranked 100.
- The SIMD is a relative ranking of all data zones in Scotland and as some improve and move in ranking, others will move up to take their place.
- The SIMD identifies multiply deprived *areas* not individuals, so not everyone living in a deprived area is individually deprived, and not all deprived individuals live in multiply deprived areas.

How the SIMD rankings are compiled

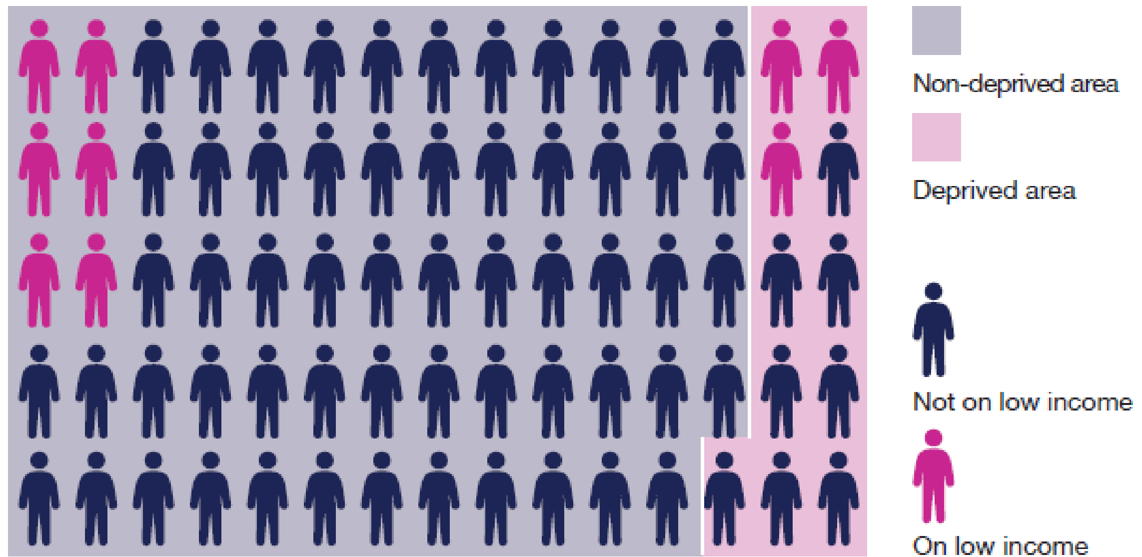
Data is gathered from across multiple aspects of life into 7 domains (income, employment, health, education, access, crime and housing) in order to gain the fullest possible picture of deprivation. More than 30 indicators of deprivation have been grouped together across these 7 domains which are then combined into the one index, to form a rank for each of the 6,979 data zones across Scotland. A rank of 1 is the most deprived and 6,976 is the least deprived.

Each domain has a weighting which contributes to the overall SIMD rank as shown below. **Income** and **employment deprivation** have the highest weighting and therefore have a greater influence on the overall SIMD rank than the other 5 domains.



The Scottish Government infographic below highlights the important point that not all people experiencing deprivation live in deprived areas and not everyone in a deprived area is experiencing deprivation

SIMD identifies deprived areas - not people.
The box below shows why.



Not all people experiencing deprivation live in deprived areas. About two out of three people on low income do not live in deprived areas.

Not everyone in a deprived area is experiencing deprivation. About one in three people living in a deprived area are on low income.

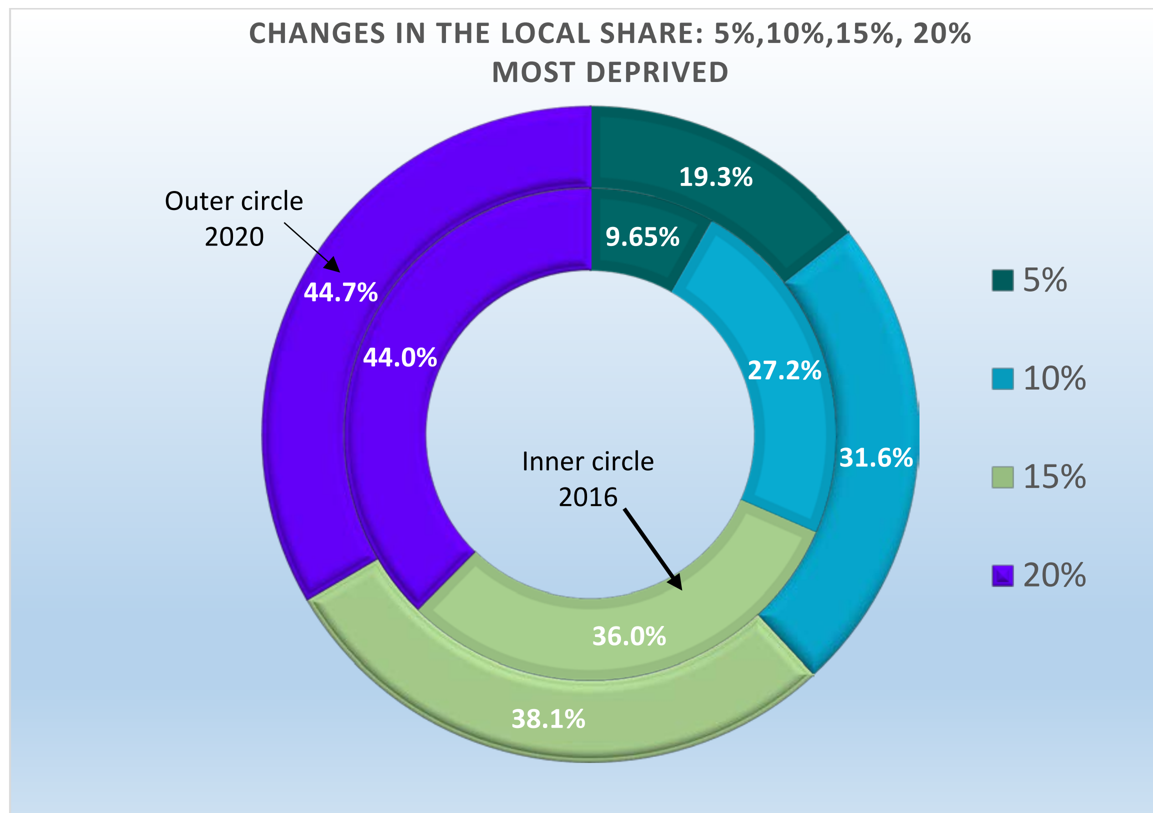
In this example, 'deprived area' means among the 15% most deprived areas in Scotland.
We are using people on low income to represent people who are facing multiple deprivation.

Inverclyde: Key Findings

For the purposes of reporting the data, data zone rankings are most commonly grouped into categories such as vigintile (5% MD), decile (10% MD), quintile (20% MD) and the three most deprived vigintiles (or 15% MD) most deprived data zones.

The chart provides an overview of the changes in the 5%, 10%, 15% and 20% most deprived data zones between SIMD 2016 and SIMD 2020.

Chart 1 Changes in the local share in the 5,10,15 and 20% most deprived.

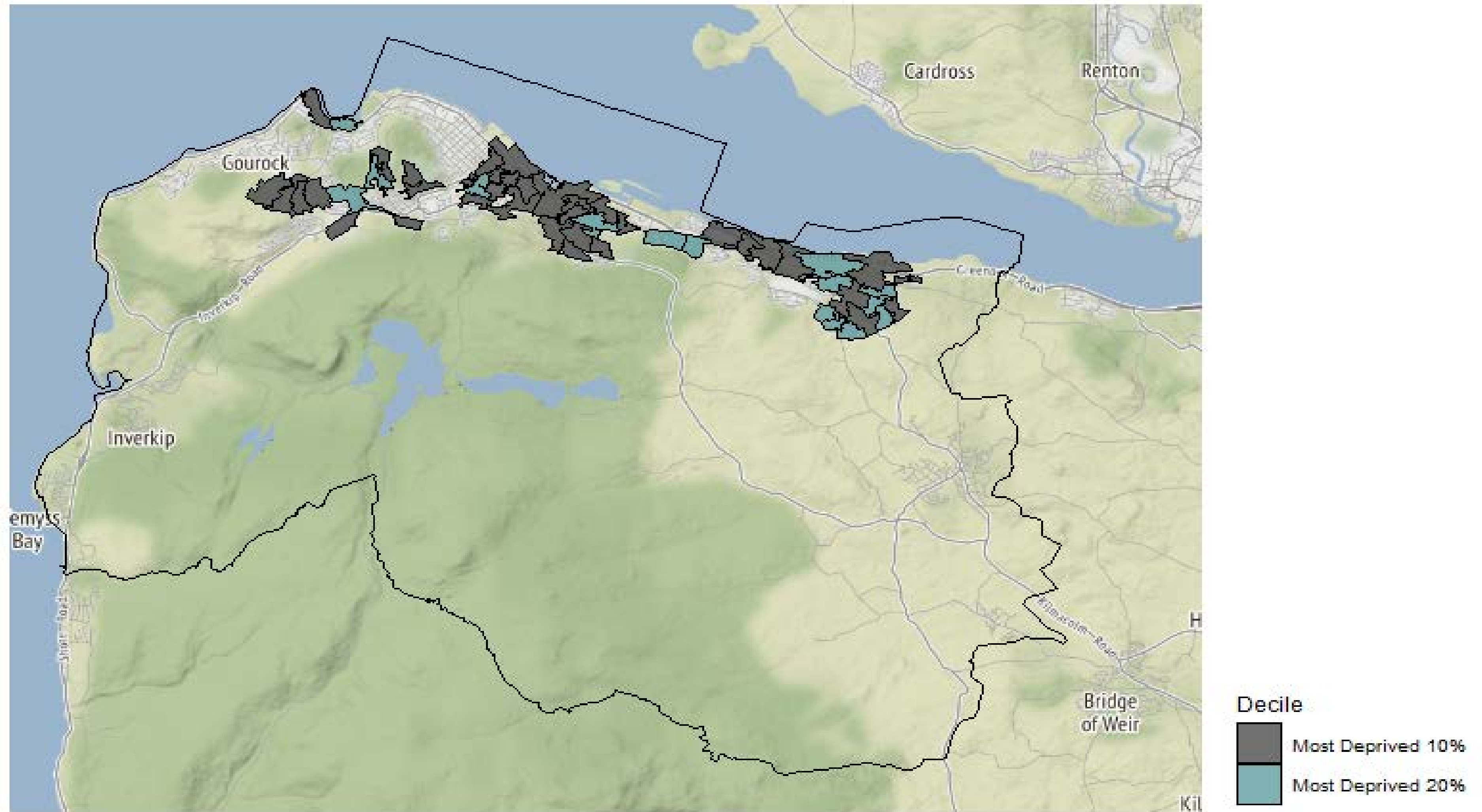


- The number of data zones in the 5% most deprived has doubled from 6.65% to 19.3%
- The number of data zones in the 10% most deprived increased from 27.2% to 31.6%
- The number of data zones in the 15% most deprived increased 36% to 38.1%
- The number of data zones in the 20% most deprived increased from 44% to 44.7%

There has been an increase in very high levels of deprivation (5% and 10% most deprived) with more data zones moving into these categories in 2020. These data zones previously fell into the 10-20% most deprived group. Overall, the number of data zones in Inverclyde that fall into the category of the 20% most deprived in Scotland increased by 1 between 2016 and 2020.

The map on the next page shows the concentration of data zones in the most deprived 10% and 20% in Inverclyde. The map shows that most of the deprived data zones within Inverclyde are within Greenock and Port Glasgow.

Data zones in the 10% most deprived and 20% most deprived in Inverclyde



The following sections provide more information on the changes within the 5%,10%, 15% and 20% most deprived data zones.

20% most deprived

Inverclyde comprises of 114 data zones. 51 of these data zones fall into the 20% most deprived in Scotland, i.e. have a ranking between 1 and 1395. This gives Inverclyde a 'local share' rate of 44.7%.

When ranked against other councils in Scotland in terms of our share of local data zones in the 20% most deprived, Inverclyde ranks in first place.

The table below shows the ten councils that have the largest local share of data zones in the 20% most deprived in Scotland.

Table 1: Scottish councils with the largest local share of data zones in the 20% most deprived

	Number of data zones	Local share of 20% MD
Inverclyde	51	44.74%
Glasgow City	331	44.37%
North Ayrshire	74	39.78%
West Dunbartonshire	48	39.67%
Dundee City	72	38.30%
North Lanarkshire	155	34.68%
East Ayrshire	50	30.67%
Clackmannanshire	18	25.00%
Renfrewshire	54	24.00%
Fife	88	20.42%

In 2016 Inverclyde had 50 of its 114 data zones in the 20% most deprived in Scotland which gives a rate of 44%, 0.74% lower than in 2020.

Table 2: Changes in local share of 20% most deprived between 2016 and 2020

	Number of data zones 2020	Local share of 20% MD 2020	Number of data zones 2016	Local share of 20% MD 2016	Change 2016 -2020
Inverclyde	51	44.74%	50	44%	**+0.74%**

15% most deprived

42 of Inverclyde's 114 data zones fall into the 15% most deprived in Scotland, i.e. have a ranking between 1 and 1046. This gives us a local share of 36.84%. This is the second highest proportion of all councils in Scotland, with Glasgow having the highest.

The table below shows the ten councils that have the largest local share of data zones in the 15% most deprived in Scotland.

Table 3: Scottish councils with the largest local share of data zones in the 15% most deprived

	Number of data zones	Local share of 15% MD
Glasgow City	284	38.07%
Inverclyde	42	36.84%
West Dunbartonshire	38	31.40%
Dundee City	58	30.85%
North Ayrshire	52	27.96%
North Lanarkshire	113	25.28%
East Ayrshire	37	22.70%
Renfrewshire	47	20.89%
Clackmannanshire	14	19.44%
Fife	78	15.79%

In 2016, a total of 41 of Inverclyde's 114 data zones fell into the category of the 15% most deprived in Scotland, giving a local share of 35.96%. This is 0.88% lower than in 2020.

Table 4: Changes in local share of 15% most deprived between 2016 and 2020

	Number of data zones 2020	Local share of 15% MD 2020	Number of data zones 2016	Local share of 15% MD 2016	Change 2016 -2020
Inverclyde	42	36.84%	41	35.96%	**+0.88%**

10% most deprived

36 of Inverclyde's 114 data zones fall into the category of the 10% most deprived in Scotland i.e. have a ranking between 1 and 698. This gives us a local share of 31.58%.

When ranked against other councils in Scotland in terms of our share of local data zones in the 10% most deprived, Inverclyde again ranks in first place.

The table below shows the ten councils that have the largest local share of data zones in the 10% most deprived in Scotland.

Table 5: Scottish councils with the largest local share of data zones in the 10% most deprived

	Number of data zones	Local share of 10% MD
Inverclyde	36	31.58%
Glasgow City	223	29.89%
Dundee City	43	22.87%
West Dunbartonshire	21	17.36%
North Ayrshire	32	17.20%
East Ayrshire	25	15.34%
Renfrewshire	30	13.33%
North Lanarkshire	59	13.20%
South Lanarkshire	44	10.21%
South Ayrshire	15	9.80%

In 2016, 31 of Inverclyde's 114 data zones fell into the category of 10% most deprived, giving a local share of 27.19%. This is 4.39% lower than in 2020.

Table 6: Changes in local share of 10% most deprived between 2016 and 2020

	Number of data zones 2020	Local share of 10% MD 2020	Number of data zones 2016	Local share of 10% MD 2016	Change 2016 -2020
Inverclyde	36	31.58%	31	27.19%	**+4.39%**

5% most deprived

Data zones within the 5% most deprived in Scotland (those data zones with a ranking of 1 to 348) are regarded as the most acutely deprived in the country.

22 of Inverclyde's 114 data zones fall into the category of the 10% most deprived in Scotland i.e. have a ranking between 1 and 698. This gives us a local share of 19.3%.

When ranked against other councils in Scotland in terms of our share of local data zones in the 5% most deprived, Inverclyde again ranks in first place.

The table below shows the ten councils that have the largest local share of data zones in the 5% most deprived in Scotland.

Table 7: Scottish councils with the largest local share of data zones in the 5% most deprived

	Number of data zones	Local share of 5% MD
Inverclyde	22	19.30%
Glasgow City	137	18.36%
Dundee City	22	11.70%
West Dunbartonshire	9	7.44%
North Lanarkshire	31	6.94%
North Ayrshire	12	6.45%
East Ayrshire	10	6.13%
Clackmannanshire	4	5.56%
Renfrewshire	12	5.33%
South Ayrshire	8	5.23%

In 2016, 11 of Inverclyde's 114 data zones fell into the category of 5% most deprived, giving a local share of 9.65%, half of the 2020 level.

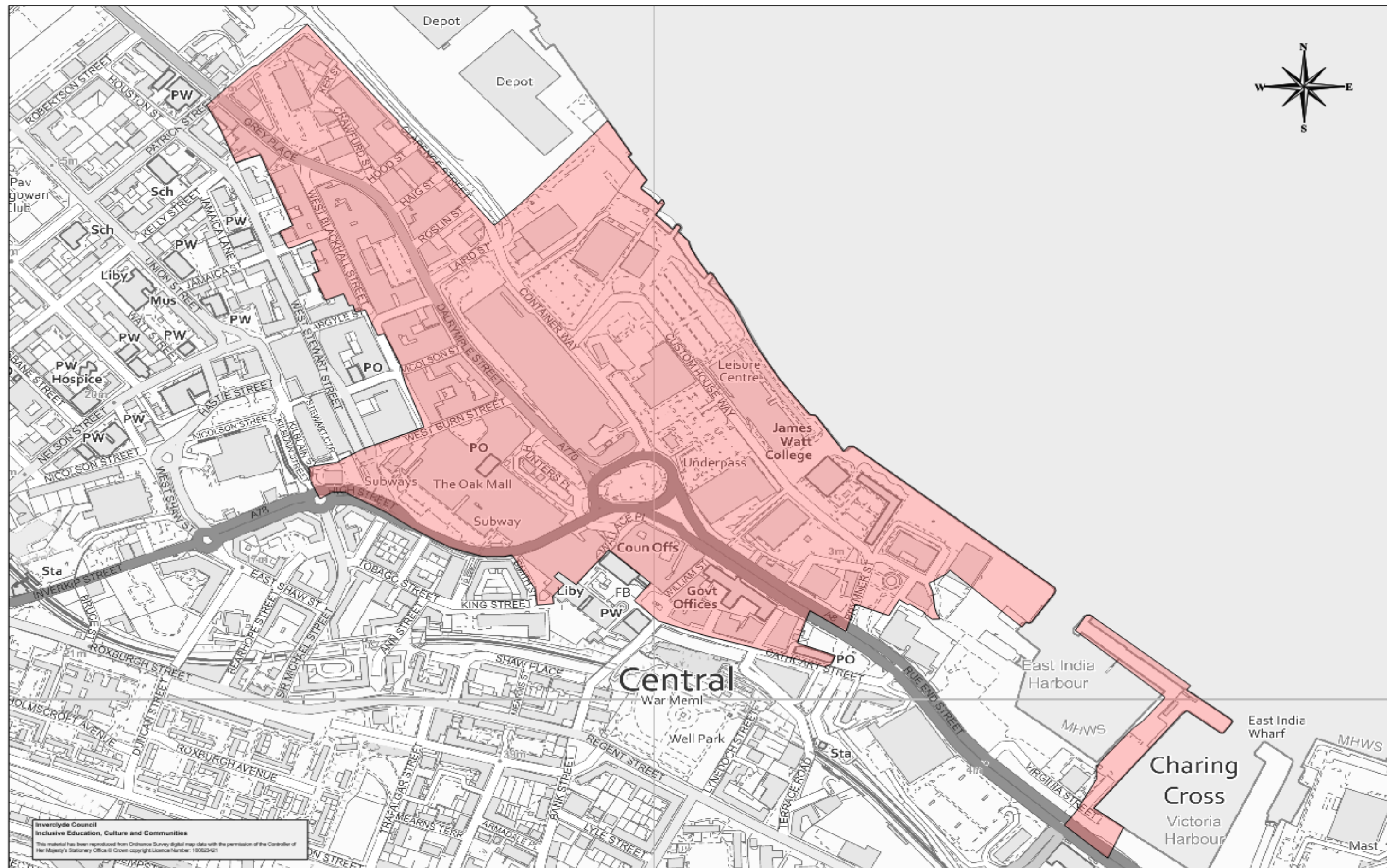
Table 8: Changes in local share of 5% most deprived between 2016 and 2020

	Number of data zones 2020	Local share of 5% MD 2020	Number of data zones 2016	Local share of 5% MD 2016	Change 2016 -2020
Inverclyde	22	19.3%	11	9.65%	**+9.65%**

11 of the 22 data zones in the 5% most deprived category also featured in this category in SIMD 2016. The remaining 11 data zones fell into the 10% most deprived category in 2016.

The most deprived data zone in Scotland is located in Greenock, specifically Greenock Town Centre (data zone S01010891). A map of the area is shown below:

Data zone S01010891: Greenock Town Centre SIMD ranking 1



When the 22 data zones that are in the 5% most deprived in Scotland are broken down further into those with the top 5 highest (i.e. worst) ranking, all five have increased in their relative ranking between 2016 and 2020 i.e. they have a more deprived ranking than in 2016. What the SIMD does not tell you however is how much more deprived these data zones are compared to 2016.

Table 9 shows how the rankings between 2016 and 2020 compare for the top 5 most deprived data zones.

Table 9: Top 5 most deprived data zones in Inverclyde ranking 2016 and 2020

Datazone	Intermediate geography	SIMD 2020 rank	SIMD 2016 Rank
S01010891	Greenock Town Centre and East central	1	23
S01010893	Greenock Town Centre and east central	15	77
S01010862	Lower Bow, Larkfield, Fancy Farm and Mallard Bowl	17	52
S01010903	Greenock East	35	147
S01010873	Greenock West and Central	54	175

The full list of Inverclyde data zones with their relative ranking in 2020 is provided in Appendix 1.

Income and Employment Deprivation

The Scottish Government publishes additional data alongside the SIMD which provides details of the number of people experiencing income and employment deprivation.

Together, the income and employment domain account for 56% of the overall SIMD. There are very high levels of income and employment deprivation within the 5% most deprived data zones and this will have had a significant bearing on the data zones overall SIMD ranking. This is shown in the charts below.

Chart 2: Income deprived rate in the 5% most deprived data zones in Inverclyde

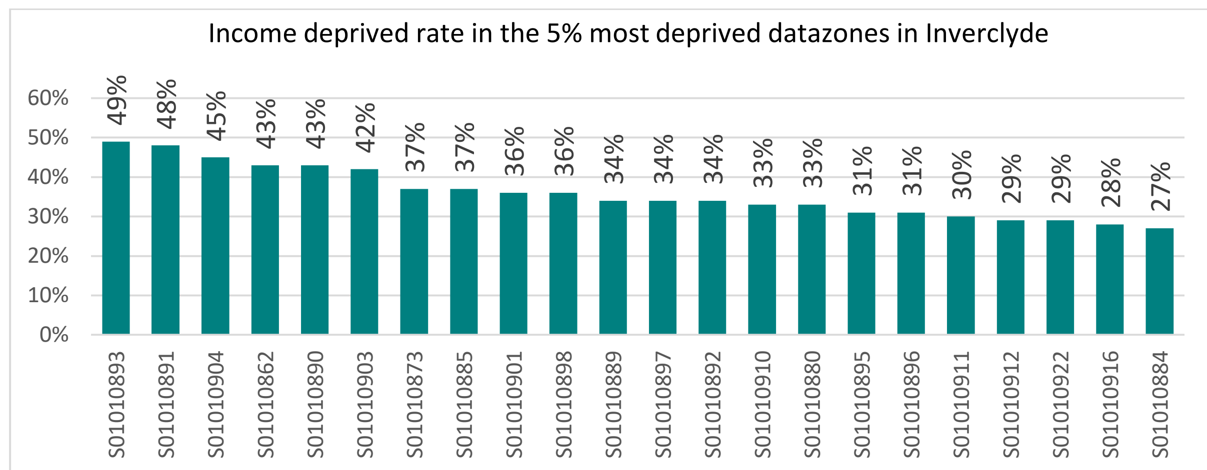
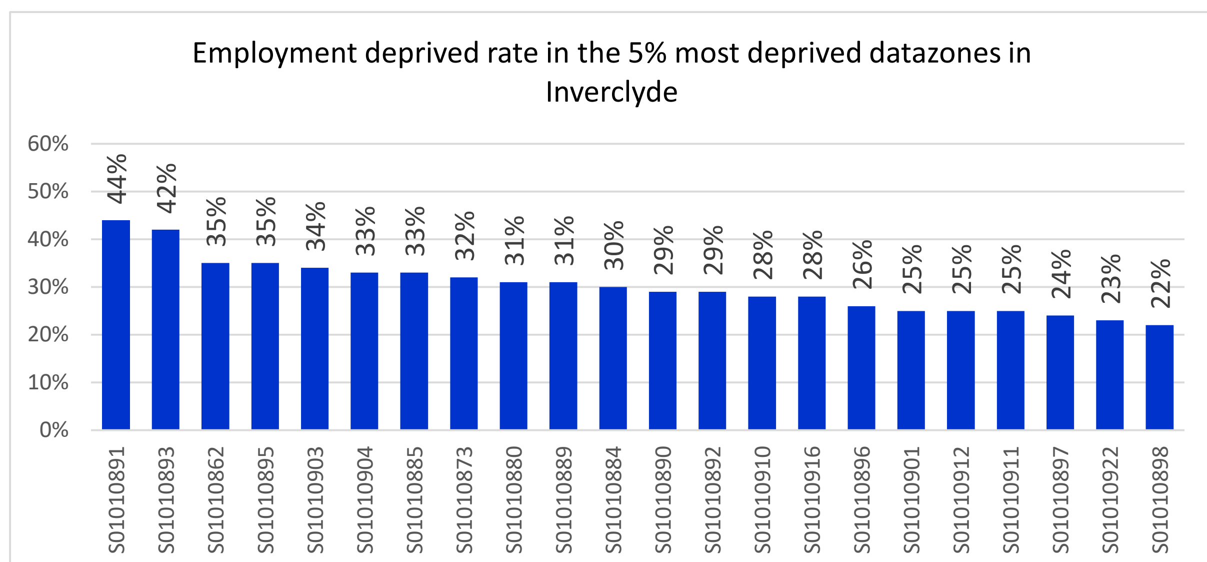


Chart 3: Employment deprived rate in the 5% most deprived data zones in Inverclyde



Income deprivation

When looking only at the income domain, Inverclyde has 53 data zones that are in the 20% most income deprived in the country. This is 46.5% of all Inverclyde's data zones. Of these 21, or 18.4% are in the 5% most deprived in Scotland.

The most deprived income data zone in Inverclyde falls within the intermediate zone of Greenock Town Centre and East Central. This data zone (S01010893) has an income domain ranking of 5. The overall SIMD rank for this data zone is 15.

Across Inverclyde 13,945 people are classed as income deprived. This is 17.7% of the population and the second highest rate in Scotland. Other local authorities Glasgow City, West Dunbartonshire and North Ayrshire saw this rate fall.

In 2016, 13,420 people were income deprived which was 16.8% of the population. The percentage increase in income deprivation will have been affected by a drop in Inverclyde's population between 2016 and 2020 as the measure is taken as a percentage of the population.

Table 10: Income deprivation 2016 and 2020

	2020	2016
Number of people income deprived	13,945	13,420
Total estimated population	78,760	79,860
% of Inverclyde population that are income deprived	17.7%	16.8%

Of this 13,945 income deprived population, 10,143 live in the 20% most deprived data zones, which means that 3,802 income deprived people do not reside in the 20% most deprived data zones.

Between 2016 and 2020, the number of data zones in the income domain in the 20% most deprived increased by 6, from 47 to 53.

Employment deprivation

When looking only at the employment domain, Inverclyde has 54 data zones that are in the 20% most deprived in the country. This is 47% of all Inverclyde's data zones. Of these 23, or 20.2% are in the 5% most deprived in Scotland.

The most deprived employment data zone in Inverclyde falls within the intermediate zone of Greenock Town Centre and East Central. This data zone (S01010891) has an employment domain ranking of 4. The overall SIMD rank for this data zone is 1.

There are 7,126 working age residents in Inverclyde that are classed as employment deprived. This is 14.3% of the population and is the highest rate in Scotland. There was a small reduction in employment deprivation (1%) between 2016 and 2020, however this is a smaller rate of improvement that in other local authorities. West Dunbartonshire and North Ayrshire saw rates fall by over 2% which Glasgow's employment deprivation fell by almost 3%

Table 11: Employment deprivation 2016 and 2020

	2020	2016
Number of people employment deprived	7,126	7,705
Total estimated working age population	49,776	50,443
% of Inverclyde population that are employment deprived	14.3%	15.3%

Of the 7,126 employment deprived population, 4,994 live in the 20% most deprived data zones, which means that 2,132 employment deprived people do not reside in the 20% most deprived data zones.

Between 2016 and 2020, the number of data zones in employment domain in the 20% most deprived increased by 2, from 52 to 54.

Education Domain

This domain includes indicators which measure:

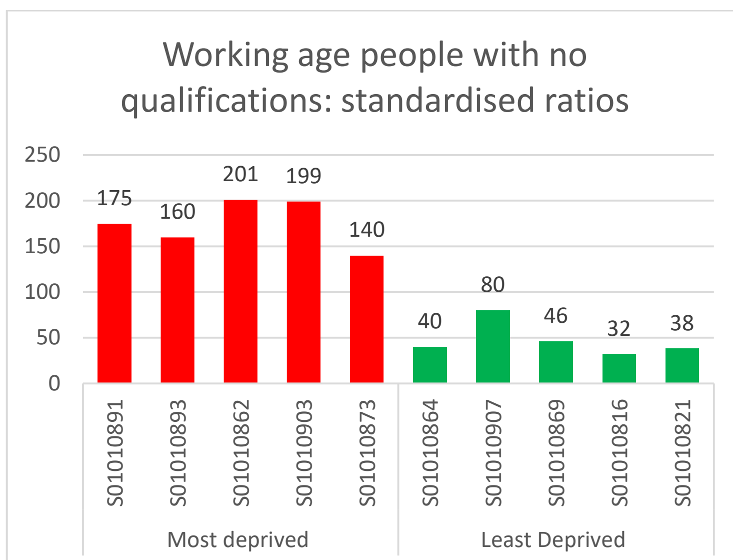
- Attendance
- Attainment
- No qualifications
- Youth unemployment
- University entrants

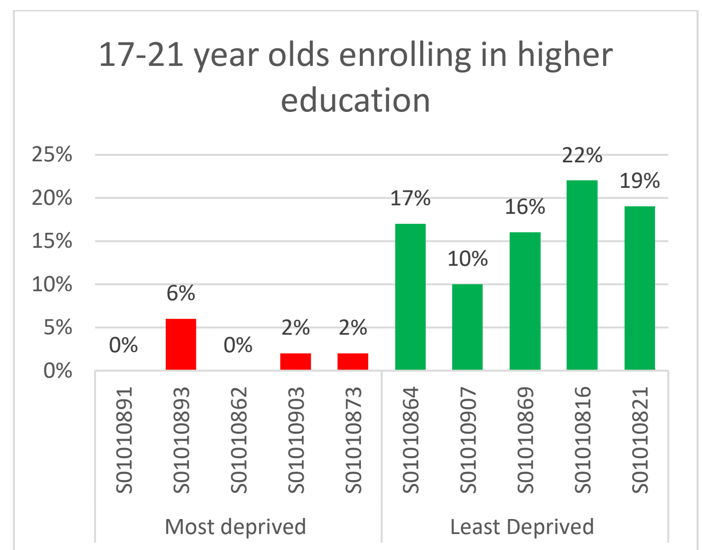
When looking at the Education domain on its own, there are 42 data zones in Inverclyde that fall into the 20% most deprived data zones in Scotland. This is 37% of all Inverclyde data zones. Of these 7, or 6% are in the 5% most deprived in Scotland.

Between 2016 and 2020, the number of data zones in education domain in the 20% most deprived increased by 6 from 36 to 42.

The most deprived Education data zone in Inverclyde falls within the intermediate zone of Lower Bow and Larkfield Fancy Farm and Mallard Bowl. This data zone (S01010862) has an Education domain ranking of 3. The overall SIMD rank for this data zone is 17.

The charts below shows how Inverclyde's top 5 most deprived data zones compare with the 5 least deprived data zones for two of the Education domain measures.





Health Domain

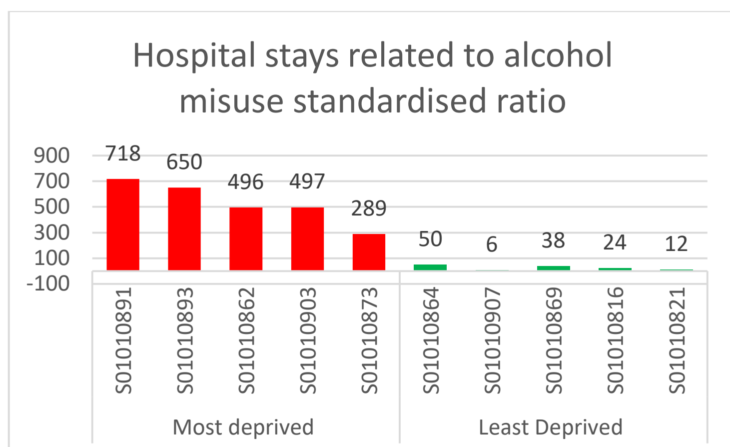
This domain includes indicators which measure:

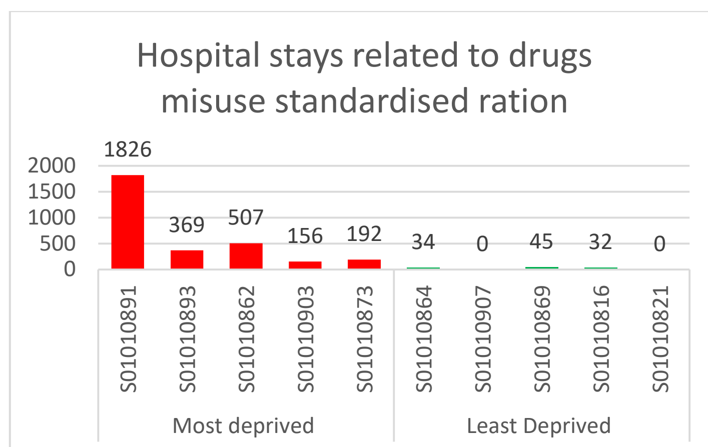
- Comparative illness
- Alcohol and drugs hospital stays
- Mortality
- Number on anxiety / depression medication
- Low birth weight
- Emergency hospital stays

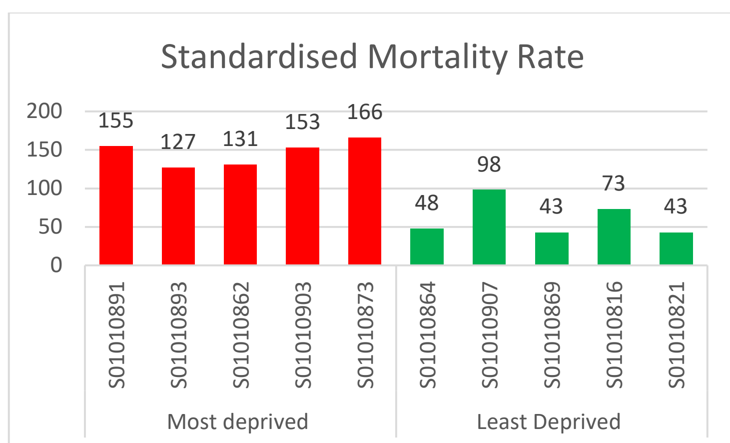
When looking at the Health domain on its own, there are 47 data zones in Inverclyde that fall into the 20% most deprived data zones in Scotland. This is 41.2% of all Inverclyde data zones. Of these 13, or 11.4% are in the 5% most deprived in Scotland.

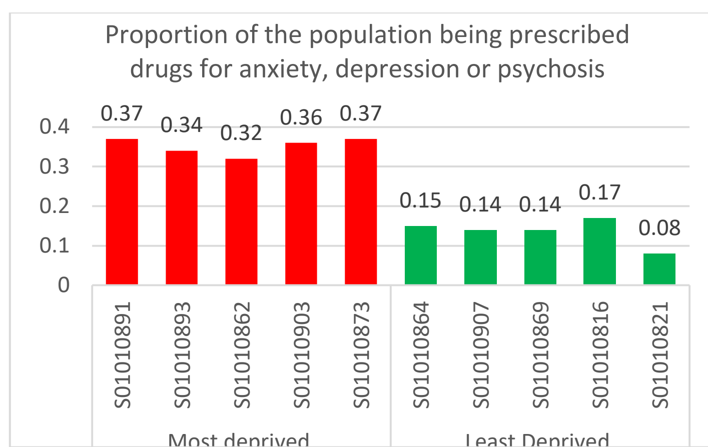
Between 2016 and 2020, the number of data zones in heath domain in the 20% most deprived increased by 3, from 50 to 47.

The most deprived Health data zone in Inverclyde falls within the intermediate zone of Greenock Town Centre and East Central. This data zone (S01010891) has a Health domain ranking of 2. The overall SIMD rank for this data zone is 1.   The charts below shows how Inverclyde's top 5 most deprived data zones compare with the 5 least deprived data zones for four of the Health domain measures.









Geographic Access Domain

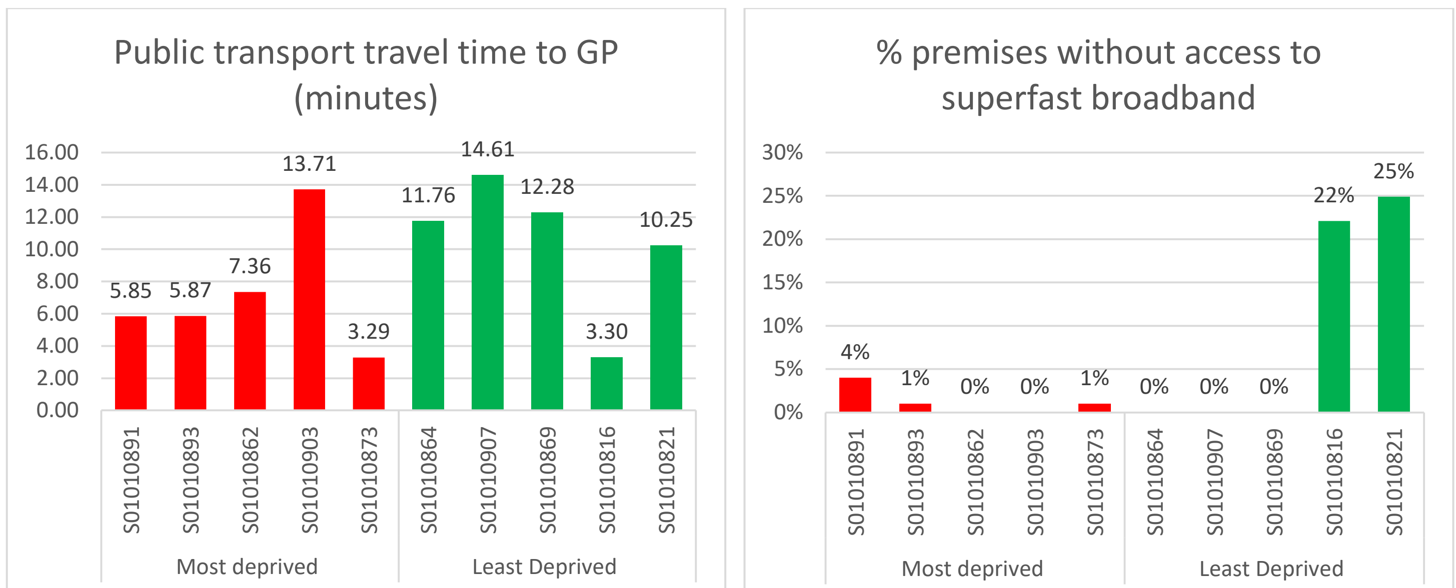
This domain includes indicators which measure average drive time and public transport time to main services such as GP, petrol station, post office, primary and secondary school, retails centre and superfast broadband.

When looking at the Access domain on its own, there are 18 data zones in Inverclyde that fall into the 20% most deprived data zones in Scotland. This is 15.7% of all Inverclyde data zones. Of these 1, or 0.87% falls into the 5% most deprived in Scotland.

Between 2016 and 2020, the number of data zones in geographic access domain in the 20% most deprived increased by 2, from 16 to 18.

The most deprived Access data zone in Inverclyde falls within the intermediate zone of West Braeside, East Inverkip and West Gourock. This data zone (S01010833) has an Access domain ranking of 263. The overall SIMD rank for this data zone is 5513, which places in within the 30% least deprived data zones in Inverclyde.

The charts below shows how Inverclyde's top 5 most deprived data zones compare with the 5 least deprived data zones for two of the Geographic Access domain measures.



Housing Domain

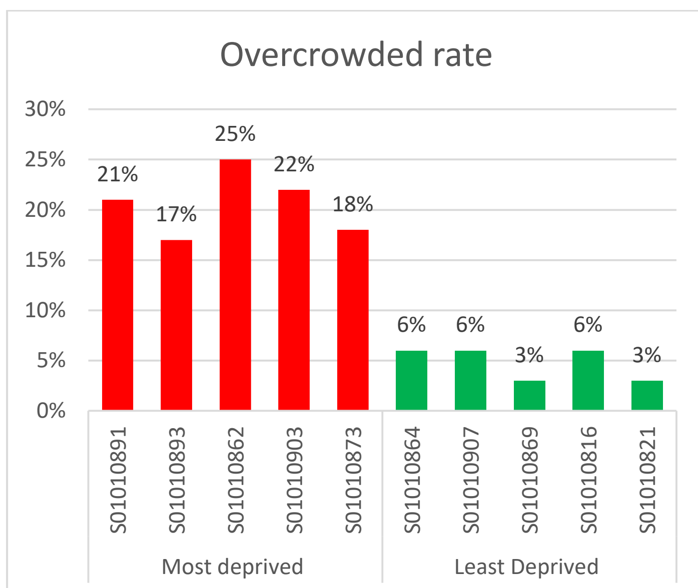
This domain includes indicators which measure the number of households that are overcrowded and without central heating.

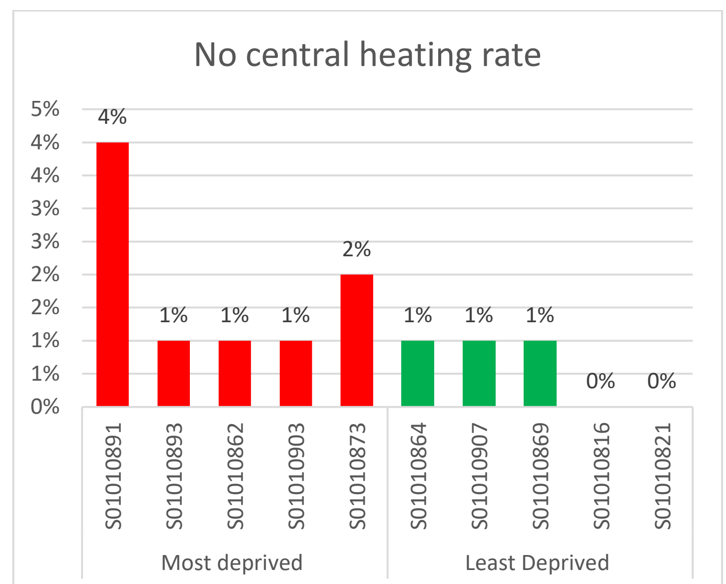
When looking at the Housing domain on its own, there are 42 data zones in Inverclyde that fall into the 20% most deprived data zones in Scotland. This is 36.8% of all Inverclyde data zones. Of these 3, or 3% fall into the 5% most deprived in Scotland.

Between 2016 and 2020, the number of data zones in the housing domain in the 20% most deprived remained at 42.

The most deprived Housing data zone in Inverclyde falls within the intermediate zone of Port Glasgow, Mid East and Central. This data zone (S01010916) has a Housing domain ranking of 171. The overall SIMD rank for this data zone is 300.

The charts below shows how Inverclyde's top 5 most deprived data zones compare with the 5 least deprived data zones for two of the Housing domain measures.





Crime Domain

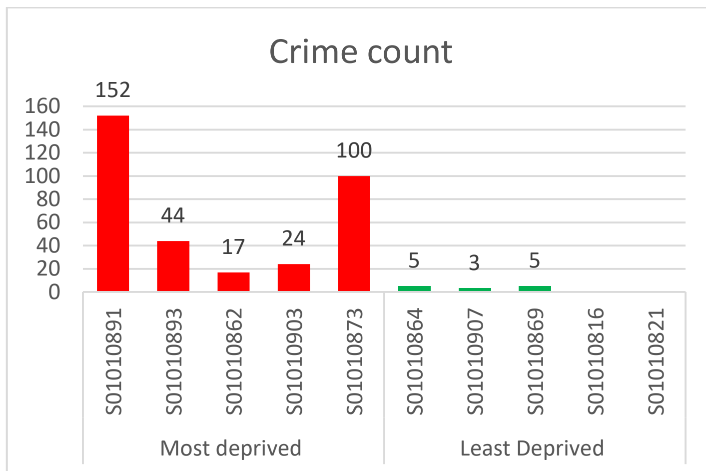
This domain includes indicators which measure recorded crime rate of selected crimes of violence, sexual offences, domestic housebreaking, vandalism, drug offences and common assault.

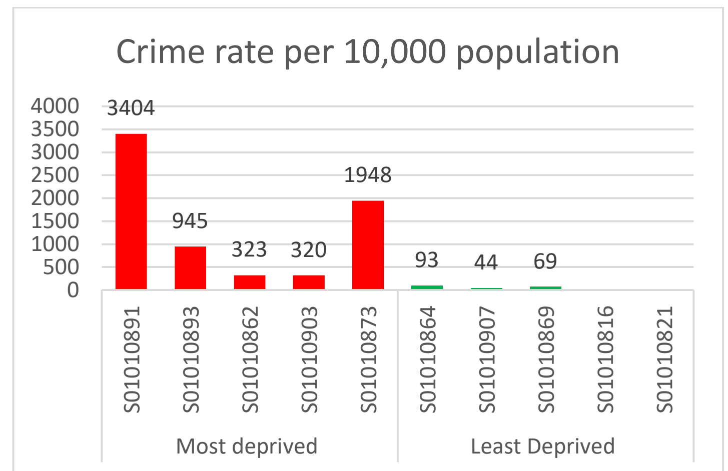
When looking at the Crime domain on its own, there are 24 data zones in Inverclyde that fall into the 20% most deprived data zones in Scotland. This is 36.8% of all Inverclyde data zones. Of these 6, or 5.2% fall into the 5% most deprived in Scotland.

Between 2016 and 2020, the number of data zones in the crime domain in the 20% most decreased by 8 from 32 to 24.

The most deprived Crime data zone in Inverclyde falls within the intermediate zone of Greenock Town Centre and East Central. This data zone (S01010891) has a Crime domain ranking of 17. The overall SIMD rank for this data zone is 1.

The charts below shows how Inverclyde's top 5 most deprived data zones compare with the 5 least deprived data zones for two of the Crime domain measures.





Appendix 1

Data_Zone	Intermediate_Zone	SIMD2020_ Rank
5% most deprived		
S01010891	Greenock Town Centre and East Central	**1**
S01010893	Greenock Town Centre and East Central	**15**
S01010862	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	**17**
S01010903	Greenock East	**35**
S01010873	Greenock West and Central	**54**
S01010904	Greenock East	**75**
S01010890	Greenock Town Centre and East Central	**86**
S01010885	Greenock Upper Central	**130**
S01010901	Greenock East	**158**
S01010910	Port Glasgow Upper, West and Central	**182**
S01010880	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	**213**
S01010895	Greenock Town Centre and East Central	**214**
S01010912	Port Glasgow Upper, West and Central	**219**
S01010889	Greenock Upper Central	**224**
S01010897	Greenock Town Centre and East Central	**266**
S01010892	Greenock Town Centre and East Central	**270**
S01010884	Greenock Upper Central	**273**
S01010911	Port Glasgow Upper, West and Central	**282**
S01010898	Greenock East	**287**
S01010896	Greenock Town Centre and East Central	**292**
S01010916	Port Glasgow Mid, East and Central	**300**
S01010922	Port Glasgow Mid, East and Central	**302**
10% most deprived		
S01010861	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	**371**
S01010887	Greenock Upper Central	**374**
S01010900	Greenock East	**397**
S01010920	Port Glasgow Mid, East and Central	**430**
S01010842	Gourock Central, Upper East and IRH	**441**
S01010849	Braeside, Branchton, Lower Larkfield and Ravenscraig	**459**
S01010894	Greenock Town Centre and East Central	**474**
S01010859	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	**503**
S01010850	Braeside, Branchton, Lower Larkfield and Ravenscraig	**618**
S01010848	Braeside, Branchton, Lower Larkfield and Ravenscraig	**631**
S01010851	Braeside, Branchton, Lower Larkfield and Ravenscraig	**649**
S01010929	Port Glasgow Upper East	**665**
S01010926	Port Glasgow Upper East	**670**
S01010854	Braeside, Branchton, Lower Larkfield and Ravenscraig	**689**
15% most deprived		
S01010888	Greenock Upper Central	**741**
S01010856	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	**771**
S01010928	Port Glasgow Upper East	**775**
S01010921	Port Glasgow Mid, East and Central	**814**

S01010925	Port Glasgow Upper East	**904**
S01010858	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	**1034**
20% most deprived		
S01010923	Port Glasgow Upper East	**1126**
S01010908	Port Glasgow Upper, West and Central	**1161**
S01010917	Port Glasgow Mid, East and Central	**1166**
S01010902	Greenock East	**1170**
S01010924	Port Glasgow Upper East	**1181**
S01010919	Port Glasgow Mid, East and Central	**1209**
S01010906	Greenock East	**1271**
S01010843	Gourock Central, Upper East and IRH	**1329**
S01010927	Port Glasgow Upper East	**1395**
30% most deprived		
S01010886	Greenock Upper Central	**1405**
S01010918	Port Glasgow Mid, East and Central	**1417**
S01010855	Braeside, Branchton, Lower Larkfield and Ravenscraig	**1425**
S01010876	Greenock West and Central	**1526**
S01010877	Greenock West and Central	**1853**
S01010852	Braeside, Branchton, Lower Larkfield and Ravenscraig	**1976**
S01010860	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	**1983**
S01010872	Greenock West and Central	**2041**
S01010846	Gourock Central, Upper East and IRH	**2084**
S01010853	Braeside, Branchton, Lower Larkfield and Ravenscraig	**2098**
S01010905	Greenock East	**2382**
S01010899	Greenock East	**2488**
S01010875	Greenock West and Central	**2551**
S01010878	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	**2614**
S01010913	Port Glasgow Upper, West and Central	**2755**
40% most deprived		
S01010915	Port Glasgow Upper, West and Central	**2824**
S01010881	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	**2977**
S01010914	Port Glasgow Upper, West and Central	**2980**
S01010822	Kilmacolm, Quarriers, Greenock Upper East/Central	**3074**
S01010857	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl	**3109**
S01010879	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	**3129**
50% most deprived		
S01010868	Gourock East, Greenock West and Lyle Road	**3566**
S01010883	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	**3577**
S01010866	Gourock East, Greenock West and Lyle Road	**3604**
S01010832	West Braeside, East Inverkip and West Gourock	**3705**
S01010837	Gourock Upper and West Central and Upper Larkfield	**3789**
S01010840	Gourock Upper and West Central and Upper Larkfield	**3818**
S01010820	Kilmacolm, Quarriers, Greenock Upper East/Central	**3945**
S01010829	Inverkip and Wemyss Bay	**3970**
S01010819	Kilmacolm, Quarriers, Greenock Upper East/Central	**4058**
S01010845	Gourock Central, Upper East and IRH	**4184**

40% least deprived		
S01010909	Port Glasgow Upper, West and Central	**4272**
S01010823	Kilmacolm, Quarriers, Greenock Upper East/Central	**4295**
S01010841	Gourock Upper and West Central and Upper Larkfield	**4432**
S01010863	Gourock East, Greenock West and Lyle Road	**4445**
S01010839	Gourock Upper and West Central and Upper Larkfield	**4453**
S01010838	Gourock Upper and West Central and Upper Larkfield	**4485**
S01010830	Inverkip and Wemyss Bay	**4520**
S01010871	Greenock West and Central	**4545**
S01010870	Greenock West and Central	**4626**
S01010882	Bow Farm, Barrs Cottage, Cowdenknowes and Overton	**4721**
30% least deprived		
S01010874	Greenock West and Central	**5131**
S01010826	Inverkip and Wemyss Bay	**5230**
S01010834	West Braeside, East Inverkip and West Gourock	**5377**
S01010833	West Braeside, East Inverkip and West Gourock	**5513**
20% least deprived		
S01010824	Inverkip and Wemyss Bay	**5591**
S01010825	Inverkip and Wemyss Bay	**5628**
S01010867	Gourock East, Greenock West and Lyle Road	**5634**
S01010847	Gourock Central, Upper East and IRH	**5707**
S01010827	Inverkip and Wemyss Bay	**5727**
S01010835	West Braeside, East Inverkip and West Gourock	**5761**
S01010831	Inverkip and Wemyss Bay	**5769**
S01010828	Inverkip and Wemyss Bay	**5827**
S01010865	Gourock East, Greenock West and Lyle Road	**5884**
S01010836	Gourock Upper and West Central and Upper Larkfield	**5897**
S01010817	Kilmacolm Central	**5912**
S01010844	Gourock Central, Upper East and IRH	**5922**
S01010818	Kilmacolm Central	**6020**
S01010864	Gourock East, Greenock West and Lyle Road	**6079**
S01010907	Port Glasgow Upper, West and Central	**6192**
10% least deprived		
S01010869	Gourock East, Greenock West and Lyle Road	**6504**
S01010816	Kilmacolm Central	**6521**
S01010821	Kilmacolm, Quarriers, Greenock Upper East/Central	**6882**

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Report To:**	**17 March 2020**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/034/20**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board Audit Committee Membership**		

1.0 PURPOSE

1.1 The purpose of this report is to agree the appointment of a voting member of the Integration Joint Board ("IJB") to the Inverclyde Integration Joint Board Audit Committee ("IJB Audit Committee")

2.0 SUMMARY

2.1 The IJB last agreed the membership of the IJB Audit Committee on 10 September 2019.

2.2 Councillor Lynne Quinn recently intimated her resignation from the IJB Audit Committee and it is therefore necessary for the IJB to appoint a new voting member to the IJB Audit Committee to fill this vacancy.

3.0 RECOMMENDATIONS

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

a) notes the resignation of Councillor Lynne Quinn as a voting member of the Inverclyde Integration Joint Board Audit Committee; and
b) appoints an Inverclyde Council voting member to serve on the Inverclyde Integration Joint Board Audit Committee, with the nomination and appointment being made at the meeting.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 On 10 September, the IJB agreed revised membership arrangements of the IJB Audit Committee. Since then, Councillor Lynne Quinn has intimated her resignation from the IJB Audit Committee. As membership of the IJB Audit Committee is a matter for decision by the IJB, it requires to agree the appointment a voting member to the IJB Audit Committee to fill the vacancy.

5.0 AUDIT COMMITTEE - MEMBERSHIP

5.1 The current membership of the IJB Audit Committee is set out at Appendix 1.

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 It is now necessary for the IJB to appoint an Inverclyde Council voting IJB member to the IJB Audit Committee.

5.4 In terms of Paragraph 3.1 of the IJB Audit Committee's Terms of Reference (attached at Appendix 2), the Chair of the IJB cannot be the Chair or Vice-Chair of the Audit Committee. This will require to be taken into consideration when agreeing the new member appointment.

6.0 PROPOSALS

6.1 It is proposed that the IJB agrees the appointment of an Inverclyde Council voting member 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 November 2019

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Elizabeth Robertson (Vice-Chair) **Vacant**	Councillor John Crowther
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair) Dr Donald Lyons	
SECTION B. NON-VOTING MEMBERS		
A staff representative (Inverclyde Council)	Ms Gemma Eardley	
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan	

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 HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date: 17 March 2020**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/17/2020/AH**
Contact Officer:	**Andrina Hunter Service Manager Alcohol and Drugs Recovery and Homelessness**	**Contact No: 01475 715284**
Subject:	**Inverclyde Alcohol and Drug Recovery Development Update**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on the progress of the Inverclyde Alcohol and Drug Partnership Recovery development workstream and to request the use of underspends to further develop local recovery communities.

2.0 SUMMARY

2.1 Inverclyde has significant issues with drug and alcohol misuse within the local community and the impact of this on morbidity and mortality.

2.2 The review of alcohol and drug service provision within Inverclyde is nearing completion with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues.

2.3 Inverclyde historically has not had a well-developed recovery community, therefore developing more robust recovery opportunities has been identified as an area of required focus and attention. Work has commenced with a Recovery Strategy being developed; a Recovery lead post in recruitment; and a range of training in place to support the ROSC (Recovery Orientated System of Care).

2.4 In order to ensure continued focus of developing recovery communities, and ensure the embedding within Inverclyde, it is proposed that an Inverclyde 3rd sector Recovery hub is commissioned to support people with alcohol and drug related harm. This will work in partnership with the HSCP ADRS service and other agencies to support people in their recovery journey.

2.5 Funding of £825k over a three year period from the Integration Joint Board is requested to support the commissioning of a Recovery hub from 2021 onwards. Due to the commissioning lead in time, a range of 12 month programmes are currently being commissioned through a quick quote process, utilising Alcohol and Drug Partnership funding, to start to develop recovery opportunities locally. The commissioned service will incorporate all aspects of recovery into the service specification. Funding for ADP is confirmed for 2020/21.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to agree the following recommendations:

- Recruitment to a recovery post for 12 months to support the establishment of a recovery approach including commissioned services within Inverclyde and support development of recovery concepts within communities.
- The approach to commissioning of 4 tests of change to test out the model and learn from tests.
- The allocation of £825k across 3 years from the transformation fund to support the development of a commissioned community recovery hub, if future funding from the Scottish Government to Inverclyde Alcohol and Drug partnership is not confirmed.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde has significant issues with drug and alcohol misuse within the local community and the impact of this on morbidity and mortality. The locality needs assessment found the following:

Alcohol

- Although improving alcohol related deaths (2016) in Inverclyde remain well above the Scottish average at 38 per 100,000, compared to Scotland at 23 per 100,000.
- Alcohol related admissions 2015/16 is higher than in the rest of Greater Glasgow & Clyde (GGC). Inverclyde 101.5/10,000; NHSGGC 83/10,000

Drug Misuse

- Inverclyde has nearly double the drug misuse prevalence rate in Scotland (1.62% Scotland, 2.91% Inverclyde) 2015/16 data.
- For young people within the 15-24 age group, rates in Inverclyde are the highest across all local authorities for both young men and young women.

Drug Related Deaths (DRD)

- There were 24 DRDs in 2018 compared to 23 in 2017, the third worst in Scotland.

Deprivation

- The latest SIMD data has indicated Greenock Central to be to most deprived data zone in Scotland.

4.2 In order to respond to the national and local alcohol and drug related issues, in 2018 the Scottish Government published both the new Drug/Alcohol Strategy; Rights, Respect and Recovery and the new alcohol framework, Preventing Harm. More recently, the Scottish Government Drug Deaths Taskforce (2020) has published an evidence base related to drug deaths.

4.3 Locally, 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”. Significant work has been undertaken to understand the issue and consider the Inverclyde response. Data analysis, work with communities and those that use services has helped to shape a new model.

4.4 A review of alcohol and drug service provision within Inverclyde has been ongoing since 2018 with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues. Three main areas were identified:

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

4.5 Through the Alcohol and Drugs Partnership a new prevention strategy is being developed through a commissioned piece of work by Rocket Science, a company which has been involved in GGC NHS Board strategy. Ongoing work led by the Community Learning Development team involving all partners is taking place to support a refreshed approach to education and prevention.

4.6 The review of HSCP services is nearing completion with the new Alcohol and Drug Recovery Service now established to appropriately support assessment, treatment and care of service users. Regular reports to relevant committees have been ongoing throughout the review.

A key outcome from the Alcohol and Drugs Review was to develop a recovery approach and implementation plan as part of the wider recovery framework and development of the Recovery Orientated Systems of Care (ROSC). Inverclyde historically has not had a well-developed recovery community for people affected by alcohol or drug related harm, therefore this is a key area identified for development. A system wide approach to support, which must include a robust focus on recovery communities, is required in Inverclyde.

5.0 RECOVERY PROGRESS

5.1 Progress has now commenced on building recovery communities for people affected by alcohol and drug related harm. A recovery lead post was introduced within the HSCP to ensure appropriate capacity to lead and develop recovery strands of work. The post is currently vacant and is in the process of recruitment for a further 12 months.

5.2 The Inverclyde Recovery Development Group has been established and is meeting monthly. A short life working group has been established with a range of key partners to develop the Recovery Strategy for Inverclyde, which will form part of the overarching Alcohol and Drug Partnership Strategy.

The Recovery Development Group has identified the key elements to be included within the strategy. This includes the following five areas:

Alcohol and Drug Recovery Strategy

Needs Assessment

- An understanding of the national and local policy drivers relating to drugs and alcohol across Scotland and within Inverclyde.
- An analysis of the assessment and inspection work completed across Inverclyde in recent years relating to the provision of drug and alcohol services.
- An understanding of the views of people who make use of the current services.
- An understanding of the views of the current range of service providers.
- An understanding of the views of families and communities.

A vision for recovery in Inverclyde.

This will be based on the needs assessment and the views of those managing and providing services, those people who make use of services and their families and communities.

Values and principles

This will incorporate the values and principles identified within and across the range of services which are universally held and currently in place. However there may be specific areas which apply to recovery within drug and alcohol services. A key focus may be the previously identified areas of stigma and discrimination.

Strategic Priorities

The development of a recovery strategy will identify a range of actions which will have a consequence for a range of services beyond those provided by the drug and alcohol services across all sectors. The prioritisation of these actions will require significant consultation and agreement.

Outcomes and Review

It is vital that there are clear easily understood outcomes identified within the recovery strategy. In addition there requires to be a review system to ensure the identified outcomes are monitored and are met.

5.3 The Scottish Drugs Forum has been working with key partners in Inverclyde to develop the Recovery Orientated Systems of Care (ROSC) across the whole system of support, including with our third sector partners, and community training was delivered throughout December and January 2019 to train over 100 staff from across all partners. In addition, further training focused on tackling stigma is being delivered.

6.0 COMMISSIONING

6.1 A longer term and increased focus on recovery is required to fully develop and embed recovery communities within Inverclyde. This will require a commissioning approach to fully utilise the vital role 3rd sector organisations can make to the alcohol and drug related harm issues within Inverclyde.

6.2 It is proposed that Inverclyde aims to commission a large scale 3rd sector recovery hub for alcohol and drugs. The Recovery Hub will play a key role in Inverclyde's response to the problems caused by alcohol and drug misuse and provide tier 2 services alongside recovery support. The Recovery Hub will work in partnership with the statutory alcohol and drug care and treatment services (ADRS) and other agencies as part of a recovery-orientated system of care, aiming to reduce drug-related deaths and promote recovery in line with the Inverclyde Alcohol and Drug Partnership Strategy. It is envisaged the Hub will support service users at varying stages of recovery providing a service to service users both known and unknown to ADRS.

Service users will receive support through the Recovery Hub on a number of levels:

1. Service users jointly worked with ADRS who will have a care manager from ADRS as well as a designated keyworker from the Recovery Hub.
2. Service users not receiving ADRS support who are managed by the Recovery Hub with support co-ordinated via a Recovery Hub keyworker.
3. Service users mainly supported through Recovery Communities or other services who may access the Recovery Hub activities for specific time limited support or referral/signposting as and when required.

6.3 It is requested that if future funding to the Alcohol and Drug Partnership, from the Scottish Government is not agreed, the Integration Joint Board utilises the transformation fund to use £275,000 of funding each year for the next 3 years, alongside £90k of current commissioned budget, to commission a Recovery Hub for Inverclyde over a 3 year period 2021-2024. It would be the intention that a full recovery specification for the range of areas identified below in paragraph 6.5 would be developed throughout 2020, with a full tender and commissioning process being undertaken, ready for implementation from 1 April 2021.

6.4 This will take time to commission therefore in order to progress the development of recovery within Inverclyde for 2020/21, funding from the Alcohol and Drug Partnership of £190k is being utilised to commission three 3rd sector programmes to directly increase recovery opportunities locally.

6.5 There have been delays in commissioning due to ensuring robust procurement processes are being followed, however this is now underway in line with NHS procurement requirements. In order to commission these quickly, a short specification and quick quote process which is permissible for programmes under £50k is underway.

The three areas which are being commissioned for 12 months from 1 April 2020 are:

1. £50k for an early intervention service which identifies and supports people at the early stages of developing alcohol and drug related conditions. Currently this cohort is seen within statutory services however could be better supported by a tier 2 3rd sector community organisation. It will be available 7 days including weekends and evenings.
2. £50k for a Peer Support Service. This will deliver 1:1 recovery support and

planning to support service users in their recovery journey into meaningful activity, engagement in wider community activities, and routes to employability. It will be available 7 days including weekends and evenings. Referrals will come from the HSCP Alcohol and Drug Recovery Service. This will be delivered by workers with lived experience of alcohol and/or drug related harm.

3. £40k for development of a network of Voluntary Peer Mentors and wider recovery supports available 7 days including weekends and evenings. E.g. recovery cafes; increased fellowship meetings etc. This network will be supported by a worker with lived experience of alcohol and/or drug related harm.

All the above services will be within the service specification for the new service and ADP funding for £140k will be utilised going forward.

6.6 In addition, it is the intention to utilise a similar quick quote process for commissioning a 3rd sector based family support service for £50k to support the delivery of evidence based family support across all localities in Inverclyde, including identifying family members who require support whether their loved ones are in alcohol and drug services or not. The intention would be that future Alcohol and Drug Partnership funding will be utilised to fully commission this support and increase the delivery from 2021 onwards.

7.0 IMPLICATIONS

FINANCE

7.1 Request to fund a spend of £825,000 from Transformation Fund. It is anticipated that core budgets will be released at the end of the 3 years to support new service delivery/improvement.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Alcohol & Drugs Service	Payments to Other Bodies	20/21	190	N/A	ADP Core Funding - Health
	Payments to Other Bodies	21/24	1,245	N/A	£275k Transformation Fund £90k Core Funding – Council £50k ADP Core Funding Annual Cost of £415k

Annually Recurring Costs/ (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

7.4 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.

7.5 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- developing recovery communities will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact recovery communities 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 Inverclyde 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

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

7.7 **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 Inverclyde 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 recovery network 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 and revising the funding and using a mix of statutory and 3rd sector provision enables best use of resources in the future.

8.0 DIRECTIONS

8.1

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

9.0 CONSULTATION

9.1 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.

10.0 BACKGROUND PAPERS

10.1 Previous reports to Integration Joint Board outlining Phase 1, Phase 2 and Phase 3 ADRS Implementation Plan.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/21/2020/SMcA**
Contact Officer:	**Sharon McAlees**	**Contact No:**	**715282**
Subject:	**Hard Edges Scotland Report**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board of the main findings from the Hard Edges Scotland Report and key messages from recent Inverclyde events and to request the Board to approve funding for two care navigator posts

2.0 SUMMARY

2.1 Lankelly Chase and Robertson Trust commissioned a piece of research to Heriot-Watt University to look at the complexity of the lives of people facing multiple disadvantages in Scotland. The findings from this research culminated in the publication of the Hard Edges Scotland Report in June 2019.

2.2 The central aim of this study was to establish a statistical profile of the extent and nature of severe and multiple disadvantage (SMD) in Scotland. This included clarifying the patterns of overlap between the different specified domains and creating a fuller profile of those affected.

2.3 It also sought to illuminate both service provider and service user perspectives on the routes into SMD and experiences of interacting with multiple service systems, in order to identify requirements for national and local system change.

2.4 In addition, Lankelly Chase also allocated funding for the purpose of holding local events as a means of launching the Hard Edges Scotland Report and holding local new conversations about SMD. An event was held in Inverclyde on 22nd October followed by two follow-up sessions in January.

2.5 Inverclyde HSCP has undertaken a thorough analysis of the data to identify people who are currently receiving a service from Criminal Justice Social Work, Alcohol and Drug Recovery Services and Homelessness Service (i.e experiencing three SMDs) to understand how these services overlap, how effective they are in addressing need and identify examples of best practice or indeed areas for service improvement.

Current analysis shows 22 people with all 3 disadvantages within Inverclyde and an individual response is required. It is proposed to introduce a pilot to develop a care coordinated response to individuals with multiple complex issues. It is recommended that 2 care navigators are appointed to support a new way of working involving a multi-disciplinary approach using the totality of resources in a coordinated way with individual bespoke support packages.

2.6 The Council's Health & Social Care Committee on 27th February agreed to the appointment of two care navigators , subject to funding being approved by the Integration Joint Board

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

a. Notes and gives comment on the Hard Edges Scotland Report.

b. Approves funding for the appointment of two care navigators and agrees to receive an evaluation report in May 2020.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Lankelly Chase had originally commissioned a Hard Edges England Report which was published in 2015. It was agreed to replicate this research in Scotland while applying learning from the original study. The latter included forming a statistical profile of SMD, but moreover, outlining the patterns of overlap between the different specified domains. In addition, the Scottish study included qualitative elements from six Local Authorities where 25 local key informants were interviewed; 47 front-line workers participated in focus groups and 42 in-depth interviews were undertaken of people experiencing SMD.

4.2 The original Hard Edges England Report focused on three disadvantages of homelessness, substance dependency and offending. The Hard Edges Scotland Report extends this to also consider mental health and domestic abuse.

4.3 The Hard Edges Report identified the key themes of routes leading into SMD being driven by poverty, violence and trauma. It also outlined the considerable impact of these on every aspect of people's lives including increased likelihood of experiencing a long-term limiting illness, difficulties in maintaining stable housing and prospects of securing employment.

4.4 The research estimates that around a total of 191,000 people have a relevant experience across the three original domains in a typical recent year. This suggests a national prevalence rate in Scotland of 42.9 per thousand population for one domain. It is estimated that 156,700 people experience one of these disadvantages only 28,800 people experience two disadvantages and 5,700 people experience three disadvantages.

4.5 When considering the five disadvantages, the research estimates that overall 875,000 people in Scotland experienced one of these disadvantages (over one fifth of the entire adult population); 226,000 people have experienced two of them, but a much smaller number of 21,000 have experienced three SMDs.

4.6 When considering the overlap of these disadvantages; it is estimated that 8,500 people have a combination of homelessness and offending; a very similar number (8,300) have a combination of homelessness and substance misuse and a somewhat higher number (11,900) experience offending and substance dependency. It is also estimated that 5,700 people experience all three disadvantages.

4.7 The research estimates for Inverclyde that the overlap of people experiencing both homelessness and offending is 35, while the overlap of homelessness and substance dependency is 90. However, the overlap of offending and substance dependency is 257 people. The research estimates that there are 81 people in Inverclyde who are currently experiencing all three of these disadvantages.

4.8 Inverclyde held a Hard Edges event on 22nd October where approximately 80 people attended from a range of agencies and services, both public sector and third sector. There were four conversation cafes as part of the event that focused on:

- Poverty and SMD
- Trauma and SMD
- Early Intervention
- Working Together

4.9 Key messages from the event and suggested actions included:

- Holding a specific event for people with lived experience of SMDs and front-line staff with the aim of reducing stigma and sharing a common language of compassion and kindness.
- Recognising a whole community response is required that includes all of the local assets in our communities.
- The need to continue to develop a more joined up approach that is person-centred and the range of partners and supports are able to work more closely together.

4.10 Following approval of these actions at the Alliance Board on 9th December; the following progress has been taken:

- Approval was given by Lankelly Chase to fund two workshops targeting people with lived experience and front-line staff from the wide range of third sector organisations. CVS Inverclyde hosted these in January.
- Feedback from these workshops will be used to launch the development of a Resilience Network in February that will adopt a whole community response and will help to improve pathways of support for people to move out of SMD.
- The HSCP is in the process of taking a deep dive into data to have a better understanding of how services are currently working together and identify any improvements of practice.
- Inverclyde Community Justice Partnership will focus on Voluntary Throughcare at the annual Development Session in March to develop a bespoke local model with clear pathways of support. This will target people who are potentially experiencing the three SMD of offending, substance misuse and homelessness.
- Four representatives from Inverclyde Community Justice Partnership will represent Inverclyde at a national Hard Edges event in Stirling in February, outlining progress to date and actions going forward.

Local analysis found:

- the ADRS caseload is 1206 individuals(EMIS)
- Homelessness case (either Prevent 1 or HL1) that was open 428 individuals(SWIFT)
- Any Criminal Justice order (e.g. CPO, DTTO) is 420 individuals(SWIFT)
- 107 are open to ADRS & Homelessness
- 104 are open to ADRS & CJ
- 39 are open to Homelessness & CJ
- 22 people are open to criminal justice, ADRS and Homelessness

5.0 PROPOSALS

5.1 The locally analysis was a snapshot in time however it has identified 22 people currently within the system experiencing three disadvantages. Response to hard edges is to adopt a similar approach to the pathway work adopted for long term conditions, a pathway for complex care that support people through a system. A care navigator is appointed who works with a small number of people linking them into locally service, advocating, mentoring and supporting them. Often people within hard edges report are involved with services however they have the most complex entranched issues. A multi-disciplinary approach is required to break the cycle of addiction, offending, prison and homelessness.

Outcomes for 22 individual are easily tracked through an outcome framework to monitor the success of the pilot.

The workers should be based in the Inverclyde centre to build relations and support individuals outwith normal working hours. There will be a link into social prescribing, primary care, recovery services including peer mentors, housing and leisure facilities to support a lifestyle change..

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

Two posts funded by transformation fund at cost of £100k including on costs for 12 months.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report (£)	Virement From	Other Comments
Hard Edges (new)	Employee Costs	19-20 to 20-21	81,600		Costs based on 2 FTE Grade 6's for 12 months

Annually Recurring Costs/ (Savings)

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

6.2 **Legal**

n/a

6.3 **Human Resources**

n/a

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.2 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

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

6.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	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	
	2. Inverclyde Council	X
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

8.0 CONSULTATIONS

8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

9.0 BACKGROUND PAPERS

9.1 Hard Edges Scotland Report Summary.
https://lankellychase.org.uk/resources/publications/hard-edges-scotland-summary-report/

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/22/2020/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Service**	**Contact No:**	**01475 715282**
Subject:	**Continuing Care**		

1.0 PURPOSE

1.1 The purpose of this report is to provide the Integration Joint Board with an update on the work being progressed to reduce the pressures associated with the provision of continuing care whilst ensuring corporate parenting duties are fulfilled in respect of young people's right to continuing care.

2.0 SUMMARY

2.1 Over the course of the past ten years new policy initiatives and legislation have been implemented; this has not only influenced the philosophy of how we look after our young people, but has increased our corporate parenting responsibilities. A significant feature of this is continuing care, increasing young people's right to receive care and support including accommodation until the age of 21years effectively extending the length of time that a young person can potentially remain in placement by five years.

2.2 A review of residential care was undertaken to enable a clear understanding of the demographic and demand-led changes affecting provision of in-house residential care including the impact of continuing care.

2.3 The review highlighted a number of pressures associated with continuing care and offers a proposal for an extension of our strategic approach to our corporate caring responsibilities to include a "staying close" hybrid model of care as a cost effective measure to enable us to meet both our statutory and demand pressures in conjunction with the need to increase bedroom capacity within each of our residential children's houses from six to seven.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to approve the finance recommendations contained in the report at 6.1 and note and endorse the remaining recommendations being:

1. Adaptation to each of the children's houses to increase from 6 to 7 bedrooms.
2. Development of hybrid core and cluster accommodation linked to residential services.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 In 2008, Inverclyde's residential children's services commenced an ambitious programme of re-provisioning. It was a three stage programme that required significant financial investment from Children and Families Service via revenue budget savings, and included replacing three residential Children's Houses that provided accommodation for 24 young people, with three modern purpose-built homes for 18 young people.

4.2 In 2014/15, the percentage of children and young people looked after in Inverclyde was 1.4% of total numbers in Scotland. By 2017/18, this percentage had steadily increased to 1.7%. The numbers have remained the same within Inverclyde for 2018/19, however the Scottish figures for 2018/19 have not yet been published. Given the levels of deprivation, alcohol and drug dependency and the prevalence of other adverse childhood experiences, these figures are expected to remain static if no other action is taken.

4.3 The service continues to see that young people who become looked after and accommodated are not returning home. It could be argued that the roll-out of GIRFEC, effective early intervention and robust permanency planning are effective in ensuring only those who require to be looked after and accommodated do so and as a consequence, remain in long term care. Indeed we are seeing a notable reduction in short term admissions however those young people who are accommodated long term have complex needs. This pattern has been developing since 2013 and reinforced by the introduction of the continuing care legislation in 2015. Continuing care increases a young person's right to receive care and support including accommodation until 21years of age which in effect increases their right to stay in placement by five years.

4.4 The provision of continuing care undoubtedly provides a safety net for some of the most vulnerable young people in Inverclyde. However, should the trend in numbers of Inverclyde looked after children continue, this will present significant financial pressures with the challenge being twofold. Firstly, providing sustainable continuing care placements that are financially viable. Secondly, retaining capacity within our existing services to meet the needs of future children requiring to be accommodated. Failure to strike a balance in these competing demands is likely to result in the need to purchase placements externally resulting in significantly increased costs.

4.5 The service does not anticipate that all looked after young people will opt for continuing care however it is recognised that for the majority of young people who cannot return to their birth family the longer they remain in a supportive placement the better the long-term outcome. It is anticipated that the biggest financial pressure will be within our own children's houses and for young people with a disability in specialist placements. Fostering services are managed through the approval of foster carers' registration approval age range and placement numbers. Although continuing care placements are not counted by the Care Inspectorate as part of the number of children placed, carers are nevertheless restricted by the size of their accommodation. Kinship carers are specifically caring for family members and are more likely to reach mutually agreeable family decisions around when a young person moves on.

4.6 There are three main alternatives to continuing care.

- If the young person is between 16years and 18years they can remain within their care placement on a statutory basis (looked after) as long as this placement is meeting their needs. Inverclyde currently has 10 young people in local residential provision in this category with a further four eligible in 2020. In external provision there are no young people in receipt of continuing care however one is eligible but remains looked after and in 2020 a further four will be eligible.
- Development of a Core and Cluster model will provide the option for young people age 18years to transition to Cluster accommodation aligned to the Core Children's House.
- Young people who cease to be looked after and do not opt for continuing care are entitled to after-care services; this can be within their own home or with parents/relatives.

4.7 Taking account of young people currently in continuing care or eligible for continuing care and the projection of those in long term placements who will become eligible, it is evident that additional accommodation is required. Additional accommodation provision will provide the opportunity to retain young people in Inverclyde, which allows young people to maintain their networks of support and sense of belonging whilst at the same time being cost effective

4.8 The development of a Core and Cluster model of residential care would allow looked after children to be cared for within core accommodation at Crosshill, Kylemore and The View and over 18s who opt for continuing care and are assessed as being ready to make the transition would be placed within the cluster accommodation leased from RSLs. It is envisaged that the model would work on a similar basis to homelessness services whereby the RSL leases the accommodation to the HSCP and the service determines which young people move in.

4.9 The current programme of social housing expansion across Inverclyde has provided the opportunity for new build accommodation to be leased to the HSCP as cluster accommodation for young people. In effect, over the course of 2020 this will provide accommodation for up to 8 young people, and in turn provides future capacity to provide placements for new admissions, reduce the need for external residential placements or plan returns for young people from external placements to local provision if in the young person's interests.

4.10 The provision of cluster accommodation is viewed as a viable model of alternative accommodation. Cluster flats will enable young people to receive a tailored level of care and support that meets their needs. Whilst this model would be in keeping with the legislation it has the advantage of being aligned to a young person's developmental needs and at the same time considerably more cost effective than traditional residential care. The area of need that will require specific planning and resource will be linked to the individual young person's wellbeing needs but will also take account of their financial circumstances as this will influence capacity to contribute to managing living expenses.

4.11 The cluster accommodation potentially provides the capacity to reduce one external placement. This would release a saving of circa £200,000 FYE per annum. It would also enable the service in the longer term to offer internal placements rather than more costly external placements avoiding future costs rising.

4.12 To address the pressures associated with continuing care, the service was allocated recurring budget of £200,000 in conjunction with £500,000 earmarked reserves. This funding has contributed towards recruitment of one Care Planning and Improvement Officer and two support workers. The robust management of care planning processes is the most effective mechanism to manage placement demand and control costs, along with additional capacity of support workers to enable young people to make successful transition to cluster accommodation.

4.13 The provision of cluster accommodation alongside the increase in the number of bedrooms within each of the Inverclyde's children's houses is viewed as a viable model that will allow looked after children to stay put and have a sense of belonging within their own community. Whilst this model would be in keeping with the legislation, it has the advantage of being aligned to a young person's wellbeing needs and at the same time considerably more cost effective than funding external placements in the long term.

5.0 PROPOSALS

5.1 It is proposed that the service continue to progress the workstream associated with continuing care, aiming to have the works associated with additional bedrooms completed early 2020, the first core and cluster houses will be ready for occupancy first quarter of 2020 and the final four flats on completion of the builds at a further site.

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
Children & Families	Continuing Care	19/20	31	N/A	Continuing Care EMR – Start-up costs Cluster Flats (TBC)
Children & Families	Continuing Care	20/21	31	N/A	Continuing Care EMR – Start-up costs Cluster Flats
Children & Families	Property Costs	20/21	60	N/A	Estimated cost to convert 3 study rooms to bedrooms, Fund from children's residential EMR (TBC)

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
Children & Families	Continuing Care	20/21	5	N/A	1st Year running costs Cluster Flats. Funding from balance of continuing care recurring budget.
Children & Families	Continuing Care	21/22	13	N/A	Full year impact of cluster flats – funding from balance of continuing care recurring budget.

Legal

6.2 N/A

Human Resources

6.3 N/A

Equalities

6.4 Has an Equality Impact Assessment been carried out?

X	YES
	NO

6.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Care experienced young people will have the opportunity of continued supportive relationships and provision of care
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.	Care experienced young people have been and will continue to contribute to the development of services for care experienced young people
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are clinical or care governance implications arising from this report, in that the service will be safer.

6.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The core and cluster proposal for continuing care will provide young people with a supported transition from care which will improve their 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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This proposal provides opportunity for care experienced young people to have an enhanced and supportive transition from care.
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.	Care experienced young people are more likely to

	experience health inequalities this proposal provides opportunity to address this through ongoing care 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.	None
People using health and social care services are safe from harm.	
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	This proposal offers an opportunity to address the resource pressures associated with residential childcare and the provision of continuing care.

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATIONS

8.1 The work associated with continuing care has been undertaken in consultation with corporate parents/young people and RSLs.

9.0 BACKGROUND PAPERS

9.1 None.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date: 17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/31/2020/AS**
Contact Officer:	**Allen Stevenson** **Head of Health & Community Care** **Inverclyde Health & Social Care Partnership**	**Contact No: 01475 715283**
Subject:	**TAILORED MOVING AND HANDLING SOLUTIONS**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the initial outcomes of an IHUB funded project and to propose a “spend to save” mode of changing practice around complex moving and handling and care solutions.

2.0 SUMMARY

2.1 This spend to save work is offering an opportunity to move away from entrenched practice and shift towards safe, creative and tailored solutions offering the least intrusive care provision, more personalised care and allowing increased choice for service users and their families.

2.2 The approach has been very well received by service users and their families and by care at home staff members as it offers opportunities for families to be more involved in care provision offering people more flexibility and choice in how their support is delivered. Where Care at Home staff have been involved, there is a more personalised 1-1 approach and less intrusion of multiple carers providing care, resulting in an improvement in people’s dignity and quality of the care provided.

3.0 RECOMMENDATIONS

3.1 That agreement be given to implementation of the roll-out of Tailored Moving and Handling Solutions beyond the project timeline.

3.2 That it be agreed to support the funding of 1 WTE I grade Occupational Therapist (for 18 months initially) to sustain the focus of the work and drive this work forward, and to have the capacity to support reviews around moving and handling.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Complex Care Demands within the Community

The shift in the balance of care has resulted in a far higher proportion of complex care being provided at home. Our Home First approach and remodelling of services to support this work have resulted in many older people with complex needs being supported at home reducing the demand for Care Home placements and resulting in decisions by Elected Members recently to reduce this budget.

Within Inverclyde there are 163 service users who receive double up (2 carer) care visits at home. The total hours in these care packages are 3768 hours per week (based on 2 workers, 1884 care hours).

To accommodate this, there has been a significant increase in moving and handling equipment provision to people's homes. Some of the care we deliver requires hoisting or using patient handling equipment.

Our approach, which has been in place for many years, is to use two carers in these cases to ensure safe moving and handling procedures using the current provision of equipment. Evidence from other areas which have implemented a one handed care approach has seen that around 30% of people who have complex moving and handling needs are suitable for a model of moving and handling which, using different techniques and equipment, is able to be completed by one carer. The feedback from this work, which has gained much traction in England, is very positive from people who receive services and who feel the quality and delivery of care are more personal.

4.2 Difficulties around Care Demands

Inverclyde is experiencing the same issues with regards to recruitment of care staff as other areas across the UK. There is increasing demand to the front door of services as we support more people to live well within their own homes; however on current projections the care response required to support this is consistently growing in a climate of restricted resources.

Silo budget thinking was a barrier to moving forward in the past with this work as there is an increased cost to the equipment and adaptation budget that has a positive effect on care budgets.

Creative thinking to best meet the projected care demands and deliver the best quality care solutions for people with care needs gives rise to different solutions to how care is delivered.

4.3 Test of Change

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 aspiration of the project was to 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 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.

There is now equipment on the market that in certain situations allows for the same transfer and support being carried out by one carer therefore enhancing the care experience. This equipment is significantly more costly than the standard equipment currently used and has a cost implication to Equipment Services however the resulting care cost reductions allow for an overall reduction in the cost of care delivery. It is important to work outside silos of practice to ensure that we continue to improve our service delivery to the people of Inverclyde.

There has been a lot of interest in this test of change project from other areas in Scotland; the barriers in these areas to move this forward appear to be budget silos and no capacity within OT services.

4.4 **Outcomes of Test of Change**

From May 2018 to date, 27 people with complex care needs have moved to 1 handed care solutions. This has resulted in a reduction/prevention of 321.5 care hours per week.

The service users groups were from Learning Disability, Physical Disability and Older People services. It is important to differentiate between actual savings and cost avoidance (where services have been requested and an assessment, equipment provision and training has prevented the care being required).

Based on the indicative budget rate of £15.94 the tables below highlight the outcomes of the project.

Care cost package reduction

Care hours Saved	**121 hours per week**
Cost of care hours saved	**£1929.54**
Projected current year savings PYE	**£50,392**
Annual savings ongoing FYE	**£100,606**
Equipment /adaptation costs	**£11,276**
Total annual costs savings (excluding OT costs)	**£92,238**

Care package cost avoidance on assessment

Care Hours saved	**200.5 hours per week**
Cost of care hours saved	**£3195 per week**
Projected current year savings PYE	**£76,850**
Annual savings ongoing FYE	**£166,637**
Equipment/ adaptation costs	**£15,945**
Total ongoing annual cost avoidance	**£150,692**

Full costs of an occupational therapist not included above are £48,712. There are additional training costs for staff to become trainers - level 4 ROSPA qualification

in advanced manual handling training for single handed care. £6,000 for a 2 day session (10 staff).

Based on the indicative SDS rate of £15.94 care rate this is a reduction on current care package costs of **£50,392** (projected full year costs of **£100,606**).

Client group	OP	Total
Reduction of care costs from assess date to year end	£50,392	£50,392
Reduction of Care Costs (projected for full year ongoing)	£100,606	£100,606

As the focus is currently at new people accessing the service or requests for increases in care there has also been a focus around cost avoidance of increasing packages of **£76,850** (projected full year costs **£166,637**). The breakdown of this is detailed in the table below.

Client group	LD	PD	OP	Total
Prevention of increased hours costs to year end	£29,520	£35,001	£12,329	£76,850
Prevention of care costs projected for full year ongoing (cost avoidance)	£37,400	£90,590	£38,647	£166,637

Additional Costs for Implementation

The equipment costs to date around £35,440 with an additional £800 per year LOLER testing and servicing costs on lifting equipment. When no longer in use the equipment is able to be recycled and used for other service users. There will be an escalation in proportion with the number of people supported using this approach however this should be absorbed with any care savings costs and reduction in traditional equipment orders.

4.5 The cost of training staff to be a certified trainer is £600 per person. To date, 7 Moving and Handling trainers have completed the course (funding from the IHUB) award. The service is scoping training for all Inverclyde Local Authority Moving and Handling trainers being hosted in Inverclyde with other Local Authorities purchasing a place to contain costs.

4.6 **One Handed Tailored Care in Practice**

To date, the work has allowed for the roll-out into Reablement Home First staff only, the In Reach OT has also trained staff in the Larkfield Unit and provided equipment to the local hospital and it assesses and plans for discharge using this model of care.

In 50% of the cases family members have been trained and are able to use the equipment, 5 of the people have been identified by the In Reach OT with a comprehensive plan in place and training staff on the ward and follow up at home

to deliver the care.

To deliver this work requires a comprehensive detailed risk assessment to ensure safe delivery as well as a lot of OT time to train staff and family carers on site. However this pays dividends in the longer term around longer term care costs.

The feedback from service users, families and carers has been very positive as this approach allows for more choice around how care is delivered and people report that care feels more intimate with 1 carer rather than with 2 people. Inverclyde also has a service users' representation group which tells us that they would prefer to have fewer people through their homes and this project is in line with the wishes of the service users.

4.7 **Next Steps and Recommendations**

Following the pilot, it is recommended that Tailored Moving and Handling solutions be mainstreamed for internal and external care providers to improve the quality of care and investment in this work.

To facilitate this work requires focus and detailed assessments, training and risk assessments. In practice to move the work forward and mainstream this approach requires that all manual handling trainers require to be trained, the moving and handling annual training be updated, and the new techniques become common care practice. (Approximately 450 of our care and therapy staff are trained). Longer term partnership work will be required with external care providers. To sustain the approach will require that all Occupational Therapy moving and handling assessors are able to identify all opportunities and have the abilities and skills to carry out the required with support colleagues across the service.

The work to date has focused around new requests for care which require 2 carers however there are over 150 people who have had two carers for all calls who have yet to be assessed at review to identify if there are any opportunities to change the care approach.

To implement this model of support, sustain the focus to drive this work forward, build the expertise of staff and have the capacity to support reviews around moving and handling would require an additional 1 F/T Occupational Therapist ongoing to ensure leadership and focus.

An improvement approach will be taken throughout the roll-out of this work. There is comprehensive data relating to the test of change that can be built on to support this work, and when funded a focused project charter and plan will be developed for reporting on outcomes.

4.8 **Savings**

The aspiration of the service is to mainstream this work and roll-out to as many people as possible. From other areas which have taken this approach, the evidence is strong around potential savings. A savings target of £50K is anticipated on top of costs covered. This target is indicated on current savings proposals for Care at Home Services.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

One off Costs

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect From	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
Physical Disability	Equipment	2020/21	40		Projected additional cost of equipment and testing/ Servicing.
	Training Costs	2020/21	12		Training and accreditation for Moving Handling Trainers/ refreshment updates
	Employee Costs		73.5		FTE of 1 OT Therapist Grade H/I for 18 months

LEGAL

5.2 There are no legal implications associated with this proposal.

HUMAN RESOURCES

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

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

ualities 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.	Positive impact on for people with physical disability

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. The approach recommended is robust to ensure that staff are trained appropriately to use the equipment and techniques.

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	Supports living safely and well at home and offers more choice in how care can be delivered. Family where appropriate are able to be involved in providing support.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Supports less intrusive care provision of two carers, allowing for a more intimate experience of care provision.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Care package and moving and handling approaches are tailored to the person and family requirements.
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.	Where carers are involved they are often able to be partners with the care provision following comprehensive training on techniques and equipment. Less intrusion in family life by tailoring the care solutions and more flexibility in support for the person.

People using health and social care services are safe from harm.	Comprehensive assessments and risk assessments and training around the person to ensure that if they are able to access this approach to their care provision the care provided is robust and safe.
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.	Approach has been very well received by front line care staff, who are trained and delivering care using these techniques and equipment. Roll out requires individual training of staff by qualified trainers, to allow staff to be confident and competent in the approach. r the
Resources are used effectively in the provision of health and social care services.	Reduction in silo budget approaches. To date the evidence shows by investment you prevent or reduce the care provision required, the additional cost on equipment adaptations and Occupational Therapy involvement is offset by the ongoing reduction in care provision.

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 HSCP Health and Social Care Partnership

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/27/2020/SMcA**
Contact Officer	**Sharon McAlees**	**Contact No:**	**715282**
Subject:	**Inspection of Children's Residential Care Homes**		

1.0 PURPOSE

1.1 The purpose of this report is to advice the Integration Joint Board of the outcome of the Care Inspectorate inspection of The View and Kylemore children's residential care homes.

1.2 The Care Inspectorate regulates all regulated care services in Scotland and completed an unannounced inspection of The View on 28th October 2019 and Kylemore on 1st November 2019.

2.0 SUMMARY

2.1 The inspection was conducted in line with Health and Social Care Standards and the quality of service provided was evaluated under:-

- How well do we support children and young people's wellbeing?
- How well is our care and support planned?

2.2 A full public report of the inspections and grades is available on the Care Inspectorate website.

2.3 The summary of the grades awarded were as follows

Kylemore

1. How well do we support children and young people's wellbeing? 6 – excellent
2. How well is our care and support planned? 6 - excellent

The View

1. How well do we support children and young people's wellbeing? 5- very good
2. How well is our care and support planned? 5- very good

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the outcome of the inspections.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 All of Inverclyde's residential children's care home services are registered with the Care Inspectorate and are inspected on a regular basis. An unannounced inspection of The View was completed on 28th October 2019 and Kylemore on 1st November 2019. During the inspection the Care Inspectorate spoke with staff, young people, parents and other professionals and reviewed relevant written information including care plans.

4.2 The inspection evaluated the quality of two specific standards :

- How well do we support children and young people's wellbeing?
- How well is our care and support planned?

4.3 The summary of the grades awarded to The View were

1. How well do we support children and young people's wellbeing? 5 – Very Good
2. How well is our care and support planned? 5 – Very Good

4.4 The inspection looked closely at the care and support young people receive and found significant areas of strength with only minor areas for improvement. The Care Inspectorate was completely assured that over time, young people living at The View develop meaningful and secure relationships with those caring for them. Young people were observed having fun with staff and experienced empathy, compassion and love.

4.5 Throughout the inspection the word "homely" was repeated by everyone consulted and this meant that everyone who spent time in The View was warmly and compassionately welcomed. Young people who moved on from The View did so at the right time and with careful transition planning.

4.6 Positive mental health was found to be a priority for the young people and Children and Adolescent Mental Health Service (CAMHS) confirmed that core residential staff had a sound understanding of the impact of trauma and worked creatively to help young people.

4.7 The inspection evaluated how assessment and care planning reflected children's needs and wishes, finding only minor improvement required. Children were found to lead positive, healthy and enjoyable lives underpinned by robust assessment of need and risk and benefitted from dynamic and aspirational approach to all aspects of care and support. Team meetings were used effectively to consider planning and consistency. This ensured young people received a clear and consistent approach from everybody.

4.8 A major strength of the consistent approach was the comfort staff had around physical interactions. Tactility between staff and young people appeared natural and trusting and staff found creative ways to ensure young people received closeness and comfort.

4.9 The inspection did identify major areas of strength however it did find some minor areas for improvement.

4.10 Since the previous inspection in 2018, there have been staffing changes, in particular a vacant manager's post. The transition arrangements put in place whilst the review of residential services was concluded and staffing complement agreed did take time. The consequence of this was some administrative tasks slipped including notifications to the Care Inspectorate and recording of medication administration. Since the inspection concluded, the service has appointed a permanent manager and depute.

4.11 During the inspection it was evident that young people were fully involved in setting their aims and goals and that staff carried out their work with compassion, however this was not always clearly written down. The service was asked to consider how best daily records reflected the compassionate way staff go about their work with young people and how care plans are clearly written down.

4.12 Overall, the inspection was very positive, highlighting very good practice however the minor areas for improvement did result in overall grades being reduced from 6 to 5.

4.13 The service is committed to continuing to develop and will take forward the suggestions by the Care Inspectorate about how care planning and daily records can be more effectively recorded to reflect the level of compassion displayed by staff and the lived care experience of our young people. To progress this work, the service will consult with young people on how they would wish information about them to be recorded.

4.14 The summary of the grades awarded to Kylemore were as follows:_

1. How well do we support children and young people's wellbeing?
   6 - excellent
2. How well is our care and support planned? 6 - excellent

4.15 The inspection looked closely at the care and support young people receive. The inspection noted that young people who live in Kylemore thrive as a result of the unique approach to care and support. It is commonplace for the outcomes of young people to set new standards for care homes for children and young people in Scotland and during this inspection Kylemore was found to be working at a sector leading level.

4.16 The inspectors spoke with several professional groups who work with Kylemore and they reported that on a consistent basis, young people made immense progress when they moved into Kylemore. One local head teacher described the calmness within the house as creating a life changing environment for young people.

4.17 The staff worked hard to find experiences for young people that created new memories and young people thrive on spending time with staff that they love. Staff fully understood the importance of working outwith normal shift patterns and their energy and dedication were described as first rate.

4.18 The universal staff focus in Kylemore was clearly based on what young people needed. The inspection found that the service was incredibly well managed. All staff knew their job and the ethos of Kylemore had been formed over many years, with a focus on providing young people with a truly loving home environment.

4.19 Kylemore was reported as being a model of sector leading planning. This occurs as a result of the family orientated approach to care and support and the aspirational determination of everyone who connects with the young people. The inspection saw young people blossoming and setting plans for their future that set a new standard for care homes for children and young people in Scotland.

4.20 Significant planning went into the transition for all young people, which led to excellent outcomes. Continuing care has been embedded in the ethos of the service for several years, to the extent that young people only leave into the best possible environments where they will continue to thrive.

4.21 The inspection was impressed with the joint working with other agencies. Experienced staff were able to lead on therapeutic meetings and guide planning. The manager understood the importance of strong partnerships and therefore partners wanted to work alongside the service enabling ground breaking joint work

at an operational level, an example being CAMHS linking in with team meeting to formulate trauma informed responses to young people's need.

4.22 The service is focused on continuing to develop and will take forward the suggestion by the Care Inspectorate about enhancing training for staff in relation to attachment focused models of care to strengthen current approaches to caring for young people. Since the inspection, all of the residential managers have completed three days training on trauma, attachment and therapeutic interventions and over 2020 this will be rolled out to all residential staff.

5.0 IMPLICATIONS

FINANCE

5.1 None

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.

5.5 How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	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.	
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

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

5.7 **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.	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.	Inspection of services ensures that health and social care standards are upheld and maintained
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.	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.	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.	Staff are fully engaged in the inspection process and continuous improvement of service provided.
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	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 None.

8.0 BACKGROUND PAPERS

8.1 Inspection Reports

APPENDIX 1

care inspectorate

The View
Care Home Service

Cardross Crescent
Greenock
PA15 3HT

Telephone: 01475 715809

Type of inspection:
Unannounced

Completed on:
28 October 2019

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001105

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The View is a purpose-built residential children's house located in a residential area of Greenock. It is registered to provide care and accommodation for up to seven children and young people who are looked after and accommodated by Inverclyde HSCP. During our inspection, seven young people were living in the service.

A bespoke design, the house offers space and comfort to the young people who live within it. The layout has been well considered and the young people have had significant input into its decoration. The house consists of a large kitchen/diner, a dining room, a large lounge, a games room, two bathrooms and a sunroom with bi-fold doors that open onto decking.

There are seven bedrooms, six of which have en-suite facilities. The staff have access to a small office. The grounds surrounding the house offer lots of space for outdoor games and relaxation.

The aims of the service include: "We aim to provide an environment for young people which actively promotes positive growth and change within a caring and structured residential setting, with caring and motivated staff".

What people told us

"Sometimes it's good but sometimes its noisy. But I like living here. I go to school and go to my groups. The staff take me out to do things I like."

"Don't like it when loads of new workers come in. It was difficult when the manager left."

"They really look after us. XX is really sound. I like living here and want to be here until I am 21."

"We are kept up to date with how XX is doing. Staff will call to let us know when something good has happened, not just with problems. We feel included in XX's life and included in decision making."

"The best thing about it is it's homely and I find that hard to say because I want XX home. They have helped our relationship so much."

We met five of the young people living in The View and spent time talking with three of them. The young people had lots of opportunities to express their views throughout the year. Some of them were actively involved in the Champions Board and some were building relationships with Who Cares? Scotland.

The young people we spoke with this told us that the staff cared for them and that it was a good place to live. It was apparent that each young person had a very close relationship with at least one staff member. They told us that over the last year the arrival of some new staff had been difficult given the staff group had been so consistent for a long time.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's wellbeing? 5 - Very Good

During our inspection, we looked closely at the care and support the young people received. We found lots of evidence to conclude that there were significant strengths with only minor areas for improvement.

We were completely assured that over time all the young people living in The View developed meaningful and secure relationships with those caring for them. We observed the young people having fun with the staff and they received lots of empathy, compassion and love daily. Regardless of how long young people had lived in The View, they received the same consistent care and support.

We spoke with several professionals who work alongside the service and consistently heard that they were very impressed by the support young people received. We heard that advocacy was massively important to the staff and that the views of young people were paramount to any decisions that were made. This was evidenced in young people attending and making a major contribution at meetings held about them. The staff and manager were quick to work alongside Who Cares? Scotland and the children's rights officer when obstacles emerged that they couldn't resolve.

We found that positive mental health was a priority for the young people living in The View. We spoke with the local Children and Adolescent Mental Health Service (CAMHS) who were of the belief that the core staff team had a sound understanding of the impact of trauma and that they worked openly and creatively to find ways they could help young people. Most importantly CAMHS worked jointly with the staff. They told us that the environment was very homely which enabled young people to settle and make progress.

Young people and their families all agreed that the environment was 'homely', and we heard this word repeated regularly throughout our inspection. We were helped to understand that this meant everyone who spent time in The View was warmly and compassionately welcomed. Furthermore, the young people were encouraged to stay and allow it to become home.

When the young people suffered adversity, this was scaffolded, and placement breakdown didn't occur. Instead, young people who moved on from The View were either supported to do this at the right time or with lots of support. For one young person, an 'appreciation day' had been held to celebrate their character and to think about and find the best home possible for them. Over the course of our inspection, we witnessed a wonderful transition that was carried out with warmth, care and the young person's needs central to it all.

Whilst there were major strengths, we did find some minor areas for improvement. Over the last year, a new manager had been appointed and this transition had taken some months to get right. The young people had found the movement of staff difficult as a result of the secure relationships that existed. During the transition of the manager the service had stopped notifying us when incidents occurred. We also found that the service's approach to medication required minor tightening and we have guided them accordingly.

The young people told us that they wanted to have access to WIFI and felt that this was something all young people in Scotland could now access at home. Proactively, Inverclyde Health and Social Care Partnership had already taken steps to put this in place. We spent time with the children's rights officer who told us about the plans afoot to introduce WiFi in a way that protected their young people.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned? 5 - Very Good

During our inspection, we looked at how assessment and care planning reflected children and young people's needs and wishes. We found major strengths in this area with only minor improvement required.

We found that children and young people led positive, healthy, enjoyable and meaningful lives. This was underpinned by robust assessment of need and risk. They benefitted from a dynamic and aspirational approach which consistently informed all aspects of care and support. The service actively sought and enabled multi-agency involvement in the planning process.

More importantly, we found that the staff and managers were comfortable leading the care plan for young people and ensuring that the right decisions were made. We spoke with social workers who supported the proactive and passionate approach of The View to work alongside them to improve outcomes.

The young people were all treated as individuals and person-centred thinking was very apparent. Young people had opportunities to undertake activities in groups but also on a one-to-one basis with staff. We heard and saw that this one-to-one time was hugely important to the young people.

Team meetings were utilised to consider planning and we found that the staff were working in a consistent way. This ensured that the young people received a clear approach from everyone, and this clarity helped calm any disputes.

One of the major strengths of the consistent approach was the comfort staff had around physical interaction. The tactility between staff and young people appeared natural and trusting. As well as this, we saw staff finding creative ways to ensure the young people received closeness and comfort. An example of this was making tea for each other and young people taking pride in knowing how different staff liked their tea. This was reciprocated by staff who valued the small details of young people's needs and understood the importance of making them feel special and important.

It was clear to us that young people were fully involved in setting their aims and goals however, it was not clearly written down and we have asked the service to improve their care planning structure. We have guided the manager and staff to look at examples of best practice to help them on this journey.

We have also asked the service to consider how they record information about young people. We did not find that daily records reflected the compassionate way the staff went about their work. Writing in a compassionate way will require consultation with the young people to understand how they want information about them to be recorded. We will review this closely at next year's inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	5 - Very Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

APPENDIX 2

care inspectorate

Kylemore
Care Home Service

13 Kylemore Terrace
Greenock
PA16 0RY

Telephone: 01475 715789

Type of inspection:
Unannounced

Completed on:
1 November 2019

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001106

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Kylemore is a purpose-built residential children's house. It is in a residential area of Greenock. Under its current registration, the service provides care and accommodation for up to seven children and young people who are looked after and accommodated by the health and social care partnership.

A bespoke design, Kylemore offers quality accommodation, with two large lounges, kitchen, dining room and sunroom. All of the bedrooms within the service have either an en-suite or access to their own bathroom. Outdoor space is laid mainly to lawn, with an area of decking. The garden is enclosed and offers ample space for outdoor play and relaxation.

The aims and objectives include: "to provide a person-centred approach which will incorporate a holistic assessment of need for each individual young person, taking account of their own life experiences. In doing so, individual care plans will be tailored to meet these effectively within an environment that promotes safe caring".

What people told us

"Nothing has changed. It's still a really good place to live. I'm never here because I am out working. Now I have a great flat to move into and I can say that staff advocated to get me the right flat."

"I've known people here for ages, it's my home. I have no plans to move and I'll stay until I'm ready. I'll go to college and I'll save my money. I know where my folder is, and I have read through it. Everything I want, staff help me make happen."

"When I am not in my own flat, I can get my amazon deliveries sent to Kylemore and I pop round and collect them later."

"I owe a lot to Kylemore for guiding and supporting me. They went above and beyond to help me."

"It's my care plan. She asked for five minutes. It was exactly what I said and in my words completely. But I speak to XX every day and it was like having a normal conversation with her. I agree with my plan and I work towards my aims."

We spent time with all the young people who live in Kylemore and spoke with six of them. They told us that Kylemore was a wonderful environment for them to live in. They valued the time staff took to listen and understand their needs. They also really loved the one-to-one attention they each received from staff.

The young people told us that at times they found it difficult to get on with everyone. However, they appreciated celebrating annual events and birthdays together. We also heard that they enjoyed fantastic holidays away with each other.

We visited two young people's flats. One that was just being made ready for transition and one that a young person had purchased. They told us that the staff were doing everything they could to support them. What mattered most to them was the ongoing support once they had left Kylemore.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's wellbeing?	6 - Excellent
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	6 - Excellent

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's wellbeing? 6 - Excellent

The young people who live in Kylemore thrive as a result of the unique approach to care and support. It is commonplace for the outcomes of young people to set a new standard for care homes for children and young people in Scotland. During this inspection, we found the service to be working at a sector leading level.

We found the young people living in an immensely welcoming, warm and very compassionate environment. The dedication and care of the manager and staff was astonishing. Nothing was too much trouble and planning was exemplary. As a result of this, all of the young people felt hugely valued and respected. The relationships between the young people and those caring for them were compassionate, fun-filled and emotionally attuned to a very high level. There was a calmness which allowed young people to exist in a relaxed space and led to excellent therapeutic outcomes on a consistent and ongoing basis.

We spoke with several professional groups who work alongside Kylemore. We were told by a local head teacher that they found the calmness within the house created a life changing environment for young people. Professionals consistently found the young people to have made immense progress when they moved into Kylemore. We heard that new, innovative ways of working together were under constant development and when an issue occurred for a young person this was often resolved in the same day.

The young people looked forward to their holidays because these took place in amazing locations and in beautiful spaces. The staff worked very hard to find experiences for the young people that created life lasting new memories and this was celebrated. When we unpicked the impact of this, we found that the young people

thrived on spending more time with the staff they loved. Similarly, the staff and manager reciprocated this feeling and loved spending more time with the young people. They also fully understood the importance of working outwith a normal shift pattern and that this created space for building even closer and therapeutically informed relationships. Throughout the year, the focus on positive experiences was maintained. The energy and dedication of those working in Kylemore was first-rate.

The service continued to build on partnerships with adults who were positive role models to the young people. The local police officer had an incredibly positive relationship with everyone in Kylemore. With one young person who they were worried about, guidance and advice had involved working jointly with the police. This created feelings of trust and responsibility for the young person. Formal discussions were followed up with huge amounts of care and appropriate tactility. Another young person had gone running with the police officer to help them train for a marathon. Both recounted to us their fondness of the adventures during that time out.

The adults and the young people thrived on their contact with each other. The relationships internally and externally were of a large family who sought to help one another. We found such heartening examples of individualised care. There had been changes to the house in the last year; however, any transitions onward were of the highest standard with young people finding the absolute right flat for them at the right time with no rushed exit. The flats were decorated by the staff to the highest standard. Once young people had left, they returned often and with ease, in a natural and family like way; The focus being on support always being available. For the new young people who had moved into Kylemore, staff impressively adjusted their style and approach to meet their needs in wayS that made them feel incredibly valued, cared for, celebrated and claimed.

The Kylemore dog continued to be a source of tremendous support. The dog went on holiday with the young people and provided comfort when young people were upset. We observed staff relentlessly finding the individual things that mattered to young people. For example, one young person loved football and staff who didn't like football spent hours in the garden role playing football matches and using creative play to embed positive experiences.

We found the universal staff focus was solely on what young people needed and would benefit from instead of what the staff were willing or comfortable doing. We heard this from Who Cares? Scotland, children's rights, schools, parents and the young people. People told us that they loved the atmosphere and how the young people interacted and supported one another.

The service is incredibly well managed. Everyone knew their job and the ethos of Kylemore had been formed over many years, with a focus on providing young people with a truly loving home environment. This was being achieved because of everyone working together with the sole purpose of maximising outcomes for young people.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned? 6 - Excellent

Kylemore is a model of sector leading planning. Strategically, this occurs as a result of the family orientated approach to care and support and the aspirational determination of everyone who connects with the young people. Unconditional positive regard is at the heart of interactions and planning is always strengths based. We continued to see young people blossoming and setting plans for their future that set a new standard for care homes for children and young people in Scotland.

The young people wanted to talk to us about their care plans and show us the work they had done. They were a model of young people centred planning. Included in the records the service held about young people were memories and the young people delighted in revisiting their experiences.

For one young person who was new to the service, there was such care taken to ensure his needs, views and wishes had been fully gathered. The staff knew exactly how to help him. This was reflected in the support all the young people received. The care plans were tailored completely to the young people's age, views and wishes. The young people were engaged in their goals and this was evident in the things they were trying to achieve. Two young people had learned to drive and then purchased their first cars and were setting further goals for the future.

Significant planning went into the transition for all young people, which led to excellent outcomes. Continuing care has been embedded in the ethos of the service for several years now, to the extent that young people only leave into the best possible environments where they will continue to thrive and progress.

For one young person, significant consideration had been given to them living in Kylemore. To ensure it was the correct environment, an appreciation day had been held that involved the young person and the people they had significant relationships with. Positive messages had been gathered from classmates, professionals and family to celebrate the best aspects of the young person's character. Using the positive information gathered, a multi-agency plan had been developed to ensure they were getting the right support. We considered this approach to planning and matching for young people to be a model of best practice.

We were hugely impressed with the joint work the service undertook with partner agencies. The experienced staff were able to lead on therapeutic meetings and guide thinking and planning. Furthermore, the Children and Adolescent Mental Health Service (CAMHS) linked with the staff at team meetings to help formulate and find creative ways of responding to trauma. The manager understood the importance of strong partnerships. We found partners therefore wanted to work alongside Kylemore and this conscious service led strategy enabled ground-breaking joint working at an operational level.

The manager and staff at Kylemore are focused on continuing to develop and, as such, we have guided them to develop much more positive behaviour support plans. We have also suggested exploring enhanced training for all residential staff in relation to attachment focused models of care to further strengthen their approach.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	6 - Excellent
1.1 Children and young people experience compassion, dignity and respect	6 - Excellent
1.2 Children and young people get the most out of life	6 - Excellent
1.3 Children and young people's health benefits from their care and support they experience	6 - Excellent

How well is our care and support planned?	6 - Excellent
5.1 Assessment and care planning reflects children and young people's needs and wishes	6 - Excellent

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 13

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer), Inverclyde HSCP**	**Report No:**	**IJB/23/2020/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Service**	**Contact No:**	**01475 715282**
Subject:	**Update on Significant Case Review**		

1.0 PURPOSE

1.1 This report updates the Board on the actions taken to initiate the Significant Case Review (SCR) in respect of Ms Margaret Fleming, deceased.

2.0 SUMMARY

2.1 Relative to the circumstances of the death of Ms Margaret Fleming, a Significant Case Review has been commissioned by the multi-agency partnerships for child and adult protection within Inverclyde, the Child Protection Committee and the Adult Protection Committee. In the circumstances, the Adult Protection Committee is the lead Committee for this SCR

2.2 The arrangements for SCRs have a clear statutory framework and follow set procedures as established by Scottish Ministers. It is a requirement and an essential necessity of due process that any SRC be commissioned through the partnership agency, above.

2.3 In terms of this multi-agency approach, both the Child and Adult Protection Committees made a recommendation to the Inverclyde Chief Officers' Group (comprised of the senior officers from each of the partners) to appoint an independent Chair to complete the critical work of the SCR and Professor Jean MacLellan OBE has confirmed her acceptance of this post and on 6 February 2020 first meeting. The SCR has now formally commenced.

3.0 RECOMMENDATION

That the Integration Joint Board:-

3.1 Notes the formal commencement of the Significant Case Review for the death of Ms Margaret Fleming, Chaired by Professor Jean MacLellan; and

3.2 Notes that the outcome of the Significant Case Review will be reported to Committee in public and to the Inverclyde Integration Joint Board as soon as is practicable.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Committee will be aware of the criminal prosecution that has taken place of Edward Cairney and Avril Jones in connection with the death of Ms Margaret Fleming. The criminal proceedings concluded on 11 July 2019 and an appeal against both conviction and sentence was thereafter lodged by Mr Cairney.

4.2 Prior to events last year, on 17 April 2018, an initial case review process was initiated in respect of the, at the time, alleged death. Advice was received by the multi-agency partners that any initial case review/significant case review process should be deferred until such time as the criminal trial in respect of the matter had been concluded.

4.3 On 5 September 2019, a joint meeting of the Adult Protection Committee and the Child Protection Committee was convened to formally conclude that the threshold to proceed with a Significant Case Review had been reached and that the review should be conducted by an independent Chair with experience in the fields of both adult and child protection and that of individuals with additional support needs.

4.4 A Significant Case Review is a multi-agency process for establishing facts and for learning lessons from a situation where a person has died or has been significantly harmed. The Care Inspectorate is the central collation point for the evaluation of all Significant Case Reviews and the Care Inspectorate is required to report publicly on any findings from Significant Case Reviews in order to provide independent public assurance on the quality of multi-agency services for child and adult protection. Significant Case Reviews are intended to assist the sharing of any lessons and to promote improvements in child and adult protection across the country.

4.5 On 8 January, Professor MacLellan intimated her acceptance of the role of independent chair of the SCR .Professor MacLellan met with the review team on 6 February. Stage 1 of the review has been scoped and commenced. The outcome of the review will be reported to this Committee and to the Inverclyde Integration Joint Board with as much information as is possible in the public domain. The Committee will have the opportunity as part of that process to review all issues arising from the outcome of the Significant Case Review.

5.0 IMPLICATIONS

5.1 **Finance**

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.2 **Legal**

None.

5.3 **Human Resources**

None.

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.

5.4.2 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 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

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 CONSULTATIONS

7.1 None.

8.0 BACKGROUND PAPERS

8.1 None.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**17 March 2020**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**SL/LP/022/20**
Contact Officer:	**Sharon Lang**	**Contact No:**	**01475 712180**
Subject:	**Non-Voting Membership of the Integration Joint Board – Change to Named Proxy**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change to the named proxy for the service user representative, Mr Hamish MacLeod.

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 Intimation has been received of the resignation of Ms Margaret Telfer, the named proxy for the service user representative, Mr Hamish MacLeod. It is proposed to appoint Ms Margaret Moyse in her place.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board notes that Ms Margaret Moyse has been confirmed as the proxy member for Mr Hamish MacLeod for meetings of the 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 Intimation has been received of the resignation of Ms Margaret Telfer, the named proxy for the service user representative, Mr Hamish MacLeod. It is proposed to appoint Ms Margaret Moyse in her place.

5.0 IMPLICATIONS

Finance

5.1 None.

<u>Financial Implications:</u>

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

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

Human Resources

5.3 None.

Equalities

5.4 There are no equality issues within this report.

5.4.1 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.

5.4.2 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

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

National Wellbeing Outcomes

5.6 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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 N/A

Inverclyde Integration Joint Board Membership as at November 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	Chief Nurse 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	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Mr Bill Clements Programme/Deputy Manager CVS Inverclyde

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Moyse
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	

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 28 JANUARY 2020

Inverclyde Integration Joint Board Audit Committee

Tuesday 28 January 2020 at 1pm

Present: Councillor E Robertson, Mr A Cowan, Dr D Lyons, Mr S McLachlan and Ms G Eardley.

Chair: Mr Cowan presided.

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

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

An apology for absence was intimated on behalf of Councillor Quinn.

No declarations of interest were intimated.

2 Minute of Meeting of Inverclyde Integration Joint Board (IJB) Audit Committee of 10 September 2019 **2**

There was submitted the minute of the meeting of the Inverclyde Integration Joint Board (IJB) Audit Committee of 10 September 2019.
Decided: that the minute be agreed.

3 Internal Audit Progress Report – 19 August 2019 to 3 January 2020 **3**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period from 19 August 2019 to 3 January 2020.
(Dr Lyons entered the meeting during consideration of this item of business).
The Chief Internal Auditor presented the report, being the regular progress report, and advised as follows:
(1) One audit report had been finalised since the last meeting of the IJB Audit Committee in September 2019 being, the IJB Integration Scheme – Update Readiness Review. The audit had been carried out to provide early feedback on the current scheme and to allow Officers to feed any recommendations into the review process by the wider group. The overall control environment opinion was satisfactory with one amber issue identified in relation to hosted services, specifically the need to specify the governance arrangements more explicitly and to provide a clearer description of what was required, for example, performance management arrangements and the reporting requirements from the partner organisations.
An action plan had been agreed by management which specified that the points identified by the audit would be considered as part of a wider review of hosted services.
(2) One internal audit action plan had been due for completion by 30 November 2019 and this had been reported as completed by management. Three current action points were being progressed by officers. The first part of the agreed action was to deal with current issues, pending receipt of the Scottish Government's guidance on directions and the second part was to ensure that once the Scottish Government guidance had

been published, it was adequately applied.
(3) In relation to audit reports from partner bodies, one audit report had been issued to Inverclyde Council which was relevant to the IJB Audit Committee, being HR Safe Recruitment checks with an overall control environment opinion of satisfactory. The main finding related to timeliness of processing a number of safe recruitment checks and actions would be implemented by June 2020.
(4) There continued to be a number of investigations carried out in relation to the misuse of blue badges and the misuse of expired blue badges.
(5) In relation to NHS Greater Glasgow & Clyde, there was one audit report which was rated amber and which was relevant to the IJB Audit Committee. This related to IT security, including redesigning the leavers process and the need to improve logging and monitoring reviews or activity for privileged and generic accounts.
There followed a discussion on a number of issues related to this item.
(1) It was clarified in relation to the audit report on HR Safe Recruitment Checks and the scope of the IJB in terms of the deadline, that reliance was placed on the audit follow-up process with any slippages/concerns being reported to the IJB with a revised action date. The Committee papers were in the public domain and the process was a transparent one.
(2) With regard to the use of the date of 30 November 2019 for reporting purposes, it was clarified that this was the last complete month which could be reported on in terms of the Committee submission dates within the timetable of meetings.
(3) In relation to the commentary within section 3 (IJB Integration Scheme Update – Readiness Review) that the updated Integration Scheme allowed for clearer governance arrangements which addressed the majority (but not all) of the points raised, members were advised that there was a recognition that in practical terms, not all of the recommendations made could be implemented but assurance was provided that all high risk issues had been addressed.
Decided: that the progress by Internal Audit in the period from 19 August 2019 to 3 January 2020 be noted.

4 IJB Risk Register 4

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the status of the IJB Strategic Risk Register.
It was noted that Financial Sustainability (Risk 3) and Workforce Sustainability (Risk 4) both contained risk scores of 12, the highest within the Risk Register.
During this item, reference was made to the risk in relation to the Mental Health Medical Workforce which was rated very high/red within the HSCP Operational Risk Register and there was discussion as to whether this had strategic implications which should be reflected in the IJB Risk Register.
Decided:
(1) that the report be noted;
(2) that agreement be given to the IJB Strategic Risk Register;
(3) that officers be asked to highlight any re-scoring of risks within the IJB Strategic Risk Register through the inclusion of change in score column;
(4) that officers be asked to reflect the high/red risk in respect of the Mental Health Medical Workforce contained in the HSCP Operational Risk Register within Risk 4 of the IJB Strategic Risk Register;
(5) that the IJB Strategic Risk Register be submitted to the Integration Joint Board once per year in March;
(6) that it be agreed that the IJB Audit Committee review the full list of risks annually

and in mid-year review only those risks scoring 9 and above which carry additional control actions; and
(7) that a half day development session for the IJB Audit Committee be arranged at the end of April/beginning of May and that all members of the Integration Joint Board be invited to attend.

5 External Audit – Proposed Audit Fee 2019/20 5

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Committee of the proposed Audit Scotland external audit fee 2019/20. The report advised that the proposed audit fee was £26,560, a £1,560 or 6.2% increase from 2018/19 which represented a £9,160 or 52.6% increase since 2016/17.
Decided:
(1) that the proposed Audit Scotland external audit fee for 2019/20 be noted;
(2) that the anticipated IJB Chief Financial Officers network discussions with Audit Scotland in respect of the proposed fee be noted; and
(3) that delegated authority be granted to the Chief Officer to accept the final fee proposal on behalf of the Committee.

6 Enabling Digital Government – Audit Scotland 6

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership reviewing the 'Enabling Digital Government' report published by Audit Scotland in June 2019 and requesting the Committee to agree an action plan based on the key recommendations within the report. It was noted that the Audit Scotland report was the first in a series planned to look at digital progress across the public sector and the role of the Scottish Government in enabling digital government.
Decided:
(1) that the Audit Scotland report 'Enabling Digital Government' be noted; and
(2) that the proposed response to the report's recommendations by Inverclyde HSCP as set out in section 6, including the action plan at paragraph 6.5, be noted.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 16

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/30/2020/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Strategy & Support Services**	**Contact No:**	**01475 715285**
Subject:	**IMMUNISATIONS AND SCREENING REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to describe to the Integration Joint Board the position of Inverclyde Health & Social Care Partnership in respect of the uptake of immunisations, vaccinations and the national cancer screening programmes.

2.0 SUMMARY

2.1 Immunisations and vaccinations are important protective and preventative interventions to eradicate disease and improve health. Intervening early in childhood is seen as being critical in giving children the best start towards a healthy life. At later stages of development, immunisations and vaccinations are used to continue to prevent disease, and improve health at key stages or when it is more clinically appropriate.

2.2 This report contains data on immunisation to support protection against:

- DTP/Polio/Hib – immunisations to support protection again diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib)
- Men C – immunisations to protect again Meningococcal C
- PCV – immunisations with the Pneumococcal Conjugate vaccine
- Rotavirus
- MMR – Measles, Mumps and Rubella
- Seasonal Influenza – the flu jag
- Herpes Zoster (Shingles)
- Flu Vaccinations

The report also includes data on immunisations to protect against:

- Meningococcal C;
- Immunisations with the Pneumococcal Conjugate vaccine;
- Rotavirus;
- Measles, Mumps and Rubella (MMR) and
- Seasonal Influenza.

2.3 The shingles vaccination; uptake: Inverclyde has a 51.56% uptake for age 70 year olds (series 1) for the shingles vaccination, in comparison to 36.92% for Greater Glasgow & Clyde (GG&C). Performance for aged 76 year olds (series 2) is more similar, with Inverclyde at 31.53% and GG&C at 33.85%.

2.4 Data on screening programme uptake is provided for:

- Cervical Screening;
- Bowel Screening;
- Breast Screening; and
- Abdominal Aortic Aneurysm Screening (AAA).

2.5 This report provides comparative information, gauging Inverclyde alongside the NHS Greater Glasgow & Clyde averages, and also gives a baseline from which we can measure uptake rates in respect of immunisations, vaccinations and key screening programmes in the future.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the data contained within this report to measure uptake in respect of immunisations, vaccines and key screening programmes.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Integration Joint Board has a central function in respect of reviewing how services are promoted and delivered and scrutinising achievement of key outcomes.

4.2 Inverclyde's Strategic Plan sets out the overall aim of 'Improving lives' and that this will be achieved by focusing on 6 Big Actions, one of which is "A Nurturing Inverclyde will give our children and YP the best start in life". Giving our children and young people the best start in life preventing disease from birth and at key stages in the life course of local people (and HSCP Staff) is a key element in achieving this desired outcome.

5.0 KEY FINDINGS

5.1 Some of the immunisation rates detailed in the report are summarised in the table below. The shaded cells with bold font show the best performance within the categories. As can be seen, in most categories Inverclyde's performance exceeds both the Scottish and Greater Glasgow & Clyde averages.

Disease	Age of Child	Inverclyde	NHSGGC	Scotland
6-in-1	0-12 months	**97.9%**	96.0%	95.8%
	13-24 months	**98.7%**	97.2%	97.2%
	5 years	**98.8%**	97.5%	97.8%
PCV	0-12 months	**98.1%**	96.7%	96.3%
	13-24 months	**97.7%**	94.6%	94.5%
Rotavirus	0-12 months	**96.7%**	92.0%	92.7%
Men B	0-12 months	**97.8%**	95.5%	95.4%
	12-24 months	**97.7%**	93.3%	93.6%
MMR1	12-24 months	**97.4%**	94.2%	94.0%
	5 years	**98.1%**	96.4%	96.8%
	6 years	**97.5%**	96.0%	96.4%
Hib/Men C	13-24 months	**98.3%**	94.4%	94.4%
	5 years	**98.2%**	95.4%	95.9%
4-in-1	5 years	**95.4%**	90.0%	91.9%
	6 years	**95.6%**	92.8%	93.8%
MMR 2	5 years	**95.1%**	89.9%	91.5%
	6 years	**95.1%**	92.4%	93.3%

5.2 With regard to HPV immunisation, full protection is attained through completing the course of 2 doses. Inverclyde achieved well above the Scottish average for S3 girls in 2017/18, with 95.4% (Dose 1) and 91.7% (Dose 2) of eligible girls completing the course. The Scotland rates were 91.8% and 86.6% respectively.

5.3 Cancer screening programmes are particularly important, particularly in Inverclyde as many avoidable cancers are correlated with deprivation. The report shows that when mapped against deprivation quintiles, bowel screening follows a fairly linear trajectory, with uptake being lower in more deprived areas. For the most deprived quintiles, Inverclyde uptake rates are marginally better than those at GG&C or Scotland levels. This is encouraging, but the difference in uptake between the most and least deprived areas is large. This represents a serious challenge in the bid to achieve more equal outcomes. **(The most recent Public Screening Reports only include screening data by deprivation at Board Level and not HSCP level. The 2016 data is the most recent).**

5.4 Breast screening rates for women in the NHS GG&C area fall below the Scottish average.

5.5 Flu vaccinations for the over 65s are showing at just above 7 out of 10 of those eligible

taking up the offer. The rates are very similar across the health board area and across Scotland. Likewise, the uptake rate for those eligible who are under 65 remains below half. This is worrying because those eligible under 65 are eligible usually because they have other health conditions and flu on top of these could be very dangerous.

6.0 IMPLICATIONS

FINANCE- None

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

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)
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.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Children, local people and staff with protected characteristics are able to access immunisations, vaccines and key screening programmes.

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Immunisations, vaccinations and all 4 screening programmes support early intervention and prevention of disease.
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	For people with pre-existing conditions, such as bronchitis, emphysema, chronic heart disease, the flu vaccine assists in reducing the risk of possible admission to hospital.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Although the programmes have not included any reference to patient experience, higher take-up rates for a number of these programmes might be considered a reasonable proxy that if people continue to come back their experience has been positive. We will review this assumption in future reports as we begin to develop trend lines.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Preventing avoidable disease supports improving quality of life.

Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Having a national approach to early detection of cervical, bowel and breast cancer assists with this outcome. For bowel screening, in Inverclyde (54.8%) performs above GG&C (53.3%); however both are below the Scotland average (57.6%).
People using health and social care services are safe from harm.	Preventative programmes help to stem the spread of disease, thus improving patient safety. We also encourage front-line staff to ensure that their immunisations are up to date, thereby reducing the risk of cross-contamination from one service-user to another via the care worker or clinician.
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.	All staff within the HSCP have the opportunity to take the flu vaccination.
Resources are used effectively in the provision of health and social care services.	

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 Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with clinical and public health staff.

9.0 LIST OF BACKGROUND PAPERS

9.1 None

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 17

Report To:	**Inverclyde Integration Joint Board**	**Date: 17 March 2020**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/18/2020/AH**
Contact Officer:	**Andrina Hunter Service Manager Alcohol and Drugs Recovery and Homelessness Service**	**Contact No:**
Subject:	**ADRS CORRA PROJECT - NEW PATHWAYS FOR SERVICE USERS**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Inverclyde Integration Joint Board on the progress to date with the Inverclyde Alcohol and Drug Partnership's successful bid to the Scottish Government's CORRA Challenge Fund to support activities which tackle problem alcohol and drug use in Scotland.

2.0 SUMMARY

2.1 The New Pathways for Service users programme has received £300,000 funding over two years from the CORRA Foundation and the Inverclyde IJB Transformation Fund. The programme commenced in October 2019.

The New Pathways for Service users programme aims to test change in three main areas:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from Community outreach provision at GP practices and access to services across extended hours.
- Preventing alcohol and drug-related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.
- Providing a community-based treatment option for supported Home alcohol detoxification.

2.2 The project is underway with progress in a number of key areas including successful recruitment of workforce and a detailed first year project plan report in conjunction with the CORRA Foundation.

2.3 The project is integral to the ongoing redesign of the current Inverclyde Alcohol and Drug Service (ADRS) and will help test new ways of working and development for future service delivery.

3.0 RECOMMENDATIONS

3.1 That the Integration Joint Board notes the progress and actions being taken with the

CORRA funded New Pathways for Service Users Project.

Louise Long
Chief Officer, Corporate Director

4.0 BACKGROUND

4.1 The Scottish Government's Programme for Government (PfG)2018/19 - Additional Investment 2018/19 - included funding to support activities which tackle problem alcohol and drug use with a focus on seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined-up person-centred way. Part of the Government's (PfG) additional funding was to be distributed through a Challenge Fund bidding process managed by the CORRA Foundation.

4.2 Inverclyde Alcohol and Drug Partnership (ADP) made a bid to the CORRA Foundation for Challenge funding for the "New Pathways for Services Users" project. The ADP bid was successful and a grant of £141,200 was awarded over two years. The project bid was match-funded from a successful bid to Inverclyde Integration Joint Board's Transformation Board. £150,000 was secured from this source to be allocated over two years with £75,000 per annum.

The "New Pathways for Services Users" project is to provide a focus on tests of change in three main areas:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from community outreach provision at GP practices and access to services across extended hours.
- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.
- Providing a community based treatment option for home detox.

4.3 The project is intended to develop new provision to develop an enhanced clinical and extended access model to move our service towards a more responsive comprehensive model of treatment and support, promoting a recovery focused ethos.

5.0 PROGRESS TO DATE

5.1 The CORRA steering group has been established to oversee the programme roll-out; whilst this is a separate project, the test of change will be integral to the ongoing redesign of the HSCP Alcohol and Drug Recovery Service.

5.2 Meetings with colleagues from the CORRA Foundation have been ongoing to develop the project plan with key activities and outcomes. The project commenced in October 2019 and is now underway with the project lead in place and a range of activities as detailed in the project plan.

5.3 The programme/funding commenced in October 2019 and the 6 month project plan until April 2020 has been agreed as set out in Appendix 1, with progress against the plan as follows:

- The CORRA Project Lead is now in post and currently working through the first 6 months project plan, interfacing with internal and external agencies promoting the provision of the project aims.
- Business support has now commenced and Band 6 nursing staff have been appointed, following a delay in HR processes. Currently awaiting start date within the next few weeks, following required recruitment processes being completed.
- New Pathways into Service, and combined assessment paperwork to provide holistic, recovery orientated assessment for both alcohol and drug use are now in place and will be utilised within the new pathways for service users Outreach service.

- A standard operational procedure for alcohol and drug repeat attenders has been developed and implemented. The database is monitored and reviewed fortnightly in order for repeat presentations to be highlighted to allocated workers and added to the complex case meeting agenda for discussion and review.
- Inverclyde ED has agreed for weekly training to be recommenced by the Alcohol and Drug Liaison Service offering various training topics and to promote referral pathways.
- Consultant lead at Inverclyde ED will promote project with acute colleagues through monthly Core brief and highlight repeat presentations database regarding specific ICD coding.
- Staff and patient questionnaires have been developed and awaiting distribution, Questionnaires have focused on obtaining views regarding weekend and evening support including service users' views and opinions of treatment and/or support required during these times.
- Arrangements have been made to attend the GP Forum to present project aims and proposal in order to progress to allocate a surgery to implement outreach service and test change.
- Patient focus group has been established with current service users attending the education programme at ADRS and the peer support group at Your Voice to obtain views and opinions on crisis intervention strategies.
- An ADRS service report has been requested through the data analyst team to obtain a referral breakdown from local GP practices and outcomes of referrals.
- Standard operational procedures are in the process of development for the Primary care Outreach Service including a treatment and assessment pathway, supported home detox consent form and service users questionnaire post treatment. All documentation will be discussed with General Practitioners prior to implementation.

6.0 IMPLICATIONS

FINANCE

6.1

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

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.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact – The new service project will ensure access and new pathways to services for all individuals
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact- The new service project will ensure service users with alcohol and drug issues are not discriminated against
People with protected characteristics feel safe within their communities.	Positive impact- The new service project will offer outreach support
HSCP staff understand that the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive impact- Training needs procured to ensure staff 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.	Positive Impact – The new project will ensure all service users and Inverclyde communities are not discriminated against

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Staff will provide a ROSC approach within the new project outreach service to ensure users have access to a range of local supports and promoting a recovery-focused ethos

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	Staff will provide a holistic approach, assessing the needs of the individual and referring to appropriate services
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Project aims to provide new pathways for service users to improve engagement and recovery
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 project will ensure service users have access to an evidence-based service which will meet their needs
Health and social care services contribute to reducing health inequalities.	All service users will be assessed using a standardised assessment tool including physical and mental assessment needs
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	New project aims to provide new access to services for those unable to attend within current working hours. The Service will ensure it is responsive and flexible to meet and accommodate the needs of the individual
People using health and social care services are safe from harm.	New project implemented will support the reduction in alcohol and drug related deaths and repeat presentations/admissions to hospital
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 be encouraged to raise opinions and views on service improvements models through completion of survey monkey and sub group discussions
Resources are used effectively in the provision of health and social care services.	New project will ensure people get the right care, at the right time, in the right place and from the right service and profession.

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 Appendix 1 Project Plan

6 months Project Plan 2019/20			
	Actions	**Who**	**Progress as at Feb 2020**
October – November 2019	▪ Recruit Band 7 Project team lead • Recruit part time business support post ▪ Recruit Band 6 Liaison. ▪ Establishment of Steering Group Meetings • Evaluation Grip and Project Plan Development.	ADP Coordinator/ADRS Service Manager Chaired by ADRS Service Manager ADP Coordinator/ADRS Service Manager/ CORRA lead	Project Team lead in post Business Support post now commenced Successful recruitment, awaiting start date for position Steering Group established and meeting 6 weekly Developed and currently being implemented by Project Lead
November-February 2020	▪ Process map current referral and patient flow for ED and acute wards to liaison team. ▪ Develop interface and pathways between ED and liaison team ▪ Develop interface and liaison to extend across all IRH acute wards to support improved seamless discharge and joint working with home from hospital social work team ▪ Develop pathways for primary care to a range of	Project Team Lead Project Steering Group Project Manager/Primary	Flow chart completed Standard Operating Procedure for Alcohol and Drug repeat Attenders developed and implemented Re-established links with ED, Training plan being delivered to ED staff by Addiction Liaison Nurses Treatment pathway developed, to be discussed with GP's at GP Forum in March 2020

	appropriate treatment ▪ Procure appropriate training for current staff to allow home detox opportunities to be delivered. ▪ Identify other workforce requirements ▪ Discussions around Out of Hours Model: Crisis/Recovery Options/Access to Treatment. ▪ Current Recovery commissioning to include out of hours	Care Public health Service Manager Project Team lead/NHSGGC ADRS Professional Nurse ADRS Service Manager ADRS Service Manager/Recovery lead/ Project Lead	Training needs identified, awaiting training dates Ongoing as part of ADRS Redesign Staff /patient questionnaires developed and awaiting distribution. Awaiting discussion with NHS and Social care staff reps prior to distribution of staff questionnaires Patient focus groups identified with current services users and peer support workers to test change in Recovery in out of hours support services. Face to face discussions currently taking place with ADRS staff groups to discuss service test of change Included in Test of Change contracts with 3ed sector
By April 2020	▪ Develop and deliver continual training and education involving screening and ABIs to	Project team Lead /Professional Nurse Adviser.	Arrangements to attend GP Forum to present new CORRA project, offer training prior to initiation of outreach service

	staff across acute and primary care. ▪ Establish one evening clinic ▪ Commence home detox opportunities.	Project lead Project lead	Currently in discussion with ADRS Team Leads to establish appropriate evening clinic day, awaiting feedback of staff/patient questionnaire to determine need of treatment/support Standardised Alcohol detoxification procedure obtained. Assessment and treatment pathway developed for Supported Home Detox Standardised operational procedure guidelines for outreach service in development

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 18

Report To:	**Inverclyde Integration Joint Board**	**Date: 17 March 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/35/2020/LL**
Contact Officer:		**Contact No: 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
Chief Officer

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 **Breastfeeding Collective Impact**

Inverclyde's breastfeeding rates are amongst the lowest nationally, and within Greater Glasgow and Clyde. We are trying a new approach to engage families – through a cross sector approach.

Locally we have been focusing on early support (1st 2-10 days) for breastfeeding in order to provide 1:1 support in the home, and facilitating a breastfeeding support group run by local peer supporters/ breastfeeding Mums in the Waterwheel in Port Glasgow each Monday afternoon.

Early evaluation reports positive benefits and increased breastfeeding continuation.

We are working closely with businesses and organisations in Inverclyde to promote the Breastfeeding Friendly Scotland scheme which serves to increase awareness of the Breastfeeding (Scotland) Act 2005 and helps support a more inclusive approach to breastfeeding in our communities and workplaces. Already many businesses have engaged, along with theStrathclyde Fire and Rescue Team at Port Glasgow, Your Voice and CVS Inverclyde.

5.2 **Inverclyde Dementia Care Coordination progress update**

A number of priorities for improvement were identified at the stakeholder event in September 2019. In partnership with Healthcare Improvement Scotland, Inverclyde hosted its first Learning Session (Learning Session 1, (LS1)) in December. This aimed to increase knowledge of quality improvement methodology and develop change ideas and action plans for agreed priority areas. For LS1, five priority areas included Post-diagnostic Support; Single point access through Access First; Dementia register/understanding population; Learning disabilities and other minority groups; and Dementia Friendly GP practices and eFrailty. Thirty nine staff attended LS1, 90% rated the session good or very good and 86% agreed or strongly agreed the event improved their knowledge of quality improvement methodology. Arrangements are now underway to implement change ideas with individual teams.

Plans are now underway for Learning Session 2 for 6th March, 2020. Learning from this will focus on data management for quality improvement. A progress report and shared learning from LS1 action planning will be presented. Further improvement ideas and action planning will be agreed for the role of technology and housing. In addition, the role of Allied Health Professional and Alzheimer's Scotland Connecting People, Connecting Support Framework will be included.

5.3 **Adult Protection Inspection**

The Renfrewshire Police Concern Hub will be in the first tranche of Inspections taking place this year in relation to Adult Protection. Chief Executives have now received a letter stating that the inspection is taking place. Professional discussion with partners took place week commencing 20th January.

Preparation for the Inspection is now well underway. A position statement was submitted on Monday 10th February to the Care Inspectorate. A staff survey went live on 4th February for 3 weeks. The survey was shared across Police, Health and Social Work staff teams as well as providers. The Care Inspectorate will analyse the results of the staff survey and feedback finding at the conclusion of the inspection. File reading takes place week commencing 23rd March 2020. This will take place at the HSCP office in Port Glasgow. The Inspection team will read 50 files and review 40 initial referrals over 4 days to help them form a view on how well we support adults at risk. The findings of the light touch inspection will be shared with partners on 23rd April 2020. There will be no grades given by the Care inspectorate at the conclusion of the inspection. An assurance statement will be provided by the Care Inspectorate and any improvement actions noted in an improvement plan.

5.4 **Unscheduled Care**

Unscheduled care is a term used across Scotland to describe unplanned health care within a hospital setting which is usually urgent or on an emergency basis. These are services which can be accessed without a prior appointment or can be arranged by NHS 24 or by your GP. In Scotland, Emergency departments (ED) are the main unscheduled care service.

The Chief Officer has discussed enhanced opportunities with Acute Directors in relation to a unique approach this year to make a positive impact on our unscheduled care performance at IRH.

HSCP managers will discuss and agree proposals ensuring that the specific impact is measured. Tests will be developed with funding for a 12 month period. A further report will come to the May IJB.

5.5 **Maximising Independence / Living Well**

Inverclyde HSCP has been working on further preparatory work relating to maximising independence. This work can be summarised as the aspiration to improve the health and wellbeing of adults to ensure they live healthy active lives and maximise the opportunities to stay well for longer. This will require a further shift to early intervention and shifting resources to ensure we provide a range of interventions to support self-care and give good information to adults in terms of living well. A further report will be presented to the JB by the summer that sets out our plans for the future. This work will also be undertaken in partnership with the partnerships across Greater Glasgow and Clyde.

6.0 IMPLICATIONS

FINANCE

6.1

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

6.2 There are no legal implication within this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	This report highlights the need to enhance arrangements for people who require better co-ordinated care

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	This report covers our future direction of travel to support a range of older people to live at home.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This report highlights the need to intervene early and improve people experience of health and social care support.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	This report acknowledges the need to improve the quality of life for people who require support.
Health and social care services contribute to reducing health inequalities.	The reports confirms the HSCP position in relation to tackling 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 HSCP will continue to work closely with our partners to improve support provided to unpaid carers.
People using health and social care services are safe from harm.	The HSCP is committed to keeping people from harm by a range of interventions.
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.	Our workforce is committed to improve the lives of people in Inverclyde as per our strategic plan.
Resources are used effectively in the provision of health and social care services.	The HSCP has outlined our priorities in our strategic plan which makes best use of our resources.

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 19

Report To:	**Inverclyde Integration Joint Board**	**Date: 17 March 2020**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/33/2020/AS**
Contact Officer:	**Allen Stevenson Head of Service**	**Contact No: 715212**
Subject:	**GP OUT OF HOURS**	

1.0 PURPOSE

1.1 The purpose of this report is to update the IJB on Greater Glasgow & Clyde GP Out of Hours provision within Inverclyde.

2.0 SUMMARY

2.1 Please see attached report to Greater Glasgow & Clyde Health Board.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the decision of Greater Glasgow & Clyde Health Board on 25th February.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 See the paper presented to the Health Board. (Appendix 1).

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 in terms of 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?

See the Health Board paper (appendix 1).

	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?

See the Health Board paper (appendix 1).

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	

People with protected characteristics feel safe within their communities.	
People with protected characteristics feel included in the planning and developing of services.	
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 See the Health Board paper (appendix 1).

5.6 **NATIONAL WELLBEING OUTCOMES**

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

See the Health Board paper (appendix 1).

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	
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

6.1

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

7.0 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 Greater Glasgow & Clyde Health Board paper. (appendix 1)

NHS Greater Glasgow and Clyde

NHS Greater Glasgow & Clyde	Paper No. 20/06
Meeting:	Board
Date of Meeting:	25th February 2020
Purpose of Paper:	Approval
Classification:	Board Official
Sponsoring Director:	Susan Manion, Interim Chief Officer, GP Out-Of-Hours Kerri Neylon, Primary Care Lead GP.

NHS GGC GP Out- of -Hours service resilience

Recommendations.

The Board is asked to approve the recommendations in this paper.

Purpose of the Paper.

Outline the extent of the current challenges within the GP Out-Of-Hours service and the actions required to ensure business continuity.

Key Issues to be considered.

The conclusions of a review of the service by Professor Sir Lewis Ritchie and specifically the need for a business continuity arrangement to be put in place in order to stabilise the service.

Any Patient Safety /Patient Experience Issues.

The challenges faced by the service has had an adverse impact on patient experience. This will be improved by the key actions proposed to enable delivery of a stable service.

Any Financial Implications from this Paper.

The services will be provided within the existing financial framework.

Any Staffing Implications from this Paper.

The current service has an adverse impact on staff. They have been required at short notice to change sites, often with less than 24 hours' notice. These changes aim to significantly reduce such instability whilst we look to continue to develop a multi-disciplinary workforce plan to more effectively deliver the service in the future.

Any Equality Implications from this Paper.

The current service is unstable and lacks reliability. The revised service model will have an improved pathway for patients via NHS 24 which will also be supported by an appointment system. This will help improve equity of access through the clinical prioritisation of patients being referred to the service and help ensure that workforce and workload needs can be appropriately matched.

Any Health Inequalities Implications from this Paper.

No specific issues now but a stable and high quality service contributes to health equality

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

The assessment of the risks have determined the actions in the recommendation within this paper.

Highlight the Corporate Plan priorities to which your paper relates.

A stable and high quality service Out-Of-Hours, contributes positively to the whole system. Specifically, it will help ensure care as close to home as possible, makes appropriate use of technology and will be based on clinical need. The proposed service change should help support the Board in addressing unscheduled care demands.

Authors: Susan Manion and Kerri Neylon.
Date: 17 February 2020.

NHS GGC GP OUT OF HOURS SERVICE RESILIENCE

1. SITUATION

I. In 2015 a National Review of Primary Care Out-of-Hours Services (OOH), led by Professor Sir Lewis Ritchie was agreed in full by the Scottish Government. The aim of the review was to ensure resilient, high quality and safe Out-Of-Hours services providing the best urgent and emergency care for the people of Scotland on a 24/7 basis.

II. In the summer of 2019, the Chair of NHS GG&C asked Professor Sir Lewis Ritchie to conduct a review of the OOH service in GG&C, to assess progress in relation to the 28 recommendations of his review. During this review, it became clear that strategic and operational issues within the service required immediate attention.

III. In December 2019 Sir Lewis outlined his findings to the Board Chair. The key themes were as follows:

- **GP engagement**. There were concerns about the environment and facilities in some of the centres. It was felt relationships between those working in the service and management at times were strained and communications poor.

- **Workload.** The workload in day-time general practice has substantially increased, contributing to fewer GPs who feel able to commit to working out of hours. In addition to this, there is increasing workload and complexity in the out-of-hours service. This is further exacerbated by patients “walking in” to the centres with the expectation to be seen without going through an NHS 24 triage process. Although not entirely confined to GG&C, “walk in” patients constitute a small proportion but significant number to be assessed and treated. We are working to support the public to make best use of services and to first access NHS 24 (111 telephone helpline and/or NHS inform online) or community pharmacies for assistance.

- **Workforce**. As fewer GPs have been working within the service there has been increasing lone working for clinicians causing professional isolation. Issues were raised around support, advice and managing workload. While progress had been made in the development in multidisciplinary teams (MDTs) in OOHs and some additional Advanced Nurse Practitioners (ANPs) had been appointed, the numbers of salaried GPs despite significant recruitment efforts has not increased. The net effect is that present service capacity is insufficient to meet current demand.

IV. All of this has culminated in fewer GPs working for the service. There are many of the GP shifts across the week and weekends being left unfilled. This has resulted in temporary suspensions, daily decision making around whether sites can be opened safely, which then requires significant operational work in moving staff and engagement with other stakeholders, namely NHS 24, Scottish Ambulance Service (SAS) and the Acute Division of NHS GG&C.

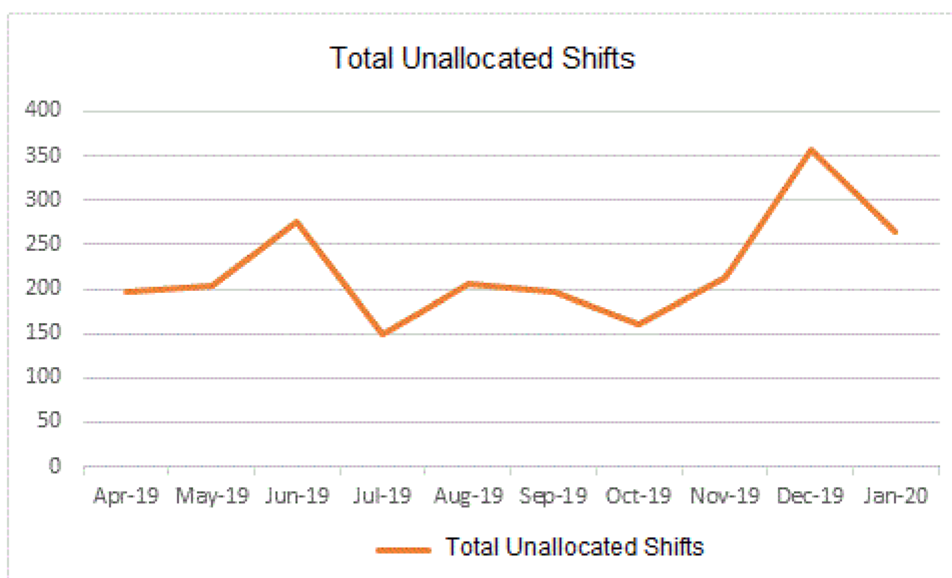
2. BACKGROUND

I. The Out-of-Hours service should only be used by those who require an urgent service and cannot wait until their own GP Practice is open. OOH urgent care services should be used appropriately and valued accordingly.

II. Following triage via NHS 24, dependant on the outcome of the call, the patient will receive telephone advice, be invited to attend an OOH Centre for a consultation or receive a home visit. The service also currently accepts walk-ins (see above). Home visits are undertaken by GPs in dedicated cars with driver support colleagues. A patient transport service is available to take patients to OOH centres, throughout GG&C, if they have no other means of transport. The OOH service sees between 26,000 and 31,000 patients monthly in centres or on a home visit.

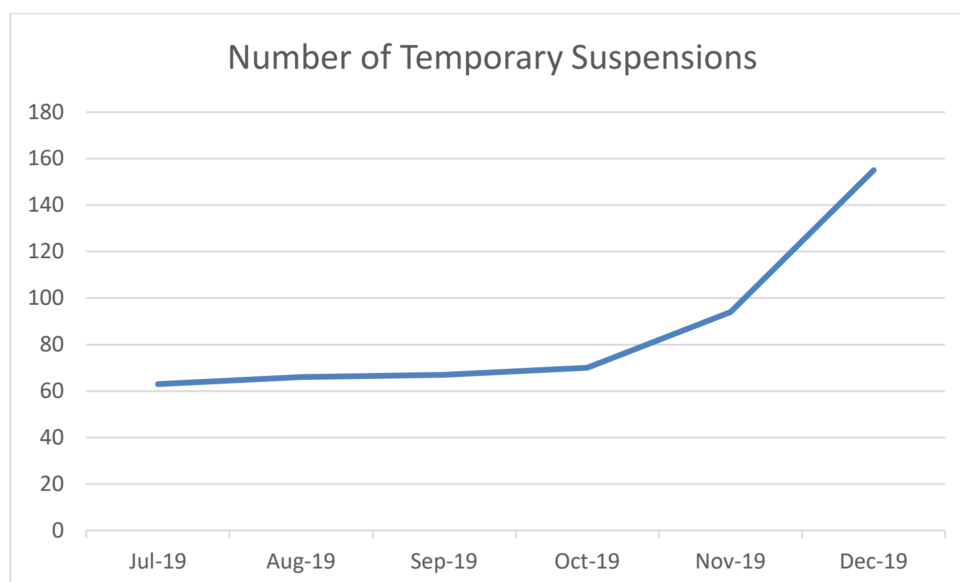
III. The current model relies heavily on GP engagement for service delivery. There are 580 GPs on the NHS GG&C data base who are eligible to sign up for Out-Of-Hours shifts which represents more than 1/3 of the GPs on NHS GGC Performers List. For the service to be fully operational, it requires 34 GPs for a weekday service and 97 each day over weekends and public holidays. Given an average weekly demand for 364 shifts. There has been a 15% to 20% reduction in GPs signing for shifts in the last year. This been exacerbated by pension restrictions which have limited the sessional contributions of some GPs working in the service. This issue, reserved to the UK Government, affects many senior doctors working in the NHS and is being actively pursued for remedy by the Scottish Government. **Graph 1** shows the number of unfilled shifts.

Graph 1



IV. The reduction in GPs participating in shifts has meant an increase in temporary service suspensions. The increase is outlined in **Graph 2.**

Graph 2



V. In the short term a number of early actions have been taken in order to keep the service operating. This has included temporarily suspending some Primary Care Emergency Centres to consolidate the service on fewer sites across the Health Board. To date this has been done on a reactive, unplanned basis. It is important to highlight that the patient transport system has been maintained at all times, to ensure access to the Primary Care Emergency Centres. A Home Visiting car service is available when required across the entire NHS GG&C Board area. Given the continued service pressures, it is imperative that steps are taken to implement and reinforce a stable business continuity plan whilst the service model is effectively redesigned and transformed, and an expanded and enhanced workforce is recruited and trained.

VI. Preparatory work to establish a pilot appointments system, used in other Board areas, is underway with NHS 24 with detailed planning taking place now for a pilot site. This will allow clinicians to manage workload and ensure effective flow through the OOH sites.

VII. The management and leadership arrangements of the service have been strengthened, including the leadership support to the Clinical Director and Lead Nurse.

VIII. Site visits to OOH Centres have taken place by NHS GG&C Estates colleagues and a plan for improvements in the environment and operational issues has been established. Improved security arrangements have been established, and essential replacement equipment has been secured. Enhanced cleaning has been put in place in designated areas. At the Royal Alexandra Hospital Paisley (RAH) there are specific

environmental concerns with regard to the waiting area for patients and rest facilities for staff which will be resolved with local site management.

IX. There are ongoing engagement discussions with GPs across GG&C via Clinical Directors and Health and Social Care Partnership (HSCP) Chief Officers to raise their awareness of the issues and encourage involvement in OOH service improvement.

X. Further meetings with GPs are being planned as well as meetings with the Glasgow Local Medical Committee (LMC) to ensure close liaison on both a formal and long-term basis. A staff engagement plan will be put in place to support this business continuity arrangement.

XI. A review of GP pay rates will be conducted to ensure that they are comparable to other Health Boards and are also fair, taking into account complexity and workload.

XII. The Scottish Ambulance Service (SAS) will be engaged to develop a collaborative model to ensure the use of Paramedics to support the Primary Care Out of Hours service.

3. ASSESSMENT

I. Currently there are 10 salaried GPs within the service and a small number of GP contracts mainly in the Clyde sector. This core workforce is crucial to the continued operation of the service but is significantly short of the required numbers to sustain the current model of service. Despite best endeavours the service has not managed to attract the required number of GPs and focus therefore needs to move to remodelling both the service and the clinical workforce in the same manner that in-hours General Practice is doing. The 16 ANPs who work in the service currently will need to be added to and Advanced Allied Health Professions (AAHPs) recruited or trained. In reconfiguring the service, the feasibility of having some centres as an ANP/AAHP led service can be explored. The detailed workforce plan will clarify the specific numbers required. In the interim, rolling advertisements for salaried GPs and ANPs will continue as part of a significant and sustained recruitment campaign.

II. There requires to be further exploration of other health professionals working within the service such as Advanced Paramedics, Prescribing Pharmacists, and Advanced Physiotherapists. This will require closer working with "in-hours" primary care and the developing MDT models with recognition that "Urgent Care" occurs across the 24hour period. Work will link up with each of the 6 Health and Social Care Partnerships and their Primary Care Improvement Plans.

III. The model of delivery will need to be kept under close scrutiny taking into account the fact that the traditional way GPs have operated is changing and the MDT model of working should work out-of-hours as well as in-hours. Technology and E-health are crucial and the benefits / opportunities afforded through testing 'Attend Anywhere' will be explored.

IV. Clinical and non-clinical leadership throughout the service needs to be strengthened and recognised as an important aspect of long-term sustainability. This will be considered at all levels within the service. Engagement has improved but will now need to be sustained and further improved. Performance monitoring and

management arrangements to the NHS Board will need to strengthen. Close scrutiny and monitoring of the service during this period of business continuity will be important to ensure that focus on improvement is sustained.

V. The Improvement Plan has been developed and discussed with Sir Lewis Ritchie. The review by Sir Lewis Ritchie has been central in shaping the actions that are being proposed today to the NHS Board. Calum Campbell, the recently Scottish Government appointed Board Turnaround Director has confirmed his support for these changes. He will continue to ensure that the NHS GG&C, its Chief Executive Jane Grant, and the Scottish Government Oversight Board are regularly updated on implementation.

VI. The OOH service is one of the services that have caused concern and resulted in the NHS Board being escalated to Level 4 by the Scottish Government. In the event that the NHS Board give their support to the implementation of recommendations within this paper, the implementation of these will be monitored through the GP OOH Leadership Group and reported to the Oversight Board and the NHS Board. A performance framework will be put in place that will demonstrate a significant improvement in performance against agreed standards in the short term. In the medium to longer term the Board should expect to see a redesigned stable workforce working in a resilient and stable model of care with improved outcomes and a better experience for patients.

VII. The report by Sir Lewis Ritchie indicated that in spite of regular unplanned suspensions of our Primary Care centres due to unfilled shifts, NHS GGC had not formally moved into contingency, as yet. The report recommended immediate development of robust, systematic business continuity plans to ensure ongoing resilience, safety and quality. In consequence, we propose to consolidate the service onto core sites for business continuity purposes until the service is stabilised and transformed. This is to secure a stable GP OOH service that the public can continue to rely upon. It is anticipated that the redesign and transformation will take 18-24 months to complete.

VIII. In determining the core sites, key consideration has been given the numbers of attendances, access to the sites and capacity in the buildings.

IX. The wellbeing and welfare of staff working in the service is of paramount importance and must be valued and supported, accordingly.

4. RECOMMENDATIONS

The Board is asked to approve the following:

1. The immediate formalisation of the model outlined in this paper as a business continuity model. This will see consolidation of the GP OOH centres on to core sites as part of a robust business continuity arrangement. There will be 4 centres open overnight, the RAH, Victoria, Stobhill Hospitals and the Vale of Leven.

2. Urgently implement the Board's earlier decision to adopt the recommendations of the National Review by Sir Lewis Ritchie of Primary Care Out-of-Hours Services. This will include a substantial recruitment campaign for GPs, ANPs and AHPs with a training and learning programme. Specifically, this will transform the service from a GP OOH service to a multi-disciplinary GP-led OOH service similar to evolving in-hours Primary Care services.

3. We are committed to the ongoing delivery of services at the Vale of Leven in the out of hours period. We are actively engaging with the local GP community and other stakeholders, to secure sustainable future models of service delivery.

4. We are also committed to delivering sustainable OOH services In the Inverclyde area. The feasibility of developing an urgent care resource centre in Inverclyde Royal Hospital (IRH) is a priority. The intention is to assess the effectiveness of operating a hub run by advanced nurse practitioners (ANPs) / advanced allied health professionals (AAHPs) and paramedics, in concert with the Scottish Ambulance Service (SAS)

5. Implementation and evaluation of Attend Anywhere technology, seeking to provide remote expert professional advice and to reduce the requirement for unnecessary travel for both the public and for staff providing services.

6. Implementation and evaluation of an appropriate appointment and scheduling system in conjunction with NHS 24.

7. There will continue to be a Home Visiting car service and patient transport service across the whole of Greater Glasgow and Clyde. This is available to all patients who need a home visit and to facilitate attendance at OOH centres for those who require that.

8. Provide regular updates to the GG&C Board and Health and Social Care Partnerships on OOH Urgent Care Service performance, the implementation of the Business Continuity Plan and future service model developments.

9. A detailed communications plan will be initiated and going forward will explain the business continuity arrangements to the public and all other stakeholders, to engage them in future developments of the service.