

AGENDA ITEM NO: 6

Report To: Inverclyde Integration Joint Board Date: 2 November 2020

Audit Committee

Report By: Louise Long, Corporate Director

(Chief Officer) Inverclyde Health &

Social Care Partnership

Report No:

IJBA/11/2020/LA

Contact Officer Lesley Aird Contact No: 01475 715381

Subject: IJB BEST VALUE STATEMENT 2019/20

1.0 PURPOSE

1.1 The purpose of this report is to provide a statement in relation to how the IJB has delivered Best Value during the previous financial year.

2.0 SUMMARY

2.1 Appendix A contains the Best Value Statement for 2019/20. This is reviewed and updated annually as part of the annual accounts process.

3.0 RECOMMENDATIONS

3.1 It is recommended that the IJB Audit Committee note the report.

Louise Long
Chief Officer

Lesley Aird

Chief Financial Officer

4.0 BACKGROUND

- 4.1 Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs are required to have effective arrangements in place for scrutinising performance, monitoring progress towards achieving strategic objectives and holding partners to account.
- 4.2 Part of evidencing the work that the IJB does in relation to this is through officers reviewing and updating the Best Value Statement enclosed at Appendix A each year as part of the annual accounts process.
- 4.3 The statement considers Inverclyde's position in relation to 10 key Audit Scotland Best Value prompts. Based on this statement and placing appropriate reliance on the Best Value arrangements in place through the Council and Health Board no additional action is required by the IJB at this time over and above the actions already taking place as detailed in the statement.

5.0 DIRECTIONS

5.1

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

6.0 IMPLICATIONS

FINANCE

6.1 There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

1	

YES (see attached appendix)

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

6.5 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

6.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are /are no governance issues within this report.

6.7 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.	None

7.0 CONSULTATION

7.1 This report was prepared in consultation with the Chief Officer and External Audit.

8.0 BACKGROUND PAPERS

8.1 None.

IJB Best Value

IJD	DB Best Value					
	Audit Scotland Prompt	IJB Response				
1	Who do you consider to be accountable for securing Best Value in the IJB?	The IJB does not directly commission or contract work, instead it is responsible for directing its partners (the Council and Health Board) to commission on the IJB's behalf within the principles of Best Value. Ultimately the Chief Officer is accountable to the IJB. This does not remove the accountability within partner organisations for their own responsibilities under Best Value legislation. Commissioning from third sector providers is evaluated in line with Best Value principles during procurement by both the Council and Health Board.				
2	How do you receive assurance that the services supporting the delivery of the strategic plan are securing Best Value?	There are current arrangements for monitoring performance and progress against delivery of strategic objectives in line with the Best Value guidance. This is achieved through various forums: Integration Joint Board Meetings Transformation Board Audit Committee Inverclyde Health & Social Care Committee Clinical & Care Governance Committee Strategic Planning Group Senior Management Team (HSCP) Corporate Management Teams of the Health Board and Council Performance reporting is a regular agenda item for the SMT, IJB and other groups listed above. Performance is scrutinised by officers throughout the year in respect of the targets met or any issues that arise from this. The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery. IJB directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan and that all services must be procured and delivered in line with Best Value principles.				

	A Property Description	LID
	Audit Scotland Prompt	IJB Response
3	Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members?	Yes – the IJB has good joint working arrangements in place and has benefited from ongoing support from members and officers within our partner organisations throughout the last financial year in order to deliver the IJBs longer term vision. This support has been evident through additional funding agreed by both partners to address demographic pressures as they arise. The IJB also works closely with Community Planning Partners through the Strategic Alliance
4	How is value for money demonstrated in the decisions made by the IJB?	All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, HR, equality and diversity and linkage to the IJBs strategic objectives. The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions. In addition IJB directions to the Health Board and Council require them to deliver our services in line with Best Value principles.
5	Do you consider there to be a culture of	Yes – IJB, SPG and SMT development sessions over the past financial year have
5	Do you consider there to be a culture of continuous improvement?	sought to enhance the operational effectiveness of the IJB, SPG and SMT and of the services the HSCP delivers.
		Many of these development sessions have been focussed around service redesign and improvement plans within services to ensure the IJB and SPG members are fully informed and engaged in our continuous improvement process. Both the IJB and SPG have staff-side representation, so staff and trade unions are also fully involved in shaping continuous improvement.
		Our Transformation Board arrangements provide clear and close links between the work of that Board, the Strategic Plan and the Strategic Planning Group. Our Transformation Fund supports change and service enhancement initiatives with regular reporting back on outcomes from each investment.

	Audit Scotland Prompt	IJB Response
6	Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working?	Several reviews have taken place with many still ongoing. This work is overseen operationally by Review Boards for each Service Review and the Transformation Board oversees all of the reviews and redesigns with feedback on the planned and delivered service improvements and efficiencies of each. Some major reviews include: Learning Disabilities Review, Addictions Review and AHP Review. All of these redesigns have been very recent or are still ongoing, and the impacts are not yet able to be evaluated.
7	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?	Yes – this is managed through the Service Review Boards, Heads of Service, Transformation Board and the SMT with the Health Board and Council CMTs involved as required
8	What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures?	Staff and clinical representation is in place on all Review Boards, the SPG and IJB. All redesigns are discussed at the Clinical and Care Governance Group, and potential implications are required to be assessed and included in IJB reports. In addition, Equality Impact Assessments are required for savings proposals.
9	Is performance information reported to the board of sufficient detail to enable value for money to be assessed?	The Board has full oversight of IJB performance both operationally and financially through regular financial and performance monitoring reports Going forward through the new Strategic Plan, we are focussing more closely on outcomes through progress update reporting and in year performance reporting.
10	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable?	Regular budget and performance monitoring reports to the IJB give oversight of this. All IJB reports contain a section outlining the financial implications of each paper. At least one IJB development session per year is primarily focussed on financial planning for the coming year.