

A meeting of the Inverclyde Integration Joint Board will be held on Monday 2 November 2020 at 2pm.

This meeting is by remote online access only through the videoconferencing facilities which are available to members of the Integration Joint Board and relevant officers. The joining details will be sent to participants prior to the meeting.

In the event of connectivity issues, participants are asked to use the *join by phone* number in the Webex invitation.

Please note that this meeting will be recorded.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
**Copy to follow		
1.	Apologies, Substitutions and Declarations of Interest	Page
ITEMS FOR ACTION:		
2.	Membership of the Inverclyde Integration Joint Board Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
3.	Minute of Meeting of Inverclyde Integration Joint Board of 21 September 2020	p
4.	Annual Report to the IJB and the Controller of Audit for the Financial Year ended 31 March 2020 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5.	Rolling Action List	p
6.	Financial Monitoring Report 2020/21 – Period to 31 August 2020, Period 5 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	Progress Update on Criminal Justice Social Work Inspection Improvement Action Plan Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	Update on Delivery of 2020/21 Adult Influenza Vaccination Campaign Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

9.	Workplace Wellbeing Matters Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
10.	Inverclyde Integration Joint Board Audit Committee – Terms of Reference Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
11. **	Chief Officer’s Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
ITEMS FOR NOTING:		
12.	Reconvening of Inverclyde Joint Adult Support and Protection Inspection Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
13.	Inverclyde Child Poverty Action Report 2019/20 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
14.	Anti-Poverty Initiatives Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
15.	Learning Disability Redesign – LD Community Hub Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
16.	Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 21 September 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
The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.		
17.	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	p

Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.

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>

In terms of Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020, it is necessary to exclude the public from this meeting of the Integration Joint Board on public health grounds. It is considered that if members of the public were to be present, this would create a real or substantial risk to public health, specifically relating to infection or contamination by Coronavirus.

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

Report To:	Inverclyde Integration Joint Board	Report To:	2 November 2020
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/115/20
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Membership of the Inverclyde Integration Joint Board		

1.0 PURPOSE

- 1.1 The purpose of this report is to ask the Inverclyde Integration Joint Board (“IJB”) to confirm the re-appointment of members to the IJB

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, including members’ term of office.
- 2.2 This report recommends the re-appointment of a number of members for a further term of office.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
1. notes the content of this report;
 2. confirms the re-appointment for a further term of the following non-voting professional advisory members:-
 - Dr Hector Macdonald
 - Dr Deirdre McCormick
 - Dr Chris Jones
 3. agrees the re-appointment of the non-voting stakeholder representative members set out in Appendix 1 Section C of this report; and
 4. agrees the re-appointment of the additional non-voting members set out in Appendix 1 Section D of this report.

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. As a minimum this must comprise:

- voting members appointed by the NHS Board and Inverclyde Council;
- non-voting members who are holders of key posts within either the NHS Board or Inverclyde Council; and
- representatives of groups who have an interest in the IJB.

5.0 RE-APPOINTMENT OF MEMBERS

5.1 The Order and the IJB Standing Orders also set out when members’ terms of office expire and the process for re-appointment.

5.2 The length of term of office of each member varies depending upon the category of member. For example, the Chief Social Work Officer, the Chief Officer and the Chief Financial Officer remain members of the IJB for as long as they hold office. Further, any member who has been appointed in place of a member who has resigned is appointed only for the unexpired term of the member they replaced.

5.3 The term of office of the voting members nominated by Inverclyde Council in June 2019, as set out in Appendix 1 Section ends in June 2021.

5.4 The NHS Board confirmed the appointment of the Greater Glasgow & Clyde NHS Board voting members on 30 June 2020 as set out in Appendix 1 Section A and this was reported to the IJB on 24 August 2020. The term of office of these voting members ends in June 2022.

5.5 The majority of the non-voting members of IJB, with the exception of the Chief Officer, Chief Social Work Officer and Chief Financial Officer as mentioned above, have reached the end of their term of office.

5.6 The Order and the IJB Standing Orders state that at the expiry of a member’s term of office, the member may be re-appointed for a further term provided that he/she remains eligible and is not otherwise disqualified from appointment.

5.7 It is therefore proposed to re-appoint those non-voting members who have reached the end of their term of office for a further term of up to two years.

6.0 PROPOSALS

6.1 It is proposed that the IJB notes the NHS Board’s agreement to the re-appointment of the Greater Glasgow & Clyde NHS Board non-voting professional advisory members set out in Appendix 1 Section B (with the exception of the Chief Officer, Chief Social Work Officer and Chief Finance Officer).

The re-appointment of the following non-voting members is also proposed:-

- the non-voting stakeholder representative members set out at Appendix 1 Section C; and
- the additional non-voting members set out at Appendix 1 Section D.

The length of term of office of these members to be up to two years.

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

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	None

in Inverclyde are promoted.	
-----------------------------	--

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) of the Inverclyde Health & Social Care Partnership, and the Head of Board Administration of Greater Glasgow and Clyde NHS Board have been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 N/A

Inverclyde Integration Joint Board Membership as at 2 November 2020

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 Ms Dorothy McErlean Ms Paula Speirs	
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 Dr 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 Gemma Eardley	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator 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 – 21 SEPTEMBER 2020

Inverclyde Integration Joint Board

Monday 21 September 2020 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Mr A Cowan, Ms D McErlean, Ms P Speirs, Dr H MacDonald, Dr D McCormick, Dr C Jones, Ms L Long, Ms L Aird, Ms R Garcha, Ms M Moyse (for Mr H MacLeod), Ms C Elliott, Ms C Boyd and Mr S McLachlan.

Chair: Councillor Clocherty presided.

In attendance: Mr A Stevenson, Head of Health & Community Care, Ms A Malarkey, Interim Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services, Ms J Allan, Service Manager, Older People, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang and Ms D Sweeney (Legal & Property Services) and Mr G Barbour, Service Manager, Communications, Tourism and Health & Safety.

The meeting took place via video-conference.

81 **Apologies, Substitutions and Declarations of Interest** 81

Apologies for absence were intimated on behalf of Mr H MacLeod, with Ms M Moyse acting as proxy, and Ms D McCrone.

No declarations of interest were intimated.

82 **Annual Performance Report and COVID-19 Update** 82

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the overall performance of Inverclyde Health & Social Care Partnership for the period 1 April 2019 to 31 March 2020.

The Board also heard a presentation on the performance data by the IJB Chief Financial Officer and Interim Head of Strategy & Support Services, focusing on National Integration Indicators, areas for improvement, areas of good performance during 2019/20, next steps and plans for 2020/21, including action relating to COVID-19.

The Chief Officer then provided a verbal update to members on the current COVID-19 position.

During the course of discussion on this item, the IJB was advised of the proposal for Health Improvement Scotland to hold a development session for members at the start of 2021.

Decided:

- (1) that approval be given to the Health & Social Care Partnership's fourth Annual Performance Report;
- (2) that members acknowledge the improvements achieved during the third year of the Partnership and the further foundations which have been established and which continue to drive forward transformational change; and
- (3) that the IJB's appreciation be extended to all staff within the Health & Social Care Partnership for the work undertaken in the last 12 months and particularly in response to the COVID-19 pandemic.

INVERCLYDE INTEGRATION JOINT BOARD – 21 SEPTEMBER 2020

- 83 Non-Voting Membership of the Inverclyde Integration Joint Board 83**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the IJB of a change in its non-voting membership arrangements.
- Decided:**
- (1) that the resignation of Ms Robyn Garcha as the Council staff representative non-voting member of the Inverclyde Integration Joint Board be noted;
 - (2) that agreement be given to the appointment of Ms Gemma Eardley as the Council's staff representative non-voting member of the Inverclyde Integration Joint Board; and
 - (3) that the appointment of Ms Vicki Cloney as proxy for Ms Charlene Elliott, third sector representative non-voting member be noted.
- 84 Minute of Meeting of Inverclyde Integration Joint Board of 24 August 2020 84**
- There was submitted the minute of the Inverclyde Integration Joint Board of 24 August 2020.
- Decided:** that the minute be agreed.
- 85 Rolling Action List 85**
- There was submitted the rolling action list of items arising from previous decisions of the Integration Joint Board.
- Decided:**
- (1) that the rolling action list be noted; and
 - (2) that it be noted that the format of the rolling action list will change following the establishment of a Directions log as set out in the next item.
- 86 Inverclyde Integration Joint Board - Directions 86**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a new Directions policy which has been developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance from the Scottish Government.
- Decided:**
- (1) that the contents of the report, the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance issued by the Scottish Government in January 2020 in relation to Directions be noted;
 - (2) that approval be given to the IJB Directions policy and procedure and IJB Directions template set out in appendices 1, 2 and 3 of the report; and
 - (3) that the remit of the IJB Audit Committee be revised to reflect its responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB.
- 87 Financial Monitoring Report 2020/21 – Period to 30 June 2020, Period 3 87**
- 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 with a detailed report as at Period 3 to 30 June 2020.

INVERCLYDE INTEGRATION JOINT BOARD – 21 SEPTEMBER 2020

Decided:

- (1) that the current Period 3 forecast position for 2020/21 and Period 3 detailed report set out in appendices 1 to 3 of the report be noted;
- (2) that approval be given to the proposed budget realignments and virement at 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 at Appendix 5;
- (3) that approval be given to the planned use of the Transformation Fund as detailed in Appendix 6;
- (4) that the current Capital position at Appendix 7 be noted;
- (5) that the current Earmarked Reserves position at Appendix 8 be noted; and
- (6) that it be noted that a report will be submitted to the next meeting of the IJB Audit Committee on Smoothing and Earmarked Reserves.

88 Update – Technology Enabled Care (TEC)**88**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the development of Technology Enabled Care (TEC) within Inverclyde over the last 12 months.

Decided:

- (1) that the progress and achievements within TEC over the past 12 months be noted and support be given to the HSCP's continued role in the national digital transformation and promotion of digital telecare through the test of change opportunities from the Scottish Government;
- (2) that the future financial pressure for the Council as a result of the changeover from analogue to digital be noted and it also be noted that there will be a further update following the outcome of the digital test of change; and
- (3) that information on TEC be included in the annual digital report to the Integration Joint Board.

89 HSCP Digital Update 2020/21**89**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a digital update for 2020/21.

Decided:

- (1) that approval be given to the update for 2020/21 as detailed in the appendix to the report;
- (2) that the Chief Officer be authorised to issue Directions to the Council and Health Board on the basis of the report and the specific Direction at Appendix A; and
- (3) that a further update report setting out the direction of travel and financial implications be submitted to the Integration Joint Board in March 2021.

90 HSCP Clinical and Care Governance Strategy 2019-24**90**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a summary of the new HSCP Clinical and Care Governance Strategy 2019-24.

Decided:

- (1) that approval be given to the HSCP Clinical and Care Governance Strategy appended to the report;
- (2) that it be noted that a short-life working group has been established to develop the Clinical and Care Governance Strategy Action Plan in readiness for implementation; and

INVERCLYDE INTEGRATION JOINT BOARD – 21 SEPTEMBER 2020

(3) that the next Clinical and Care Governance report provide information on impact against agreed priorities.

91 **HSCP Strategic Plan – Implementation Progress Report Year 1: April 2019 – March 2020** 91

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on implementation progress relative to the HSCP Strategic Plan in Year 1, from April 2019 to March 2020.

Decided:

- (1) that the progress to date be noted;
- (2) that the efforts of staff and managers to continue effectively the delivery of services and Strategic Plan outcomes even in the midst of a global pandemic be noted;
- (3) that the uncertain nature of recovery and what the future will look like be noted; and
- (4) that the plans to, where possible, continue to deliver transformational change in line with the HSCP's Strategic Plan 2019-2020 and its Big 6 Actions be noted.

92 **Minute of Meeting of Inverclyde Integration Joint Board (IJB) Audit Committee of 17 March 2020** 92

There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 17 March 2020.

(Ms Boyd left the meeting during consideration of this item of business).

Mr Alan Cowan, Chair of the IJB Audit Committee, provided a brief feedback on the main issues discussed at the Committee held at 1pm. These were:

Rolling Action List

The Committee had agreed to an additional meeting being held on Monday 2 November, the business to include the External Audit Report and Annual Accounts for 2019/20 and a report on Earmarked and Smoothing Reserves, linked to COVID-19. The Committee had also agreed to include in the rolling action list the development day focusing on risk management with the aim of holding this prior to January 2021.

Draft IJB Audit Committee Workplan 2020/21

The Committee had agreed to include within the workplan, reports on the Accounts and the review of Reserves as well as an update on the Audit Scotland COVID-19 Guide for Audit and Risk Committees.

Internal Audit Progress Report – 24 February to 28 August 2020

A regular progress report had been presented, with two audit reviews finalised since the last IJB Audit Committee in March: Budgetary Control and IJB Directions – Advisory Review.

In relation to the Budgetary Control audit, the overall control environment was satisfactory with two amber issues identified – managing a single person dependency, which had now been addressed through contingency arrangements, and an issue in relation to how the IJB uses its budget to deliver its strategic plan. In relation to the IJB advisory review, there were no material issues identified and officers had incorporated recommendations where appropriate within the draft IJB Directions policy considered earlier.

INVERCLYDE INTEGRATION JOINT BOARD – 21 SEPTEMBER 2020

Internal Audit Annual Report and Assurance Statement 2019/20

The conclusion of the report was that the majority of the IJB's established internal control procedures operated as intended to meet management's control requirements for each area reviewed by Internal Audit and that the overall audit opinion was satisfactory. There had been discussion regarding the post-incident review relative to COVID-19 to highlight any lessons learned and it had been agreed that the Chief Internal Auditor and IJB Chief Financial Officer develop the use of the Audit Scotland Guide as a tool to provide assurance and that this be reported to the November meeting of the Committee. The Internal Audit annual report and assurance statement had been approved by the IJB Audit Committee.

Decided:

- (1) that the minute of the Inverclyde Integration Joint Board Audit Committee of 17 March 2020 be noted;
- (2) that the feedback provided by the Chair in respect of the meeting of the IJB Audit Committee held earlier in the day be noted; and
- (3) that it be noted that the Chair will provide the IJB members with a brief note on the issues discussed at the IJB Audit Committee's meeting with the External Auditors held at 12 noon that day.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in Paragraphs 1 and 9 of Part I of Schedule 7A of the Act.

93 SWIFT Replacement Project Update

93

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update on the revised timeline and resultant additional cost implications of the SWIFT replacement project and (2) asking the IJB to consider enhancing the new system functionality as part of that work.

(Ms Moyse, Dr MacDonald and Mr McLachlan left the meeting during consideration of this item of business).

Decided:

- (1) that the additional project costs arising from the delayed procurement of the SWIFT replacement project following the COVID-19 pandemic be noted;
- (2) that approval be given to the extension of the dedicated project posts for a further 12 months at a cost of £111,000;
- (3) that approval be given to fund the amount of £243,000 via prudential borrowing;
- (4) that it be agreed to note the delay in the anticipated system implementation and the resultant delay in delivery of the related Performance and Information post savings and that these posts will continue to be filled on a temporary basis and funded through the Transformation Fund until the new system is fully implemented;
- (5) that it be agreed to move from Option 2 to Option 3 as detailed in the report due to the additional digital infrastructure requirements and, to allow the implementation of Option 3, approval be given to additional funding of £258,000 from the Transformation Fund; and
- (6) that the Chief Officer be authorised to issue a Direction to the Council as detailed in Appendix 3 to the report.

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

Report By: Louise Long
Corporate Director
(Chief Officer)
Inverclyde Health & Social
Care Partnership **Report No:** IJB/70/2020/LA

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

Subject: **ANNUAL REPORT TO THE IJB AND THE CONTROLLER OF
AUDIT FOR THE FINANCIAL YEAR ENDED 31 MARCH 2020**

1.0 PURPOSE

1.1 The purpose of this report is to present the Annual Report and Auditors' letter to Integration Joint Board (IJB) Members for the financial year ended 31 March 2020 which has been prepared by the IJB's external auditors, Audit Scotland. A representative from Audit Scotland will be at the meeting to present the report.

2.0 SUMMARY

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

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

- The Annual Report to the IJB from External Audit is attached at Appendix 1.
- The letter of representation from the Chief Financial Officer enclosed at Appendix 2.
- A copy of the final 2019/20 Annual Accounts is also attached at Appendix 3.

3.0 RECOMMENDATION

3.1 The Integration Joint Board is asked to:

1. Consider the contents of the Annual Report to the IJB and Controller of Audit for the Financial Year ending 31 March 2020.
2. Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the final 2019/20 Accounts on behalf of the IJB.
3. Consider the Letter of Representation contained within Appendix 2 and approve the signing of this by the Chief Financial Officer.

4.0 BACKGROUND

- 4.1 All IJBs are required to submit draft accounts by 30 June each year with final, Audited Accounts required by 30 September.
- 4.2 It is a statutory requirement of the accounts closure process that the IJB receives a letter from the appointed External Auditors highlighting the main matters arising in respect of the prior year accounts. This letter, (ISA260), has been incorporated into the enclosed Annual Report to the IJB.
- 4.3 The IJB's External Auditors, Audit Scotland, have carried out the audit and the main matters arising are presented in their enclosed ISA 260 document. All relevant changes resulting from the ISA 260 have been reflected in the IJB's final Audited Accounts which are also attached, in Appendix 2.
- 4.4 The information provided to the IJB is the culmination of a significant amount of work by Officers and External Auditors who worked closely together to ensure the audit process has been as efficient as possible. The accounts closure process and subsequent audit have produced a high quality Annual Accounts. This is a testament to the significant work by Officers and their positive working relationship with Audit Scotland.

5.0 MAIN AREAS TO HIGHLIGHT

- 5.1 There are a number of key appendices to this report:
- The Annual Report to the IJB from External Audit is attached at Appendix 1.
 - The letter to the Audit Committee, draft Audit Certificate and draft letter of representation from the Chief Financial Officer is enclosed at Appendix 2. The letter of representation provides External Auditors with assurance regarding some of the key accounting requirements and assumptions utilised when closing the 2019/20 Accounts. From this letter, the IJB's External Auditors can arrive at a view when expressing an opinion as to whether the financial statement presented a true and fair view of the financial position of the Inverclyde IJB at 31 March 2020.
 - A copy of the final 2019/20 Annual Accounts is also attached at Appendix 3.
- 5.2 In respect of the Annual Accounts, it has been confirmed that the IJB has received an unqualified opinion on the financial statements for the financial year ended 31 March 2019 and that there are no unadjusted differences to report. Both these are very welcome and significant achievements.
- 5.3 Some minor presentational changes from the draft accounts were identified during the course of the audit and have been actioned.

6.0 DIRECTIONS

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

7.0 IMPLICATIONS

FINANCE

7.1 There are no direct financial implications within this report.

One off Costs – additional costs as outlined in this report

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	Other Comments
N/A					

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

7.5 There are no equality issues within this report.

7.5.1 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.

7.5.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

7.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

7.7 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

8.0 CONSULTATION

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

Inverclyde Integration Joint Board

2019/20 Annual Audit Report

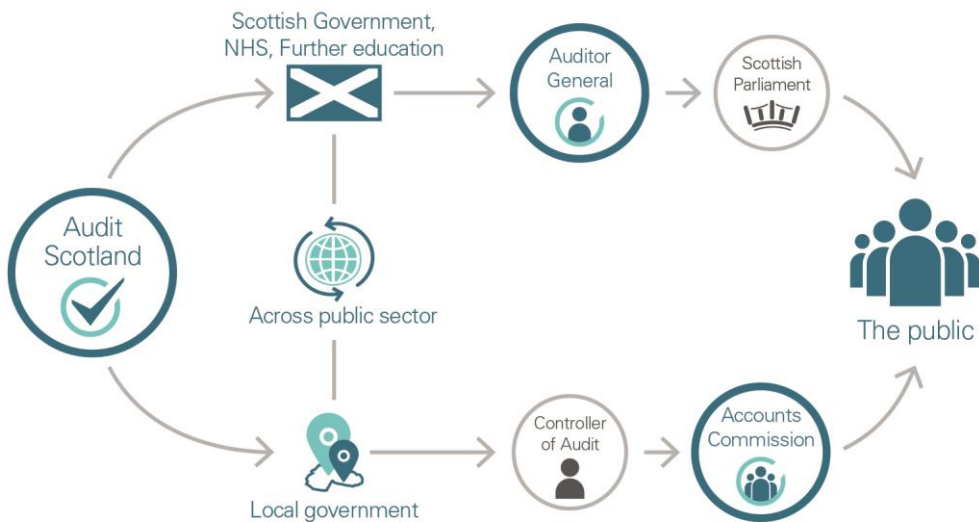


Prepared for Inverclyde Integration Joint Board and the Controller of Audit
November 2020

Who we are

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

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



About us

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

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

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

Contents

Key messages	4
Introduction	5
Part 1 Audit of 2019/20 annual accounts	7
Part 2 Financial management and sustainability	10
Part 3 Governance, transparency and best value	15
Appendix 1 Action plan 2019/20	21
Appendix 2 Significant audit risks identified during planning	24
Appendix 3 Summary of national performance reports 2019/20	26

Key messages

2019/20 annual report and accounts

- 1 Our audit opinions on the annual report and accounts are all unmodified
- 2 The annual accounts were submitted for audit on time, but the limitations of remote working impacted on our audit timetable.
- 3 A new methodology has been applied to determining the costs of hospital set-aside and this resulted in a prior year adjustment of £6.2 million, however the expenditure is matched by funding and there is no impact on the IJB's outturn or accumulated reserves.

Financial management and sustainability

- 4 The 2019/20 budget was balanced and the IJB reported an underspend of £1.2 million due to achievement of savings and some non-recurrent underspends
- 5 The IJB approved an indicative budget for 2020/21 in March 2020 based on the confirmed funding offer from Inverclyde Council and indicative funding offer from NHS GG&C. To date the NHS GG&C offer has not been formalised so the indicative budget remains active.
- 6 As at August 2020, net additional costs of £6.7 million are projected in 2020/21 due to Covid-19, but further funding is expected to cover this. The medium-term financial plan agreed in March 2020 will require revision to account for the impact of Covid-19.

Governance, transparency and best value

- 7 Overall governance and transparency arrangements were effective, although the arrangements for demonstrating Best Value need to be formalised.
- 8 The Covid-19 pandemic had a significant impact on
 - service demand and delivery models
 - review of the Integration Scheme
 - implementation of Locality Planning Groups
 - performance reporting

Introduction

1. This report is a summary of our findings arising from the 2019/20 audit of Inverclyde Integration Joint Board (the IJB).
2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit Committee meeting on 17 March 2020. This report comprises the findings from our main elements of work in 2019/20 including:
 - an audit of the IJB's 2019/20 annual accounts including the issue of an independent auditor's report setting out my opinions
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016 \(Exhibit 1\)](#).

Exhibit 1 Audit dimensions



Source: *Code of Audit Practice 2016*

3. Subsequent to the publication of the Annual Audit Plan, in common with all public bodies, the IJB and partner bodies have had to respond to the global coronavirus pandemic. This impacted on the final month of the year and will continue to have a significant impact into financial year 2020/21. We have carried out our planned audit work remotely to comply with travel restrictions and physical distancing requirements.

Adding value through the audit

4. We add value to the IJB, through audit by:
 - identifying and providing insight on significant risks, and making clear and relevant recommendations for improvements that have been accepted by management
 - sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides
 - providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability

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

Responsibilities and reporting

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

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

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

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

9. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

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

11. Our annual audit report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

Auditor Independence

12. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

13. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2019/20 audit fee of £26,560, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

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

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

Part 1

Audit of 2019/20 annual accounts



Main judgements

Our audit opinions on the annual report and accounts are all unmodified

The annual accounts were submitted for audit on time, but the limitations of remote working impacted on our audit timetable

A new methodology has been applied to determining the costs of hospital set-aside and this resulted in a prior year adjustment of £6.2 million, however the expenditure is matched by funding and there is no impact on the IJB's outturn or accumulated reserves.

The annual report and accounts are the principal means of accounting for the stewardship of the resources and performance.

Audit opinions on the annual accounts were unmodified

16. The annual accounts for the year ended 31 March 2020 were approved by the IJB on 2 November 2020. We reported within the independent auditor's report that:

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

17. The working papers provided to support the accounts were of a high standard and the audit team received good support from finance staff which helped ensure the final accounts audit process ran smoothly.

The annual accounts were submitted for audit on time, but the limitations of remote working impacted on our audit timetable

18. The accounts were submitted to us for audit on 26 June 2020 in line with the original agreed timetable. Our original intention was that the audit could be concluded by 30 September. However, the limitations of remote working did impact on our audit timetable and the audit took longer. The IJB has used the provisions made in Schedule 6 of the Coronavirus (Scotland) Act 2020 to postpone the publication of the audited accounts. A Notice of Postponement was posted on the IJB website on 29 September to reflect this.

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

20. Audit Scotland's [Covid-19: Guide for audit and risk committees \(August 2020\)](#) recommends that members consider whether there is sufficient capacity to deal

with competing pressures, such as preparing annual accounts, at a time when working practices are having to be adapted due to Covid-19.

21. Overall, the working papers provided to support the accounts were of a good standard and we were given electronic access and so were able to conduct the audit remotely.

Overall materiality is £1.8 million

22. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement in the annual accounts.

23. On receipt of the unaudited annual accounts we reviewed our materiality calculations [Exhibit 2](#) and concluded that they could be increased based on the higher level of gross expenditure than originally budgeted by the IJB. This did not have a significant impact on our audit approach.

Exhibit 2 Materiality values

Materiality level	
Overall materiality	£1.8 million
Performance materiality	£1.3 million
Reporting threshold	£50 thousand

Source: Audit Scotland,

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

24. [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. that we identified during the audit. It also identifies the work we undertook to address these risks and our conclusions from this work.

We have one significant finding to report from the audit.

25. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. The significant finding is outlined in [Exhibit 3](#)

Exhibit 3 Significant findings from the audit of the financial statements

Findings	Resolution
Estimates of hospital set aside	
In our 2018/19 Annual Audit Report, we recommended that the ongoing work by the NHS	The expenditure is matched by an equivalent funding contribution so there is no impact on the

Greater Glasgow & Clyde (NHSGG&C) Set Aside Group should move to actual costs and activity for 2019/20 in line with Scottish Government expectations and to determine consumption of hosted services.

From 2019/20, the set aside value is now based on a detailed approach including actual spend and activity levels for the year (where information is available); and estimated annual activity (where it is not).

This new methodology was also applied to the prior year set aside figure. This resulted in the 2018/19 figure being increased by £6.2 million.

IJB's outturn or on accumulated reserves and NHS GGC is responsible for managing any overspends on the set-aside budget. On this basis, we do not consider it is a significant accounting estimate for Inverclyde Integrated Joint Board.

We received assurances from the auditor of NHS Greater Glasgow and Clyde that the set aside figures in the IJB accounts had been reviewed for the purposes of the NHSGGC audit and confirmed that they agreed to the corresponding amounts in the NHSGGC financial statements.

There were no material adjustments to the unaudited accounts

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

Good progress has been made with the implementation of prior year recommendations

27. The IJB has made good progress in implementing our prior year audit recommendations. One of our 2019/20 recommendations is now complete, with mitigating actions in place to manage some of the risks identified in the second recommendation. Any remaining residual risks are being tolerated by the IJB.

Part 2

Financial management and sustainability



Main judgements

The IJB approved an indicative budget for 2019/20 on 19 March and following receipt of formal offers from the Council and Health Board on 21 March and 3 June the IJB formally approved the budget on 24 June



An underspend of £1.2 million (0.7%) was achieved in 2019/20 due to achievement of savings and some non-recurrent underspends

The IJB has not finalised its budget before the start of 2020/21 due to delays in the NHS confirming the formal funding offer. However, an indicative budget has been agreed

As at August 2020, net additional costs of £6.7 million are projected in 2020/21 due to Covid-19, but further funding is expected to cover this

The medium-term financial plan agreed in March 2020 will require revision due to Covid-19. It is unclear how all planned future savings will be achieved in the medium to long term.

There is some slippage in Transformational Fund spend

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

The 2019/20 budget was not approved till June 2019 but was balanced

28. The 2019/20 budget was not approved until 24 June 2019 due to funding from NHS GG&C not being confirmed until 3 June. The budget was set at £154.9 million with agreed savings of £1.4 million. This was broadly in line with the indicative budget agreed in March 2019.

29. Savings plans included income growth through charging and the loss of 16.3 FTE posts. 2019/20 savings were delivered in full.

An underspend of £1.2 million (0.7%) was achieved in 2019/20 due to achievement of savings and some non-recurrent underspends

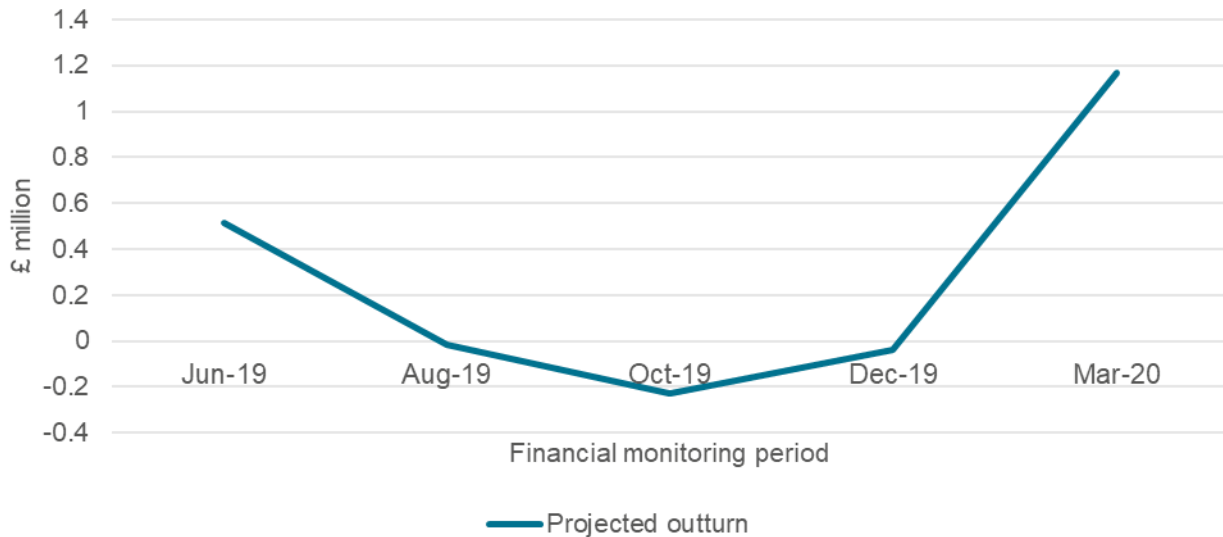
30. As detailed in [Exhibit 4](#), the IJB forecast an overspend for 2019/20 of £0.04 million at period 9, but this was recovered, and the audited accounts disclose an overall underspend for the year of £1.2 million as a result of some non-recurrent underspends

- social care services - due to delays in filling vacancies and additional funding received in year (£0.5 million); and
- health services - due to delay in filling vacancies, slippage on procurement of external services and early delivery of future year savings (£0.7 million).

31. The impact of Covid-19 on the costs in 2019/20 has not been established.

Exhibit 4

Reporting of the projected year-end outturn 2019/20



Source: IJB Monitoring Reports

Written reports to the IJB on financial management continue to be out of date, but verbal reports are provided to compensate

32. The Chief Financial Officer (CFO) of the IJB regularly reports on the financial position to the IJB and the Audit Committee. In 2017/18 and 2018/19, we reported that the Board does not have the opportunity to scrutinise an up-to-date financial position, due to delays in reporting. Timelines for committee paper submission in the partner organisations mean that finance reports often don't reflect the recent position by the time they come to the IJB.

33. This issue is now mitigated by the CFO verbally reporting any significant changes to financial forecasts that have occurred, since the date of the latest written report, at each meeting from the October report onwards. Any residual risks to financial management are tolerated by the IJB.

The IJB has not finalised its budget before the start of 2020/21 due to delays in the NHS confirming the formal funding offer. However, an indicative budget has been agreed

34. In March 2020, the IJB approved an indicative budget of £167.8 million for 2020/21. The budget would normally be formally agreed in June once NHSGGC had confirmed their prior year outturn and financial plan for the year to come. However, due to a delay in publication of NHSGGC's 2019/20 audited financial statements, this has not yet taken place. The IJB does not anticipate any changes to the indicative figures.

35. Within the indicative budget, the proposed Set Aside budget for 2020/21 is £24 million which is 42% higher than the 2019/20 indicative budget (£17 million). The increase results from the work to revise the estimated costs of unscheduled care services. This revised methodology has been used as the basis for the set aside allocation in 2020/21.

36. The indicative budget includes estimated cost pressures of £2.5 million in Social Care and £1.9 million in Health. These pressures are to be met by increased

funding from the council (£1.5 million), health funding uplift of 3% for all recurring budgets (£1.9 million) and agreed identified savings (£1.0 million).

As at August 2020, net additional costs of £6.7 million are projected in 2020/21 due to Covid-19, but further funding is expected to cover this

37. At the end of August, the IJB forecast a 2020/21 year-end operating projection of £6.7 million relating to Covid-19 costs for which £1.2 million of additional funding has been already been confirmed. Further funding is anticipated, but not yet confirmed, for the balance of £5.5 million (£4.1 million Social Care Services and £1.4 million Health). This is partially offset by an anticipated underspend of £0.1 million on Social Care core budgets bringing the overall potential budget pressure to £5.4 million.

The IJB's medium-term financial plan will require revision due to Covid-19

38. An updated Financial Plan 2020/21 to 2024/25 was agreed by the Board in March 2020 which aligns to the new five-year Strategic Plan for the same period.

39. A detailed analysis of costs and demands is included and scenario planning (looking at a range of options around each assumption to establish best case, worst case and probable outcomes). Taking into account costs, demands and estimated changes to funding using the five-year outlook for the Scottish budget, the Financial Plan estimates a funding shortfall of £7.9m over the period 2021/22 to 2024/25.

40. This shortfall however does not include the projected impact of Covid-19 on health and social care budgets. The medium-term financial plan agreed in March 2020 will therefore require revision to account for the scale of the financial challenge posed by Covid-19. The IJB recognises that the most significant risks are:

- Financial sustainability around cost pressures and funding linked to unfunded/ unanticipated/ unplanned demand for services and/or partners being unable to allocate sufficient resources; and
- Financial Implications of Responding to Covid-19 – all costs are being tracked and the IJB is actively engaged with Scottish Government and providing regular updates on associated costs. Governance arrangements are in place regarding approval and monitoring of costs. The IJB is actively engaging with the third and independent sector in relation to their associated costs.

41. In response to the Covid-19 pandemic, and in common with all IJB's, the IJB is submitting regular financial mobilisation plans to Scottish Government detailing the additional costs being incurred in addressing the pandemic both by the IJB and their providers.



Recommendation 1

The financial plan should be updated to account for the scale of the financial challenge posed by Covid-19

A reserves strategy is in place and the level of reserves continues to grow

42. The IJB approved its reserves strategy in May 2016. During 2019/20, £4.0 million of Earmarked Reserves were used to fund specific spend and projects, an

additional £5.4 million was transferred into Earmarked Reserves and £0.2 million of the General Reserve was used, leading to a net increase of £1.2 million in reserves over the year. This has resulted in an overall accumulated reserves balance of £8.5 million.

43. A new earmarked reserve (£0.4 million) was also created in 2019/20 in relation to ringfenced Covid-19 funding received from Scottish Government.

44. The reserve balance includes £0.7 million (0.4% of net expenditure) in unearmarked reserves to meet unforeseen contingencies.

It is unclear how all anticipated future savings will be achieved in the medium to long-term

45. The IJB is required to make efficiency savings to maintain financial balance. As outlined at paragraph 34 above, a balanced budget has been set for 2020/21 which includes agreed identified savings of £1.0 million. The five-year financial plan also includes savings targets of £1.9 million in 2021/22 and £7.9 million cumulative savings by 2024/25. Savings options in excess of this amount are being developed for 2021/22 to address this and savings proposals are being developed to achieve the medium to long-term targets. However, as set out at paragraphs 39-40 above, it is important to ensure that future savings plans reflect the potential impact of the pandemic.



Recommendation 2

Savings plans and proposals should continue to be developed to meet anticipated savings targets

There is some slippage in Transformational Fund spend

46. In 2017/18 the IJB created a Transformation Fund to support the overall change programme and delivery of the Strategic Plan. Bids are initially made through the Transformation Board and subsequently ratified by the IJB. At 31 March 2019, the Fund had grown to £2.5 million. At Period 5 (August) 2019/20 £1.7 million of the Transformation Fund was committed to 26 projects. However, by 31 March 2020, only £0.5 million had been spent against these projects.

47. A report by the Chief Officer to the IJB in January 2020 detailed progress to date and returns on investment through the Transformation Fund. The report also notes however that there are a number of projects that have been allocated funding but not yet spent the funds for various reasons. The IJB has reprioritised strategic plans for 2020/21 in terms of Covid-19 but has kept many of the big change programmes such as Learning Disability redesign and Addictions Review in place, incorporating some new changes. The Chief Officer has committed to providing a further update on these projects to a future IJB meeting. We will continue to monitor the IJBs achievement of planned transformation and cost savings projects.

The host bodies have sound systems of internal control

48. The IJB does not have any financial systems of its own, instead it relies upon the financial systems of the host bodies to record all transactions.

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

Internal audit arrangements are effective

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

51. The IJB's internal audit function is carried out by the internal audit department of Inverclyde Council.

52. In 2019/20 we did not place any formal reliance on internal audit. However, we did consider their work throughout the year for any potential impact on our work. There were no issues identified by internal audit that have had an impact on our audit of the IJB's annual accounts.

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

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

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

Part 3

Governance, transparency and best value



Main judgements

Overall governance and transparency arrangements were effective

Review of the Integration Scheme has been delayed further due to Covid-19

Implementation of Locality Planning Groups has been delayed

The annual review of Best Value should be formalised demonstrating how the IJB is achieving Best Value

Performance reporting has been disrupted by Covid-19, but the IJB is taking action to address its high number of emergency admissions



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

Overall governance and transparency arrangements were effective

55. The IJB has 20 members and is comprised of eight voting members; four elected members of Inverclyde Council and four non-executive members of NHSGG&C as well as a number of professional members and stakeholder representatives.

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

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

The governance arrangements were changed in response to Covid-19

58. The impact of Covid-19 from March 2020 has been set out in the Governance Statement in the IJB's annual accounts. The following adjustments were made to normal arrangements:

- The IJB approved and initiated temporary decision-making arrangements. These temporary arrangements will be in place for as long as is necessary, subject to ongoing review. Under these temporary arrangements, authority is delegated, if required to meet immediate operational demand, to the Chief Officer and the Chief Financial Officer in consultation with the Chair and Vice Chair of the IJB.

- Any decisions made under temporary delegated authority are recorded in the approvals/decision tracker log that captures the approval timeline, with reports shared with IJB Members for information.
- The approval/decision tracker log includes any decisions with financial implications for the IJB. This is supported by a mobilisation plan which has been approved by the Scottish Government. Discussions in relation to further funding are ongoing.

59. Overall, the changes to governance arrangements were reasonable and no specific risks have been identified.

60. The Audit Committee will consider their response to our report [COVID-19: Guide for audit and risk committees \(August 2020\)](#) at its meeting in November 2020.

Review of the integration scheme has been delayed further due to Covid-19

61. Councils and their partner health boards have a statutory duty under the Public Bodies (Joint Working) (Scotland) Act 2014 to review the Integration Scheme every five years. The current Integration Scheme was due to be reviewed by March 2020.

62. A report by the Chief Officer to the IJB in January 2020 provided a timeline for the review of Inverclyde's Integration Scheme. The report outlined that an initial draft was prepared in January 2020 which was in the process of being finalised prior to circulation to Councils and the Health Board for comment.

63. The timeline envisaged that a final version of the updated scheme would be submitted to the Council and Health Board for approval in April/May 2020, with formal submission to the Scottish Government by 1 July 2020. However, the Covid-19 pandemic led to approval of the updated scheme being delayed and the existing Integration Scheme has been rolled forward into 2020/21. This matter has been set out in the Governance Statement in the IJB's annual accounts.



Recommendation 3

The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.

A new workforce plan has been agreed

64. In August 2020, the IJB agreed its Workforce Plan 2020-2024. This replaces the previous People Plan and supports the IJB's Strategic Plan 2019-24. The new plan includes:

- Links to the Strategic Plan, its 6 Big Actions and the delivery roadmaps for each action
- Engagement & Participation – the plan was created in liaison with partners and stakeholders
- Demand drivers – including national policy, guidance, regulation and governance as well as the impacts of economics, demographics and local priorities
- An Inverclyde context – the particular issues facing the Inverclyde workforce and demand for HSCP services now and going forward, both of which are influenced by a declining and ageing population leaving fewer people of working

age in the area and increasing the number of elderly local people requiring support

- Strategic Commissioning, market facilitation and the links between workforce planning and purchased services in a successful mixed model economy
- Future workforce – recruitment and retention of staff, training and the need for a Learning & Development Board within the HSCP to support staff development and succession planning
- An intermediate Action Plan.

65. The Workforce Plan is to be revisited at least every two years by the Strategic Planning Group and Staff Partnership Forum, to ensure that it remains fit for purpose.

Implementation of Locality Planning Groups has been delayed

66. The Covid-19 pandemic has delayed the implementation of Locality Planning Groups across Inverclyde. These will be responsible for the development of their respective Locality Action Plans outlining how they will drive forward and deliver transformational change in line with agreed strategic policy and priority areas. Locality Action Plans will set out how community planning partners, including the HSCP, will improve the experience of those who access and use local services, improve outcomes for people living in local communities, ensure services are safe, effective, of high quality, sustainable, provide best value, and address inequalities.



Recommendation 4

Locality Planning Groups should be implemented as soon as possible in order to ensure implementation of plans

A formal review should be undertaken of how the IJB is achieving Best Value

67. Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. Our audit covers the four audit dimensions, as set out in [Exhibit 1](#), which are key components of securing best value in the provision of services and the use of resources.

68. Whilst there is evidence of elements of best value being demonstrated by Inverclyde IJB, across a range of areas, the mechanism for formally reviewing and reporting on the arrangements to secure best value should be formalised and published. We therefore recommend that the IJB formally agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving best value to be reported through the Annual Performance Report.



Recommendation 5

A periodic and evidenced formal review should be undertaken of how the IJB is achieving best value

Performance reporting has been disrupted by Covid-19

69. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report and publish this with four months of the year end. Due to the Covid-19 disruption, the Scottish Government extended the publication deadline and the IJB's 2019/20 Annual Performance Report was presented to the Board in September 2020.

70. [Exhibit 5](#) shows the IJB's performance against the Scottish Government core suite of integration indicators relative to the average performance of other integration authorities in Scotland. For the 9 reported measures, Inverclyde is at, or better than the Scottish average for 3 (green), slightly below in 3 (amber), and behind in 3 (red). The IJB has maintained performance in

- readmission to hospital within 28 days;
- proportion of care services graded 'good' (4) or better in Care Inspectorate inspections; and
- number of days people spend in hospital when they are ready to be discharged (age 75+). Delayed discharge remains a particularly strong area of performance in Inverclyde, showing 166 against a Scottish average of 793 (per 100,000 population).

71. Performance has declined slightly in the falls rate (age 65+) and percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency. These indicators have moved from green to amber in 2019/20.

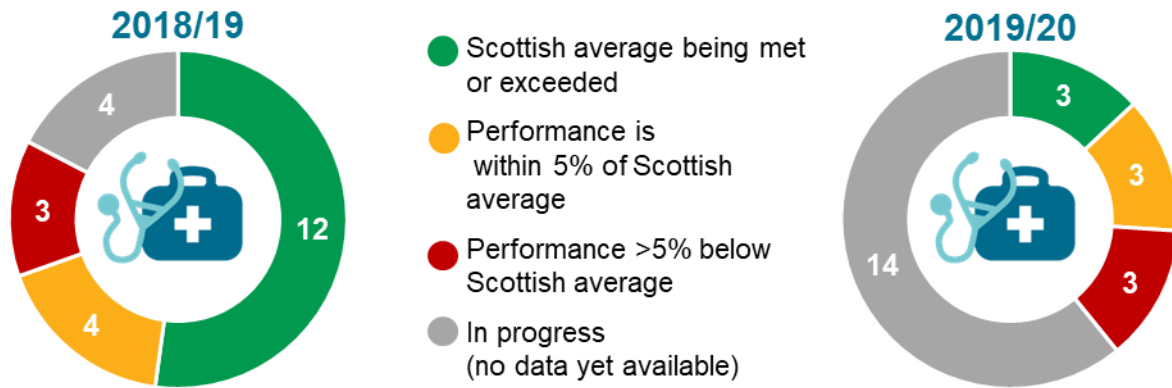
72. The red indicators have remained the same as in 2018/19. These cover Emergency bed day rate; Premature mortality rate; and Emergency admission rate.

73. These continue to be challenging areas for the IJB. In particular, the emergency bed day rate (per 100,000 population) has increased by 16% from 135,045 in 2018/19 to 157,125. The report notes that a number of measures have been put in place to reduce this rate. Premature mortality also remains high but has decreased slightly from 567 per 100,000 persons in 2017 to 550. This is a complex indicator, underpinned by social, health and economic inequalities in the Inverclyde area.

74. In relation to emergency admissions, the HSCP secured additional funding to move to 7 day a week addictions services to reduce the number of addictions related weekend admissions. Other measures include work around case management of frequent attenders at A&E and In-reach to A&E by Allied Health Professional as part of a wider seven-point plan to address unscheduled care across Inverclyde across all care groups.

Exhibit 5

Performance against core suite of integration indicators



Source: Inverclyde IJB annual performance reports

Note: Current data is not available for indicators 1-9 (2019/20 Health and Care Experience Survey results) as a result of Scottish Government staff redeployment for COVID-19 work. Public Health Scotland also advised integration authorities to base 2019/20 performance on the 2019 calendar year for most indicators.

The IJB is taking action to address its high number of emergency admissions

75. In order to address the number of emergency admissions, the HSCP secured additional funding to move to 7 days a week addictions service to reduce the number of addictions-related weekend admissions. Other measures include work-around case management of frequent attenders at A&E and “In-reach” to A&E by Allied Health Professional as part of a wider seven-point plan to address unscheduled care across Inverclyde across all care groups.

The Care Inspectorate published a positive report on criminal justice

76. The Care Inspectorate report published in December 2019 had a particular focus on Community Payback Orders. The evaluation applied a six-point scale to score five of the indicators inspected. Three of these were rated as ‘Very Good’ with the remaining two ‘Good’. Their key messages included:

- Leaders demonstrated a strong commitment and vision to improve outcomes for individuals which was supported by a clear understanding of their needs and a well-informed strategic plan that was driving improvement.
- A well-embedded performance management framework and access to high quality data analysis, meant leaders could show strong justice service performance that exceeded national targets, sometimes by a considerable margin.
- The justice service was well integrated into the health and social care partnership which strengthened governance arrangements and supported quick and easy access to services for individuals including those aimed at addressing mental health and addiction issues.
- The service undertook appropriate assessments of individuals risk and needs and put plans in place to address these however, the majority were not completed within the expected timescales outlined within National Outcomes and Standards guidance. The guidance highlights that the completion of a full assessment of risk and needs within 20 days is viewed as best practice as it supports early recognition of, and response to, the likelihood and imminence of further offending.

77. The Care Inspectorate identified two areas for improvement:

- Senior officers should review policy and practice relating to the timescales for completing Level of Service/Case Management Inventory (LS/CMI) assessments and plans to ensure that a best practice approach is implemented, and clear guidance is provided to staff.
- Senior officers should ensure that quality assurance processes are well embedded in order to improve the quality of practice around statutory reviews and case recording.

National performance audit reports

78. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2019/20 we published some reports which may be of direct interest to the board as outlined in [Appendix 3](#).

Appendix 1

Action plan 2019/20



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p>Financial Plan</p> <p>The medium-term financial plan was agreed in March 2020. This will now require revision to account for the impact of Covid-19.</p> <p>Risk – the impact of Covid-19 is not fully appraised and considered in the medium to longer term.</p>	<p>Paragraph 41</p> <p>Management should ensure that the financial plan is updated to account for the significant impact of Covid-19 on financial sustainability.</p>	<p>Agreed. The medium-term financial plan is reviewed annually as part of the annual budget process.</p> <p><i>Chief Finance Officer</i></p> <p><i>By 31 March 2021</i></p>
2	<p>Savings proposals</p> <p>Savings proposals are being developed to meet savings targets for 2020/21 and 2021/22. However, not all anticipated savings have been identified in the medium to long-term.</p> <p>Risk – In the absence of fully costed savings proposals there is a risk that the IJB may not achieve financial plan and financial risks facing the IJB may not be clearly understood.</p>	<p>Paragraph 45</p> <p>Efficiency savings plans and proposals should continue to be developed to meet anticipated savings targets</p>	<p>Agreed. Work is already underway to develop savings proposals based on estimated funding positions. In line with previous years this will be firmed up once Scottish Government public sector budgets are confirmed in December and will go to the IJB for consideration and approval between Feb and March 2021</p> <p><i>Chief Finance Officer</i></p> <p><i>By 31 March 2021</i></p>
3	<p>Integration Scheme review</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014, requires that the current Integration Scheme was due to be reviewed by March 2020. A revised Scheme has not yet been approved due to the impact of Covid-19.</p> <p>Risk – the IJB are not complying with the Act and the Integration Scheme does not reflect the current position of the IJB relating to relevant legislation and regulations.</p>	<p>Paragraph 63</p> <p>The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.</p>	<p>Agreed. The IJB will work with the other GG&C IJBs around the timing of this. Current legislative issue being resolved by Scottish Government. Once this is resolved it is anticipated that the 6 IJBs with their Council and Health Board Partners will be able to approve and submit the updated Integration Schemes to Scottish Government.</p> <p><i>Chief Officer</i></p>

Within 3 months of Scottish Government resolving existing legislative issue

4	<p>Implementation of Locality Planning Groups</p> <p>Implementation has been delayed due to Covid-19.</p> <p>Risk – Locality Action Plans are not implemented effectively to address the challenges faced across Inverclyde.</p>	<p>Paragraph 66</p> <p>Locality Planning Groups should be implemented to oversee the development of Locality Action Plans.</p>	<p>Agreed. This work has inevitably been delayed by Covid-19. However, work is restarting on this now. An initial virtual pilot meeting is due to take place soon for the Port Glasgow Locality Group Head of Strategy & Support Services.</p> <p><i>Head of Strategy and Support Services</i></p> <p><i>By 31 March 2021</i></p>
5	<p>Best Value</p> <p>The mechanism for formally reviewing and reporting on arrangements within the IJB to secure best value should be formalised and published.</p> <p>Risk - Opportunities for improvement through Best Value review may be missed.</p>	<p>Paragraph 68</p> <p>A periodic and evidenced formal review should be undertaken of how the IJB is achieving best value.</p>	<p>Agreed. The Best Value Statement is reviewed and updated by officers annually. This will now also be reported to the Audit Committee to ensure full oversight and governance is in place.</p> <p><i>Chief Finance Officer</i></p> <p><i>2 November 2020</i></p>
Follow up of prior year recommendations			
b/f	Set aside	<p>Full datasets are in the process of being agreed which will be used to calculate baseline sums for set aside to identify an appropriate tariff. The Scottish Government in their Guidance on Financial Planning for Large Hospital Services and Hosted Services, recommended that this approach should also be used for hosted services</p> <p>The work ongoing by the NHSGGC Set Aside Group should continue to implement the set aside arrangements to move to actual costs and activity for 2019/20 per Scottish Government expectations and determine consumption of hosted services.</p>	<p>Complete</p> <p>NHS GG&C are now in a position to report the Set Aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.</p>
b/f	Provision of financial information by Council	<p>The IJB should review its financial monitoring arrangements and work with partner organisations to</p>	<p>Residual risk accepted by the IJB</p> <p>Financial monitoring reports were reviewed throughout the</p>

ensure that timely information is available.

year. Although reports are presented at each Board meeting, month end timelines and Committee Services publication schedules mean that there is always an unavoidable lag in written reporting to both the Council and the IJB. To address this the CFO verbally reports significant changes to financial forecasts that have occurred since the date of the report at each meeting from the October report onwards.

Appendix 2

Significant audit risks identified during planning

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

Audit risk	Assurance procedure	Results and conclusions
<p>1 Management override of controls</p> <p>Auditing Standards require that audits are planned to consider the risk of material misstatement caused by fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position in the financial statements.</p>	<p>Assurance from host body auditors on the accuracy and completeness of year-end financial reports.</p> <p>Checking accuracy and completeness of consolidation of financial reports from the two partners</p> <p>Detailed testing of significant adjustments at year end.</p> <p>Review of financial monitoring reports during the year.</p>	<p>Results: We obtained relevant assurances from the auditors of Inverclyde Council and NHS GGC. We undertook detailed testing of journal entries, accruals and prepayments. We also reviewed accounting estimates and transactions for appropriateness.</p> <p>Conclusion: We did not identify any incidents of management override of controls.</p>

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

<p>2 Risk to effective financial management</p> <p>Our previous annual audit reports for the Integration Joint Board have identified improvements required to the financial reporting process. This includes the timing of financial reporting and the availability of year end forecasts. There is a risk that financial pressures are not identified and managed in a timely manner.</p>	<p>Review financial monitoring during the year and report progress against 2018/19 audit recommendations.</p>	<p>Results: Financial monitoring reports were reviewed throughout the year. Although reports are presented at each Board meeting, month end timelines and Committee Services publication schedules mean that there is always an unavoidable lag in written reporting to both the Council and the IJB. To address this for financial monitoring a verbal update was given at the January and March IJBs on any significant variances since the current monitoring report was written.</p> <p>Conclusion: Actions have been taken to mitigate this and the residual risk is accepted by the IJB</p>
<p>3 Risk to financial sustainability</p>	<p>Review financial monitoring reports during the year and the budget recovery plan.</p> <p>Review the medium/long term financial plan when available for reasonableness.</p>	<p>Results: Financial monitoring reports were reviewed throughout the year.</p> <p>An updated Financial Plan 2020/21 to 2024/25 was agreed by the Board in March 2020. This aligns to the new five-year</p>

Consider the 2020/21 revenue budget and plans to address any funding gap.

Strategic Plan for the same period.

The Financial Plan estimates a funding shortfall of £7.9m over the period 2021/22 to 2024/25.

This shortfall however does not include the projected impact of Covid-19 on health and social care budgets. The medium-term financial plan agreed in March 2020 will therefore require significant revision to account for the scale of the financial challenge posed by Covid-19.


Conclusion: The Financial Plan should be updated to account for the scale of the financial challenge posed by Covid-19.

See Recommendation 1 in [Appendix 1](#).

Appendix 3

Summary of national performance reports 2019/20



		Apr	
Social security: Implementing the devolved powers		May	
Scotland's colleges 2019		Jun	 Enabling digital government
		Jul	
NHS workforce planning - part 2		Aug	
Finances of Scottish universities		Sept	
NHS in Scotland 2019		Oct	
		Nov	
Local government in Scotland: Financial overview 2018/19		Dec	
Scotland's City Region and Growth Deals		Jan	 Privately financed infrastructure investment: The Non-Profit Distributing (NPD) and hub models
		Feb	
		Mar	 Early learning and childcare: follow-up

Inverclyde Integration Joint Board

2019/20 Annual Audit Report

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

For the latest news, reports and updates, follow us on:



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

8 Nelson Mandela Place
Glasgow
G2 1BT

T: 0131 625 1500
E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk



Inverclyde IJB Audit Committee

2 November 2020

Inverclyde Integration Joint Board Audit of 2019/20 annual accounts

Independent auditor's report

1. Our audit work on the 2019/20 annual accounts is now substantially complete. Subject to the review of the ISA 402 assurances and final review of the revised set of annual accounts, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 2 November 2020 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Audit Committee's consideration our draft annual report on the 2019/20 audit.
3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.
6. We have no unadjusted misstatements to be corrected.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.
8. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

APPENDIX A: Proposed Independent Auditor's Report

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts Inverclyde Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and Notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the body as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

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

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

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

Risks of material misstatement

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

Responsibilities of the Chief Financial Officer and Inverclyde Integration Joint Board for the financial statements

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

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Inverclyde Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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

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

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

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

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

Matters on which I am required to report by exception

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

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

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of my report

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

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

2 November 2020

APPENDIX B: Letter of Representation (ISA 580)

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

Dear Brian,

Inverclyde Integration Joint Board Annual Accounts 2019/20

1. This representation letter is provided in connection with your audit of the annual accounts of the Inverclyde Integration Joint Board for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Audit Committee, the following representations given to you in connection with your audit of the Inverclyde Integration Joint Board's annual accounts for the year ended 31 March 2020.

General

3. The Inverclyde Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2019/20 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by the Inverclyde Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (2019/20 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Inverclyde Integration Joint Board at 31 March 2020 and the transactions for 2019/20.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2019/20 accounting code, where applicable.

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

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

Going Concern Basis of Accounting

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

Liabilities

10. All liabilities at 31 March 2020 of which I am aware have been recognised in the annual accounts.
11. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

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

Laws and Regulations

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

Related Party Transactions

14. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2019/20 accounting code. I have made available to you the identity of all the Inverclyde Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

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

Management commentary

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

Corporate Governance

17. I confirm that the Inverclyde Integration Joint Board has undertaken a review of the system of internal control during 2019/20 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
18. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2020, which require to be reflected.

Balance Sheet

19. All events subsequent to 31 March 2020 for which the 2019/20 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Lesley Aird
Chief Finance Officer
Inverclyde Integration Joint Board

Inverclyde Integration Joint Board

Audited Annual Accounts 2019/20



Table of Contents

Management Commentary	1
Statement of Responsibilities	13
Remuneration Report	14
Annual Governance Statement	17
The Financial Statements	21
Notes to the Financial Statements	24
Independent Auditor's Report	33

Management Commentary

Introduction

This publication contains the financial statements for the Inverclyde Integration Joint Board (IJB) for the year ended 31 March 2020.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2019/20 and how this has supported delivery of the IJB's core objectives. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks which we will face as we strive to meet the needs of the people of Inverclyde.

Inverclyde IJB

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

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

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

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

Covid-19 was declared a pandemic by the World Health Organisation on 12 March 2020. Since then Covid-19 has spread across all areas of the UK. Inverclyde has been particularly hard hit by the virus in its initial phase. Officers worked with Public Health to look at the underlying causes.

Covid-19 is expected to be an ongoing threat requiring continued social distancing until the UK has built up herd immunity through vaccination or natural infection. In the meantime, HSCPs will have to deal with waves of Covid-19 activity (infected individuals and public health measures), and also deliver other health and care services. In this first wave, HSCPs stopped a wide range of activity to create capacity for Covid-19 activity, comply with social distancing requirements and address increased levels of staff absence within the HSCP and the wider provider network.

Interim governance structures were put in place and a recovery plan has been drafted to map out the pathway for services and the IJB over the coming months as the country moves through this pandemic. Throughout this time the HSCP has continued to work to put people at the centre of all that we do and ensure that essential services are delivered safely and effectively and in line with our strategic plan.

The IJB Strategic Plan 2019-24 outlines our vision for the Inverclyde Health & Social Care Partnership as well as our core objectives and services which are delivered through four core teams. The HSCP has worked hard during 2019/20 to deliver the 6 Big Actions contained within the plan.

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

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

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

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

HSCP Operational Structure



The Annual Accounts 2019/20

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB’s vision and its core objectives. The requirements governing the format and content of local authorities’ annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2019/20 Accounts have been prepared in accordance with this Code.

The Financial Plan

IJBs need to account for spending and income in a way which complies with our legislative responsibilities. For 2019/20 the IJB budgeted to deliver Partnership Services at a cost of £157.447m, including £16.857m of notional budget for Set Aside and £0.827m of spend through Earmarked Reserves. During the year funding adjustments and reductions in spend and a restatement of Set Aside budgets resulted in actual spend of £165.905m, including Set Aside (£23.635m) and spend from Reserves, for the year. Funding rose during the year from a budgeted £157.475m to an actual £167.074m, the majority of the additional income was non-recurring or related to the Set Aside restatement. This generated a surplus for the year of £1.169m. The movement in budget vs actual and analysis of the surplus are shown in the tables on pages 7 and 8.

Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to the values included for Set Aside services. NHS GG&C are now in a position to report the Set Aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for Set Aside were based on NRAC activity and information

from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

The IJB also has to make critical judgement relating to services hosted within Inverclyde for other IJBs within the NHS Greater Glasgow & Clyde area. In preparing the 2019/20 financial statements the IJB is considered to be acting as 'principal', and the full costs of hosted services are reflected within the financial statements. The services which are hosted by Inverclyde are identified in the table below. This also shows expenditure in 2019/20 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure 2019/20	Consumed by other IJBs
Inverclyde	General Psychiatry	£6,141,820	£595,336
Inverclyde	Old Age Psychiatry	£3,594,707	£80,615
	Total	£9,736,527	£675,951

The services which are hosted by other IJB's on behalf of the other IJB's including Inverclyde are identified in the table below. This also shows expenditure in 2019/20 and the value consumed by Inverclyde IJB.

Host	Service	Actual Net Expenditure 2019/20	Consumed by Inverclyde IJB
East Dunbartonshire	Oral Health	£9,834,812	£563,535
	Total	£9,834,812	£563,535
East Renfrewshire	Learning Disability	£8,478,024	£198,612
	Total	£8,478,024	£198,612
Glasgow	Continence	£3,876,864	£294,197
Glasgow	Sexual Health	£10,170,910	£422,921
Glasgow	Mh Central Services	£6,871,677	£751,565
Glasgow	MH Specialist services	£10,137,509	£859,200
Glasgow	Alcohol + Drugs Hosted	£16,112,699	£510,160
Glasgow	Prison Healthcare	£7,300,414	£557,839
Glasgow	HC In Police Custody	£2,321,505	£171,791
Glasgow	Old Age Psychiatry	£16,545,390	£23,453
Glasgow	General Psychiatry	£40,074,927	£247,737
	Total	£113,411,894	£3,838,863
Renfrewshire	Podiatry	£6,732,195	£585,701
Renfrewshire	Primary Care support	£4,144,772	£257,294
Renfrewshire	General Psychiatry	£7,479,719	£19,021
Renfrewshire	Old Age Psychiatry	£6,800,216	£0
	Total	£25,156,902	£862,016
West Dunbartonshire	MSK Physio	£6,370,000	£436,170
West Dunbartonshire	Retinal Screening	£815,416	£54,737
West Dunbartonshire	Old Age Psychiatry	£1,004,099	£0
	Total	£8,189,515	£490,907
Total		£165,071,145	£5,953,933

Performance

The IJB and HSCP tracks change in need and demand, and delivery of the National Wellbeing Outcomes through its performance management arrangements. Every service undergoes a quarterly service review, chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service's key objectives and delivery of outcomes. Any divergence from the agreed strategic direction is quickly identified and steps are put in place to get the service back on track. If there are notable differences between the service's performance and what has been planned for, then these differences are reported to the IJB along with a summary of the reasons for the divergence, and an outline of the planned remedial action in cases where the divergence is negative. This is reported through Performance Exceptions Reports, and these continue to be produced and published on a six-monthly basis. The legislation requires that we follow a prescribed format of annual performance reporting against the nine outcomes, based on 23 national indicators and a requirement to publish an annual performance report by 31st July. However, following the outbreak of Covid-19 in the UK Scottish Government extended the publication timeline for the Annual Performance Reports. Inverclyde's Annual Performance Report 2019/20 will be published in line with this revised timeline.

The IJB's 2019/20 Performance against the 23 National Indicators is shown below.

Calendar year 2019 is used here as a proxy for 2019/20 due to the national data for 2019/20 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. The data for indicator number 18 (Percentage of adults with intensive care needs receiving care at home), unfortunately, was not published in time to be included in this year's report.

Those marked with an * (numbers 1 to 9) are taken from the 2017/18 biennial Health and Care Experience Survey. The 2019/20 survey results will be published later than planned (due to Scottish Government staff redeployment during the COVID-19 pandemic) but we will include them in future performance reports once they are available.

Of the 19 currently reported measures we are at or better than the Scottish average in 10 (green), just below in 6 (amber) and behind in 3 (red).

In 7 measures we have seen an improving trend (green arrow), maintaining our performance in 7 (amber arrows) and reducing performance in 5 (red arrow).

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

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Inverclyde Trend	Scottish Trend
1*	Percentage of adults able to look after their health very well or quite well	2017/18	90.9%	93%	↑	↓
2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2017/18	80.4%	81%	↓	↓

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Inverclyde Trend	Scottish Trend
3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	77.3%	76%	↓	↓
4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	78.7%	74%	↔	↓
5*	Total % of adults receiving any care or support who rated it as excellent or good	2017/18	83.5%	80%	↑	↓
6*	Percentage of people with positive experience of the care provided by their GP practice	2017/18	83.1%	83%	↓	↓
7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2017/18	76.6%	80%	↓	↓
8*	Total combined percentage of carers who feel supported to continue in their caring role	2017/18	39.7%	37%	↓	↓
9*	Percentage of adults supported at home who agreed they felt safe	2017/18	84.3%	83%	↔	↔
11	Premature mortality rate per 100,000 persons	2019	550	426	↔	↔
12	Emergency admission rate (per 100,000 population)	2019	15063	12602	↔	↑
13	Emergency bed day rate (per 100,000 population)	2019	157025	117478	↔	↓
14	Readmission to hospital within 28 days (per 1,000 population)	2019	92	104	↓	↑
15	Proportion of last 6 months of life spent at home or in a community setting	2019	88.5%	88.6%	↑	↑
16	Falls rate per 1,000 population aged 65+	2019	23.4	22.7	↓	↔

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Inverclyde Trend	Scottish Trend
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2019/20	86.6%	81.8%	↑	→←
18	Percentage of adults with intensive care needs receiving care at home	2018	65.9%	62.1%	↑	→←
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2019/20	166	793	→←	→←
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019	24.1%	23.2%	→←	→←

The following indicators are still under development by Public Health Scotland (PHS)

Percentage of staff who say they would recommend their workplace as a good place to work

Percentage of people admitted to hospital from home during the year, who are discharged to a care home

Percentage of people who are discharged from hospital within 72 hours of being ready

Expenditure on end of life care, cost in last 6 months per death

During 2019/20 the HSCP achieved a number of successful external inspection reports in: Criminal Justice; Children's Homes, Adoption Services and our Learning Disabilities residential unit. In addition our Advice Service won awards for their work this year including the service team leader winning the Scottish Public Sector Leader of the Year Award.

Successes in other areas include:

- Primary Care Improvement Programme – this investment has already delivered a number of benefits to service users and primary care services. One of the key successes this year is the increased impact of the Advanced Nurse Practitioners who have seen a significant increase in client numbers this year, this helps reduce referrals to Primary Care and provides a better, more easily accessible service for clients.
- Community Connectors – as part of the social prescribing initiative outlined in the Strategic Plan this service has seen a significant growth in demand and impact. During the Covid-19 pandemic this social prescribing and enhanced community support has been even more evident and has had a significant impact on the health and wellbeing of people throughout Inverclyde.
- Early Years Vaccinations – Inverclyde is one of the top performing areas in Scotland for update of these crucial vaccinations.
- Successful pilot of one handed care programme to deliver more efficient service and improved support to service users needing support with personal care.

- Criminal Justice – a recent inspection highlighted the high quality of the unpaid work and supervision provisions within this service.
- Development of a Champions Board and Community Champions.
- Inverclyde's Delayed Discharge performance has remained among the best in Scotland for the third year running. Even throughout the Covid-19 pandemic the service has continued to work well with Acute colleagues to ensure that delayed discharges are minimised.
- Access to rehabilitation – the service saw a significant increase in the number of service users regaining their independence after re-ablement support was provided.
- Successful public awareness campaign on adult protection.
- Alcohol related Accident & Emergency admissions were successfully reduced in year following the appointment of an alcohol liaison nurse based at the local hospital. In addition the service was successful in attracting CORRA funding, matched by IJB funding to support a move to 7 days Addictions services in a drive to reduce Emergency Admissions over the weekend. This work has been paused to some extent as a result of the Covid-19 pandemic but is expected to restart as part of the recovery plan when it is safe to do so.
- Homelessness – in response to Covid-19 the service accelerated the roll out of key aspects of the Rapid Rehousing Transition Plan and successfully set up short term tenancies for around 60 homeless clients within the first few weeks of the outbreak.
- Improvement in breastfeeding performance through additional support in place for local families, in particular targeted support for families in SIMD 1 areas.
- Community Response to Covid-19 – the community response to the pandemic has been incredible. The HSCP has seen significant growth in volunteers, local groups have set up well being support arrangements and food and care parcels are being delivered across the district. This was a key part of the Strategic Plan and the IJB is keen to ensure that the positive growth in social prescribing and community cohesion continues long after the pandemic is over.

Areas the HSCP will be focussing on in the coming year include:

- Health inequality is still a challenge in Inverclyde, even more so with Covid-19 impacts and the anticipated increase in welfare issues for many local people.
- Mental Health referrals are still high locally and again these will also be negatively impacted by Covid-19. The IJB agreed to invest additional money into local services during 2019/20 to support the overall sustainability of the services.
- Looked After Children – a change in legislation means that children have the opportunity to stay in care till they are older. This creates an additional financial and operational pressure on this service. Plans are in place to address that and as part of that initiative existing homes are being adapted to increase bedroom capacity.
- Child Protection registrations grew to an all time high in 2019/20. Officers are looking into underlying reasons for this increase.
- Presentations at Accident & Emergency remained high across the system and within Inverclyde until the Covid-19 outbreak began, since then however A&E attendances have reduced nationwide.
- Unplanned Bed Days – although the Inverclyde bed days are low in comparison with other HSCPs the service is looking at bringing this down further through focus on frequent attenders, re-ablement and continued focus on delayed discharge performance.
- Addictions – the Addictions Review was completed in the year and the service was moving into implementation phase when Covid-19 hit. It is anticipated that some of the new operating models brought in as a response to Covid-19 may be able to be continued longer term as part of the implementation plan.

An Adult Protection Inspection was scheduled for March 2020, however, the Covid-19 outbreak meant that all of non-essential inspections have been postponed for the time being.

Financial Performance

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2019/20.

(a) Partnership Revenue Expenditure 2019/20

During the year the Partnership again successfully mitigated the full value of the inherited Health baseline budget pressure on Mental Health Inpatient services through a combination of measures, including: improved

cost control and tighter absence management arrangements and planned one off underspends in other areas to offset the remaining budget pressure. Monies were received in year from Scottish Government for Mental Health Action 15, ADP developments and Primary Care Improvement Planning. In addition the IJB agreed to invest additional monies on a non recurring basis to support a number of Mental Health service developments.

Partnership services saw continued demand growth with numbers of service users and cost per service user rising across a number of services. The Partnership was able to effectively manage these budget pressures in year and as a result of the inherent delay in filling vacancies and some additional funding received in year, generate an overall surplus of £1.169m which was carried into Earmarked Reserves.

In previous years certain budgets have experienced a degree of short term volatility in certain demand led budgets. In order to address this any one off underspends on these budgets have been placed in Earmarked Reserves to cover any one off overspends in future years. In 2019/20 a net £0.407m was used from the Adoption, Fostering and Residential fund within Children & Families and £0.300m was added to recreate the previous Prescribing Reserve.

During the year £3.932m of Earmarked Reserves were used to fund specific spend and projects, an additional £5.370m was transferred into Earmarked Reserves and £0.269m of the General Reserve was used, leading to a net increase of £1.169m in Reserves over the year.

Total net expenditure for the year was £165.905m against the overall funding received of £167.074m, generating a revenue surplus of £1.169m. This was made up as follows:

Analysis of Surplus on Provision on Services

	£000
Additional funding for 2019/20 covid costs	400
Older People underspend on continuing care & ethical care monies partially offset by overspends on Respite, Direct Payments and Additional Hours	297
Learning & Physical Disabilities overspends due to increased demand and equipment costs	(315)
Mental Health overspend due to underlying budget pressure	(343)
Planned underspend in Health Central budgets through early delivery of future year savings to offset Mental Health budget pressure	343
Additional in year ringfenced funding for Tier 2 counselling service not spent in year	258
Underspend on various Social Care services due to delay in filling vacancies and additional funding received in year	504
Underspend on prescribing, partially offset by initial impact of covid-19	300
Underspend on various Health services due to delay in filling vacancies, slippage on procurement of external services and early delivery of future year savings	743
Refugee scheme carry forward - change in Council accounting policy - previously handled through accruals not left as underspend and moved to EMR	432
Planned in year use of earmarked reserves	(1,450)
Surplus on Provision of Services	1,169

The surplus has been taken to IJB reserves as detailed in note 7.

During the year Health services were projected to underspend by an overall £1.692m due to a combination of factors including slippage on some projects, delays in filling vacancies, early delivery of future year savings and an anticipated underspend on Prescribing costs. The Period 9 monitoring report outlined the detail of this underspend, some of which was against ringfenced funding. The IJB agree to carry the underspend forward

for a range of specific projects within Earmarked reserves as detailed in the Period 9 report. Social Care core services were projecting a £0.065m overspend after transfers to Earmarked Reserves at Period 9. At that time new Earmarked Reserves created in year from a combination of underspends against Health and Social Care core recurrent budgets and some additional external funding were projected to be £3.909m and spend against reserves was projected at £3.811m. This gave a final projected outturn of £0.037m deficit for the IJB and total projected reserves balance of £7.244m.

At year end the actual surplus was comprised of:

- underspend on Health services of £1.043m, variance from the Period 9 projections, £0.650m, decrease in the underspend relates to:
 - final spend on prescribing in year being around £0.390m higher than projected due to an increase in prescribing costs in March 2020 linked to Covid-19, overall prescribing was still underspent by £0.300m.
 - the remainder relates to some vacancies being filled quicker than anticipated leading to reduced slippage on ringfenced projects and underspends on some other core budgets.
- underspend on Social Care services of £1.176m, variance from the Period 9 projection, £1.111m decrease in spend to take it from an overspend to underspend position, relates to:
 - £0.249m overspend on core services due mainly to additional client commitments and increased package costs within Learning Disabilities.
 - £0.432m carry forward for the Refugee Scheme, in previous years the accounting treatment for this funding was through accrual, in 2019/20 the Council changed the accounting treatment in year and this is now reflected as an Earmarked Reserve.
 - Additional in year funding for the tier 2 counselling service carried forward at the year end £0.258m.
 - Net underspend on Older People services £0.297m linked to additional monies received in year, partially offset by small overspends on Respite, Direct Payments and Additional Hours.
 - the remainder relates to delays in filling vacancies and other additional funding received in year which has been carried forward for future year use.
- at the year end a net £1.450m of Earmarked Reserves had been spent on agreed projects.
- a new Earmarked Reserve was created in relation to ringfenced 2019/20 Covid-19 funding received from Scottish Government.

Budget agreed at Period 9 vs Final Outturn

Revised Budget	IJB	Projected Outturn @ P9	Outturn	P9 vs Actual Outturn
73,179	Health Funding	73,179	76,059	2,880
73,179	Health Spend	73,179	76,059	2,880
0	Contribution	0	0	0
50,777	Social Care Funding	50,777	50,722	(55)
49,922	Social Care Spend	49,987	49,553	(434)
855	Contribution	790	1,169	379
16,662	Resource Transfer Funding	16,662	16,658	(4)
16,662	Resource Transfer Spend	16,662	16,658	(4)
0	Contribution	0	0	0
16,857	Set Aside Funding	16,857	23,635	6,778
16,857	Set Aside Spend	16,857	23,635	6,778
0	Contribution	0	0	0
(827)	Movement in Reserves	(827)	0	827
28	Surplus/(Deficit) on Provision of Operating Services	(37)	1,169	1,206

Revised Budget		Projected Outturn @ P9	Outturn	P9 vs Actual Outturn
157,475	IJB Funding	157,475	167,074	9,599
156,620	IJB Expenditure	156,685	165,905	9,220
827	Movement on Earmarked Reserves (Decrease)/Increase	827	0	(827)
28		(37)	1,169	1,206

(b) The Balance Sheet

The Balance Sheet summarises the IJB's assets and liabilities as at 31 March 2020, with explanatory notes provided in the full accounts.

Financial Outlook, Risks and Plans for the Future

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

Additional funding of £148m was announced for Integration Authorities across Scotland from 2019/20 to support the delivery of new policy initiatives such as the Carers Act and Free Personal Care for under 65s and to fund general demographic and demand pressures. Despite this, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted. In addition to economic performance, other factors influence the availability of funding for the public sector including demographic challenges that Inverclyde is facing. In response to the Covid-19 pandemic HSCPs are submitting regular financial mobilisation plans to Scottish Government detailing the additional costs being incurred in addressing the pandemic both by HSCPs and their providers. Anticipation is that these costs will be funded centrally. Across Scotland they are expected to equate to around 4-5% of HSCP expenditure budgets over the full year.

The HSCP has a Covid-19 risk register that is reviewed weekly through the Local Resilience Management Team meetings. The IJB risk register was updated in May to reflect the impact of responding to the Covid-19 pandemic. The most significant risks faced by the IJB over the medium to longer term, reflected in the IJB risk register can be summarised as follows:

- Financial sustainability around cost pressures and funding linked to unfunded/ unanticipated/ unplanned demand for services and/or partners being unable to allocate sufficient resources, and
- Financial Implications of Responding to Covid-19 – All costs are being tracked and the IJB is actively engaged with Scottish Government and providing regular updates on associated costs. Governance arrangements are in place re approval and monitoring of costs. The IJB is actively engaging with the third and independent sector in relation to their associated costs.

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

The planning and delivery of health and social care services has had to adapt to meet the significant public health challenge presented by the Covid-19 pandemic. In response to the pandemic the IJB has been required to move quickly and decisively.

There has been significant disruption to how health and social care services across Inverclyde are currently being delivered and experienced by service users, patients and carers and this is likely to continue in the short to medium term. The HSCP has also had to implement new service hubs in response to the pandemic, examples of which have included the establishment of assessment and testing centres to support assessment and testing of potential Covid-19 patients and the creation of a hub to support the distribution of PPE to our

social care services and those delivered by the third and independent sector and personal assistants and carers.

The financial impact of implementing the required changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment, and manage the new and changing levels of need and demand) is significant and likely to be ongoing and evolving. The Governance Statement outlines the governance arrangements which are in place during this challenging time. These accounts have been prepared on the assumption that the Scottish Government will meet the additional costs experienced by the IJB and this is also the assumption which has been made moving forward into 2020/21.

Moving into 2020/21, we are working to proactively address the funding challenges presented while, at the same time, providing effective services for the residents of Inverclyde throughout the Covid-19 pandemic. In March 2020 the IJB agreed a balanced budget which included a savings plan totalling £1.044m for 2020/21 and an updated 5 year budget to 2025. As a result of the Covid-19 pandemic £0.050m of those savings may not be deliverable in year, this has been reflected in the Covid-19 mobilisation plan submitted to Scottish Government. The remaining savings are expected to be delivered in full in 2020/21, in line with the IJB's Medium Term Financial Plan.

The 2020/21 budget remains an indicative budget at this time as the formal funding offer from the Health Board has not yet been agreed. The Health Board's draft financial plan for 2020/21 was presented to the Health Board in February 2020. An updated version was due to be presented at the April meeting however due to the Covid-19 pandemic this was not possible as the full Board did not meet in April as it has been replaced by an Interim Board. The Board's Operational Plan has been suspended and both it and the supporting Financial Plan will require to be reviewed in light of the Covid-19 pandemic. This has led to a delay in IJB's being given their formal 20/21 budget allocation, however, it is anticipated this will be in line with the interim budget offer made in March.

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



Following on from our last Strategic Plan we are still committed to “Improving Lives”, and our vision is underpinned by the “Big Actions” and the following values based on the human rights and wellbeing of:

- **Dignity and Respect**
- **Responsive Care and Support**
- **Compassion**
- **Wellbeing**
- **Be Included**
- **Accountability**

6 Big Actions

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

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

Big Action 3:
Together we will Protect Our Population

Big Action 4:
We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

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

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

Conclusion

In a challenging financial and operating environment the IJB successfully oversaw the delivery of its Strategic Plan objectives and the delivery of all core services while undertaking a significant change programme designed to provide a more person centred model of care, deliver on early intervention and prevention ambitions and free up efficiencies. In 2019/20 there have been many successes within year 1 of the new Strategic Plan, including delivery of significant change and foundations set for more changes in the year ahead. Since Covid-19 emerged as a pandemic and business as usual was no longer an option, services were mobilised into hubs and new operating procedures brought in to respond to the pandemic and ensure the ongoing safety of our staff and service users. Covid-19 will inevitably impact on the next year in terms of delivering the Strategic Plan. As time has moved on the IJB is moving now into the recovery phase where services can begin to be stepped back up in line with national guidance and safety protocols.

The Strategic Plan, associated Implementation Plan and Medium Term Financial Plan will lead the IJB forward over the next 5 years and improve the lives of the people of Inverclyde and the Strategic Plan will be reviewed in response to the pandemic.

Where to Find More Information

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

Louise Long

Chief Officer

Date: 2 November 2020

Lesley Aird, CPFA

Chief Financial Officer

Date: 2 November 2020

Councillor Jim Clocherty

IJB Chair

Date: 2 November 2020

Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

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

I confirm that the audited Annual Accounts were approved for signature at a meeting of the IJB on 2 November 2020.

Signed on behalf of the Inverclyde IJB

Councillor Jim Clocherty

IJB Chair

Date: 2 November 2020

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of Inverclyde IJB as at 31 March 2020 and the transactions for the year then ended.

Lesley Aird, CPFA

Chief Financial Officer

Date: 2 November 2020

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

1 Integration Joint Board

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

2 Senior officers

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

Chief Officer

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

Chief Financial Officer

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

Other officers

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

Salary, Fees & Allowances 2018/19 £	Name and Post Title	Salary, Fees & Allowances 2019/20 £
109,475	Louise Long Chief Officer	116,221
45,500	Lesley Aird (part time 0.5 WTE) Chief Financial Officer	46,217

There were no exit packages paid in either financial year.

3 Remuneration: IJB Chair, Vice Chair and Voting Members

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

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

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

Voting IJB Members Remuneration Table

Name	Post(s) Held	Nominated By
Councillor Jim Clocherty	IJB Chair (from 24/06/2019)	Inverclyde Council
Alan Cowan	IJB Member, Vice Chair (from 24/06/2019) Chair Audit Committee	NHS GG&C
Simon Carr	IJB Member	NHS GG&C
Dr Donald Lyons	IJB Member Audit Committee Member	NHS GG&C
Dorothy McErlean	IJB Member	NHS GG&C
Councillor Lynne Quinn	IJB Member Vic Chair Audit Committee (until 17/03/2020)	Inverclyde Council
Councillor Ciano Rebecchi	IJB Member Audit Committee Member (from 17/03/2020)	Inverclyde Council
Councillor Elizabeth Robertson	IJB Member Audit Committee Member	Inverclyde Council

There were no Inverclyde IJB specific expenses recorded for voting members of the IJB during 2019/20. Any expenses claimed by voting members are paid through the relevant IJB partner organisation.

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

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

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/19 £	For Year to 31/03/20 £		Difference from 31/03/19 £	As at 31/03/20 £
Louise Long Chief Officer	21,073	22,328	Pension	2,536	15,970
			Lump Sum	0	0
Lesley Aird Chief Financial Officer	5,342	5,778	Pension	762	2,881
			Lump Sum	0	0

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

Disclosure by Pay Bands

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

Louise Long

Chief Officer

Date: 2 November 2020

Councillor Jim Clocherty

IJB Chair

Date: 2 November 2020

Annual Governance Statement

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

Scope of Responsibility

The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. The Integration Scheme was reviewed during 2019/20 and an updated version of the Scheme was prepared but the Covid 19 pandemic led to this being delayed and the existing scheme rolled on into 2020/21. Inverclyde IJB is a body corporate, a legal entity in its own right but it relies on support from officers employed by Inverclyde Council and Greater Glasgow & Clyde NHS Board in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland. The main features of the IJB's governance arrangements are described in the Local Code but are summarised below.

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

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

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

The Governance Framework and Internal Control System

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

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

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

- The IJB has in place a development programme for all Board Members. The IJB places reliance on the organisational development activity undertaken through partnership organisations for senior managers and employees;
- The IJB has established 6 localities to reflect the local planning areas that were developed by the Community Planning Partnership (the Inverclyde Alliance) through full public consultation. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.
- As a separate Public Body, the IJB is required to publish Equalities Outcomes. These are published on the HSCP website.

The governance framework was in place throughout 2019/20.

The System of Internal Financial Control

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of the Health and Social Care Partnership. During 2019/20 this included the following:

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

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

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

Review of Effectiveness

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

The Internal Audit functions of the Council and Health Board have independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2019/20, these services operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditors prepared annual reports to the relevant Audit Committees, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

Significant Governance Issues during 2019/20

The Internal Audit Annual Reports 2019/20 for the Council and Health Board identify no significant control issues. Some actions have been agreed within the Council and Health Board Annual Governance statements

to further enhance those internal control environments. None of these are considered material enough to have a significant impact on the overall control environment.

The Internal Audit Annual Report and Assurance Statement for 2019/20 concludes: *“Due to Covid-19 the presentation of Annual Internal Audit report for GG&C has been deferred until September. This means the IJB Chief Internal Auditor is unable to conclude the IJB’s Annual report and provide an assurance statement opinion at this time. However, based on in year reports, Officers are confident that the overall opinion will be **Satisfactory** but this is not confirmed at this time. The final accounts will include the view once it is available in September.*

The significant incident in late March tested how well the IJB’s risk management, governance and internal controls framework is operating. It will be important for the IJB, at the appropriate time, to carry out a post-incident review and highlight any lessons learned.”

Covid-19

From March 2020 the governance context in which the IJB operates has been impacted by the need to implement business continuity processes in response to the significant public health challenge presented by the Covid-19 pandemic. The planning and delivery of health and social care services has had to adapt to meet this challenge and the IJB has had to adapt its governance structures accordingly.

In response to the pandemic and the requirement to move quickly and decisively to manage the subsequent pressures on health and social care services, the IJB approved and initiated temporary decision making arrangements. The temporary arrangements will be in place for as long as is necessary, subject to ongoing review.

Under these temporary arrangements authority is delegated, if required to meet immediate operational demand, to the Chief Officer and the Chief Financial Officer in consultation with the Chair and Vice Chair of the IJB. Interim arrangements were also put in place for the IJB which were formally ratified at the May meeting.

Any decisions made under temporary delegated authority are recorded in the approvals/decision tracker log that captures the approval timeline, with reports shared with IJB Members for information. IJB papers are available through the Inverclyde Council website.

The IJB is working with partners to participate in the wider response to the pandemic at Health Board and national level and is a key participant in the Council and Greater Glasgow and Clyde governance structures, working with other HSCPs to manage the impact of the pandemic.

New service hubs were set up in March to deliver an agile response to the pandemic, this included the establishment of an assessment centre and testing centre to support assessment and testing of potential Covid-19 patients and the creation of a hub to support the distribution of PPE to our social care services and those delivered by the third and independent sector and personal assistants and carers.

With significant disruption to how health and social care services are currently being delivered and experienced by service users, patients and carers likely to continue in the short to medium term, officers within the HSCP are developing plans to capture the extent of the shift from business as usual activity and ensure the IJB can continue to meet need and achieve the strategic priorities set out in the Strategic Plan. Planning activity takes into consideration the learning from the first phase of responding to the pandemic and engaging with and listening to key stakeholders in planning future service provision.

The financial impact of implementing the required changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment, and manage the new and changing levels of need and demand) is significant and likely to be ongoing and evolving. A detailed approval/decision tracker log is being maintained internally and scrutinised by senior management to record the details, including approval routes, of any decisions with financial implications for the IJB. This

is supported by a mobilisation plan which has been approved by the Scottish Government, with discussions in relation to funding ongoing.

A vital element of the recovery planning activity being undertaken is learning from the interim changes put in place. The HSCP are actively seeking to understand the impact of the measures implemented and are engaging with service users to understand which could be retained or adapted to improve services and continue to meet individuals' outcomes. The IJB will consider the learning from the pandemic including the innovative approaches and service alterations put in place out of necessity may present opportunities as we seek to re-start services within the new context in which health and social care services need to be delivered. In doing so the IJB will continue to follow appropriate governance structures and consider equalities and human rights requirements to ensure that from the current crisis emerges a more efficient and effective health and social care system that delivers on the priorities set out in the Strategic Plan.

Action Plan

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

Conclusion and Opinion on Assurance

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

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

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

Louise Long

Chief Officer

Date: 2 November 2020

Councillor Jim Clocherty

IJB Chair

Date: 2 November 2020

The Financial Statements

Comprehensive Income and Expenditure Statement

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

2018/19 Restated*			2019/20		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
3,520	(1,104)	2,416	2,845	(734)	2,111
29,302	(2,282)	27,020	30,508	(2,101)	28,407
12,157	(259)	11,898	12,814	(269)	12,545
6,862	(150)	6,712	7,225	(124)	7,101
9,017	(288)	8,729	10,115	(378)	9,737
14,353	(615)	13,738	15,496	(1,382)	14,114
3,376	(259)	3,117	3,353	(150)	3,203
3,464	0	3,464	3,498	(317)	3,181
8,548	(290)	8,258	10,408	(427)	9,981
4,951	(1,038)	3,913	6,917	(2,845)	4,072
1,932	(1,906)	26	2,163	(2,114)	49
1,442	(651)	791	1,632	(589)	1,043
26,528	(981)	25,547	28,010	(954)	27,056
18,591	0	18,591	18,359	0	18,359
1,133	0	1,133	1,044	0	1,044
261	0	261	267	0	267
145,437	(9,823)	135,614	154,654	(12,384)	142,270
22,632	0	22,632	23,635	0	23,635
168,069	(9,823)	158,246	178,289	(12,384)	165,905
0	(159,731)	(159,731)	0	(167,074)	(167,074)
168,069	(169,554)	(1,485)	178,289	(179,458)	(1,169)
		(1,485)			(1,169)

* The 2018/19 Accounts have been restated to reflect updated Set Aside figures and associated funding based on actual spend rather than notional budgets.

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

Movement in Reserves Statement

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

Movements in Reserves During 2019/20	General Reserves £000	Earmarked Reserves £000	TOTAL Reserves £000
Opening Balance at 31 March 2019	(1,010)	(6,271)	(7,281)
Total Comprehensive Income and Expenditure	269	(1,438)	(1,169)
Closing Balance at 31 March 2020	(741)	(7,709)	(8,450)

Balance Sheet

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

31 March 2019 Restated £000		Notes	31 March 2020 £000
Current Assets			
7,298	Short term debtors	5	8,467
Current Liabilities			
(17)	Short term creditors	6	(17)
7,281	Net Assets		8,450
7,281	Reserves	8	8,450
7,281	Total Reserves		8,450

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2020 and its income and expenditure for the year then ended.

The audited financial statements were authorised for issue on 2 November 2020.

Lesley Aird, CPFA

Chief Financial Officer _____ **Date:** 2 November 2020

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General principles

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

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

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

The Annual Accounts summarise the IJB's transactions for the 2019/20 financial year and its position at the year end of 31 March 2020.

1.2 Accruals of expenditure and income

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

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

1.3 Funding

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

1.4 Cash and Cash Equivalents

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

1.5 Employee Benefits

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

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

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

1.6 Provisions, Contingent Liabilities and Contingent Assets

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

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

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

1.7 Events After The Reporting Period

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

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

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

1.8 Exceptional items

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

1.9 Related Party Transactions

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

1.10 Support services

Support services were not delegated to the IJB through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided are mainly comprised of: provision of financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

1.11 Indemnity Insurance

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

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

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

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

1.12 Clinical and Medical Negligence

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

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

1.13 Reserves

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

1.14 VAT

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

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

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

2 Taxation and Non-Specific Grant Income

31 March 2019 Restated £000	Taxation and Non-Specific Grant Income	31 March 2020 £000
110,078	NHS Greater Glasgow and Clyde Health Board	116,352
47,321	Inverclyde Council	50,722
157,399	TOTAL	167,074

Health Board Contribution

The funding contribution from the Health Board above includes £23.635m in respect of 'Set Aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however, has responsibility for the consumption of, and the level of demand placed on, these resources.

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

3 Related Party Transactions

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

31 March 2019 Restated £000		31 March 2020 £000
Transactions with NHS Greater Glasgow & Clyde		
(110,078)	Funding Contributions received	(116,352)
(2,151)	Service Income received	(2,506)
95,463	Expenditure on Services Provided	102,200
(16,766)	TOTAL	(16,658)
Transactions with Inverclyde Council		
(47,321)	Funding Contributions received	(50,722)
(6,829)	Service Income received	(9,878)
68,515	Expenditure on Services Provided	76,089
14,365	TOTAL	15,489

31 March 2019 Restated £000		31 March 2020 £000
Balances with NHS Greater Glasgow & Clyde		
0	Debtor balances: Amounts due to the NHS	0
0	Creditor balances: Amounts due from the NHS	0
0	Net Balance with the NHS Board	0
Balances with Inverclyde Council		
0	Debtor balances: Amounts due to the Council	0
5,820	Creditor balances: Amounts due from the Council	8,467
(5,820)	Net Balance with the Council	(8,467)

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

4 IJB Operational Costs

31 March 2019 Restated £000	Core and Democratic Core Services	31 March 2020 £000
194	Staff costs	203
42	Administrative costs	37
25	Audit fees	27
261	TOTAL	267

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Inverclyde Council. For the 2019/20 Accounts this is combined within the gross expenditure for both partners.

5 Short Term Debtors

31 March 2019 Restated £000	Short Term Debtors	31 March 2020 £000
7,298	Other local authorities	8,467
7,298	TOTAL	8,467

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

6 Short Term Creditors

31 March 2019 Restated £000	Short Term Creditors	31 March 2020 £000
(17)	Other local authorities	(17)
(17)	TOTAL	(17)

7 Movement in reserves

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

2018/19		2019/20			
Balance at 31 March 2019 £000		To be used by	Transfers Out 2019/20 £000	Transfers In 2019/20 £000	Balance at 31 March 2020 £000
SCOTTISH GOVERNMENT FUNDING					
98	Mental Health Action 15	31/03/2021	98	132	132
235	Alcohol & Drug Partnerships	31/03/2021	236	94	93
0	Covid - 19	31/03/2021	23	423	400
0	Primary Care Improvement Programme	31/03/2021	0	124	124
EXISTING PROJECTS/COMMITMENTS					
43	Self Directed Support/SWIFT Finance Module	31/03/2021	0	0	43
25	Growth Fund - Loan Default Write Off	ongoing	1	0	24
11	Integrated Care Fund	ongoing	974	1,044	81
428	Delayed Discharge	ongoing	533	300	195
112	CJA Preparatory Work	31/03/2021	65	65	112
240	Service Reviews	complete	240	0	0
241	Primary Care Support	31/03/2021	178	209	272
27	SWIFT Replacement Project	complete	27	0	0
30	Rapid Rehousing Transition Plan (RRTP)	31/03/2021	0	53	83
0	Franks Law	complete	34	34	0
0	Physical Disabilities - CFCR	complete	70	70	0
0	Older People Wifi	31/03/2021	0	20	20
0	LD Estates	tbc	46	398	352
0	Refugee Scheme	31/03/2025	0	432	432
0	Tier 2 Counselling	31/03/2024	0	258	258
0	Complex Care	31/03/2021	0	0	0
0	Pay & Grading	complete	200	200	0
0	CAMHS Post	31/03/2022	0	90	90
100	Dementia Friendly Inverclyde	tbc	0	0	100
145	Contribution to Partner Capital Projects	ongoing	93	580	632
675	Continuous Care	ongoing	110	0	565
TRANSFORMATION PROJECTS					
2,505	IJB Transformation Fund	ongoing	506	46	2,045
0	Addictions Review	31/03/2021	0	198	198
310	Mental Health Transformation	ongoing	0	300	610
BUDGET SMOOTHING					
732	Adoption/Fostering/Residential Childcare	ongoing	407	0	325
88	Advice Service Smoothing Reserve	ongoing	88	0	0
0	Prescribing	ongoing	0	300	300
226	Residential & Nursing Placements	ongoing	3	0	223
6,271	Total Earmarked		3,932	5,370	7,709
UN-EARMARKED RESERVES					
1,010	General		269	0	741
1,010	Un-Earmarked Reserves		269	0	741
7,281	TOTAL Reserves		4,201	5,370	8,450

8 Expenditure and Funding Analysis

31 March 2019 Restated £000	Inverclyde Integration Joint Board	31 March 2020 £000
	HEALTH SERVICES	
22,030	Employee Costs	24,630
20	Property Costs	37
5,815	Supplies & Services	7,667
25,547	Family Health Service	27,058
18,394	Prescribing	18,172
22,632	Set Aside	23,635
(1,171)	Income	(1,551)
	SOCIAL CARE SERVICES	
28,372	Employee Costs	29,814
1,028	Property Costs	1,060
1,242	Supplies & Services	1,207
411	Transport	416
770	Administration	736
40,568	Payments to Other Bodies	42,889
(7,672)	Income	(10,132)
	CORPORATE & DEMOCRATIC CORE/IJB COSTS	
194	Employee Costs	203
42	Administration	37
25	Audit Fee	27
158,246	TOTAL NET EXPENDITURE	165,905
(159,731)	Grant Income	(167,074)
(1,485)	(SURPLUS) ON PROVISION OF SERVICES	(1,169)

9 External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2019/20 are £26,500. There were no fees paid to Audit Scotland in respect of any other services.

10 Post balance sheet events

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

The Chief Financial Officer issued the Unaudited Statement of Accounts on 23 June 2020. There have been no material events after the balance sheet date which necessitate revision of figures in the financial statements or notes thereto including contingent assets or liabilities.

The Annual Accounts were authorised for issue by the Chief Financial Officer on 2 November 2020. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

11 Contingent assets and liabilities

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

12 New standards issued but not yet adopted

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

Independent Auditor's Report

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts Inverclyde Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and Notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the body as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

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

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

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

Risks of material misstatement

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

Responsibilities of the Chief Financial Officer and Inverclyde Integration Joint Board for the financial statements

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

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Inverclyde Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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

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

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

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If

I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

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

Matters on which I am required to report by exception

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

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

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of my report

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

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

2 November 2020



**INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST**

	In progress, will be done but maybe within another paper		Remove from rolling action list
	Possibly remove or include in CO brief instead		

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status	Open/Closed
10 September 2019 (Para 76(3))	Technology Enabled Care (TEC) – Further report on conclusion of feedback from National Workstreams	Head of Health & Community Care	June 2020	Update Report, will be included in Digital Paper CLOSE	March 2021 Digital paper will be included in March 2021	Closed
4 November 2019 Para 94(5)	Mental Health Strategy – Outcome of Peer Recovery Model	Head of Mental Health, Addictions & Homelessness	September 2020	Progress on pilot DELAYED	March 2021	Closed
4 November 2019 Para 98(2)	Implementation of Primary Care Improvement Plan Update (May 2020)	Head of Health & Community Care	May 2020	Update report OPEN	January 2020	Open put on schedule
28 January 2020 Para 8(2)	Criminal Justice Social Work Inspection – Update on Improvement Action Plan	Health of Children & Families & Criminal Justice	May 2020	Update report Updated report will be presented to the next committee cycle – CLOSE	November 2020	Closed

28 January 2020 Para 9(3)	Review of Support to Locality Planning Groups (after first year)	Head of Strategy & Support Services	June 2021	Review report	Delayed until Covid We wish to remove this for now till covid is finished	Closed
28 January 2020 Para 12(2)	Living Well – Proposals to Progress Model	Head of Health & Community Care	June 2020	Update report	December 2020 We wish to remove this for now till covid is finished	Closed
17 March 2020 (Para 29(2))	EIA – GP Out-of-Hours Service and Equity of Access (September 2020)	Head of Health & Community Care	September 2020	Update report	October 2020 We wish to remove this for now till covid is finished	Closed
17 March 2020 (Para 32(2))	Hard Edges – Evaluation Report (Later in 2020)	Health of Children & Families & Criminal Justice	November 2020	Update report	November 2020 Delayed	Open put on schedule
17 March 2020 (Para 39(2))	Immunisations and Screenings Uptake by People with a Learning Disability	Head of Health & Community Care	September 2020	Update report	November 2020 Include an update in the CO brief rather than a separate paper	Closed
23 June 2020 (Para 62(5))	Report on Care Homes including analysis of implications of COVID-19	Head of Health & Community Care	December		December 2020 Delay until pandemic over	Open Remain on list
23 June 2020 (Para 63(3))	Finalised Unscheduled Care Commissioning Plan	Head of Strategy & Support Services	March 2021		March 2021 GG&C wide piece of work which needs to go to IJB once done	Open

23 June 2020 (Para 65(2))	Use of Staffing Underspend for Succession Planning	Chief Financial Officer	December 2020	Will be included in P7 IJB monitoring report in January 2020	Not separate report will be included in the P7 report to IJB in Jan 21	Closed
24 August 2020 (Para 70(2))	COVID-19 Recovery Communication Plan (September 2020)	Chief Officer	September 2020	Report on agenda	Remove as separate report will be managed through SPG	Closed
24 August 2020 (Para 74(5))	Workforce Update Report – June IJB	Head of Strategy & Support Services	June 2021	Annual report which will be presented each June	Will be an annual report so can come off the rolling action list	Closed on schedule
24 August 2020 (Para 75(4))	Staff Wellbeing & Resilience – Detailed Report (September 2020)	Health of Children & Families & Criminal Justice	September 2020		November 2020	Closed
24 August 2020 (Para 77(3))	Future Digital Plans – March IJB	Head of Strategy & Support Services	March 2021	Annual report which will be presented each March	Will be an annual report so can come off the rolling action list	Closed on schedule
24 August 2020 (Para 79(3))	LD Community Hub – Detailed Timeline for Project Build	Head of Health & Community Care			Date to be confirmed	Open on direction register
21 September 2020 (Para 86(3))	Revisal of IJB Audit Committee Remit (Directions)	Legal Services Manager	November 2020	On Agenda		Close
21 September 2020 (Para 89(3))	Digital Update including direction of travel and financial implications	Lesley Aird	March 2021	Now Indirection register	Direction Close	Open on direction register

Annual Report Schedule

<u>March</u> <ul style="list-style-type: none">• Annual Budget• Digital Investment Plan	<u>June</u> <ul style="list-style-type: none">• Draft Annual Accounts• Annual Performance Report• Clinical & Care Governance• Workforce Update
<u>September</u> <ul style="list-style-type: none">• Audited Annual Accounts	<u>December</u> <ul style="list-style-type: none">• PCIP Update

Directions Register

- Hard Edges
- Care Homes

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

Report By: Louise Long **Report No:** IJB/65/2020/LA
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

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

Subject: **FINANCIAL MONITORING REPORT 2020/21 – PERIOD TO 31
AUGUST 2020, PERIOD 5**

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 5 to 31 August 2020.

2.0 SUMMARY

- 2.1 The detailed report outlines the financial position at Period 5 to the end of August 2020. The Covid-19 pandemic has created significant additional cost pressures across the Health & Social Care Partnership (HSCP). This report assumes full funding will be received from Scottish Government to cover Covid-19 costs.
- 2.2 The current year end operating projection for the Partnership includes £8.127m of net Covid-19 costs for which £1.799m of funding has been already been confirmed/received. Funding is anticipated but not yet confirmed for the balance of £6.328m (£4.610m Social Care Services and £1.718m Health). It is expected that this will be covered by Scottish Government Covid-19 funding. At Period 5 there is a projected overspend of £0.704m Social Care core budgets, Health budgets are currently projected to outturn in line with the agreed budget.
- 2.3 As in previous years, the IJB has financial commitments in place in relation to a net £3.936m spend against its Earmarked Reserves in year for previously agreed multi-year projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and under spends.
- 2.4 The Chief Officer and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that as in previous years, any over or under spend, including any potential shortfall in Covid-19 funding, is taken from or added to IJB reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund.
- 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 £0.175m for 2020/21 with £0.010m actual spend to date.
- 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 £7.709m, with £0.741m in Un-Earmarked Reserves, giving a total Reserve of £8.450m. The projected yearend position is a carry forward of £4.514m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 5 forecast position for 2020/21 and Period 5 detailed report contained in Appendices 1-3;
2. Notes the projected Covid-19 costs and anticipated Covid-19 funding;
3. Notes that in the event of any gap in funding officers will seek to address this in year and will review options for using IJB reserves if required;
4. 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);
5. Approves the planned use of the Transformation Fund (Appendix 6)
6. Notes the current capital position (Appendix 7);
7. Notes the current Earmarked Reserves position (Appendix 8).

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 2020/21 was set on 17 March 2020. The table below summarises the agreed budget and funding together with the projected operating outturn for the year as at 31 August:

	Revised Budget 2020/21 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	70,646	75,960	5,314
Health Services	78,196	79,914	1,718
Set Aside	23,956	23,956	0
HSCP NET EXPENDITURE	172,798	179,830	7,032
FUNDED BY			
Transfer from / (to) Reserves	0	704	704
Anticipated Covid Funding	0	6,328	6,328
NHS Contribution to the IJB	120,446	120,446	0
Council Contribution to the IJB	52,352	52,352	0
HSCP FUNDING	172,798	179,830	7,032
Planned Use of Reserves	(3,936)	(3,936)	0
Annual Accounts CIES Position (if anticipated Covid costs aren't covered in full)	(3,936)	(3,936)	0

4.3 Updated Finance Position and Forecasting to Yearend

Timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. To address this an updated finance summary detailing any significant changes to financial forecasts from the report date to the current period will be provided as part of the monitoring report presentation from the October report onwards each year.

This ensures that the Board continues to receive the full detailed finance pack but is also updated on any substantive changes to the forecast position between the pack date and the meeting date.

4.4 Covid-19 Mobilisation Plans

Local Mobilisation Plan (LMP) submissions are made regularly through the Health Board to Scottish Government detailing projected and actual Covid costs on a month to month basis. This report reflects the current projected costs and confirmed income in relation to this.

- 4.5 Appendix 1A details the current projected Covid costs and confirmed income, this ties back with the latest LMP. Projected costs have increased by £1.474m since the last report due to rephasing of some forecasts to reflect the pandemic continuing, new costs around flu vaccination clinics, mental health assessment units and community assessment units.

- Projected costs for the year based on the August submission are £8.127m (£6.013m Social Care, £0.733m increase since the last report due mainly to rephasing of costs for the full year and £2.114m Health, £0.741m increase since the last report due to additional flu, assessment and mental health costs now included).
- Funding of £1.403m has been confirmed/received for Social Care.
- £0.396m of funding for Hospices has been received and passed to the hospice. The first tranche of Health funding has been received by the Health Board but the allocation methodology to the HSCPs is still being finalised. Some of this additional funding is for social care and some for health.
- Further funding for both Health and Social Care is expected.
- The table at the top of Appendix 1a details the projected spend across social care and health on Employee costs, Supplies and Services etc.
- Within the body of the report some social care net covid costs totalling £3.883m have been included in specific budget lines. A balance of £0.727m per the LMP is not specifically allocated at this stage so is shown separately in the report
- Within Health the entirety of the net covid cost is shown separate to core budgets, totalling £1.718m
- The second table on Appendix 1a shows a summary of the specific areas this spend is projected across
- Actual costs to 31st August were £2.613m (£1.518m Social Care, £1.095m Health)

5.0 SOCIAL WORK SERVICES

- 5.1 For Social Care Covid spend is projected to be £6.013m for the year with the biggest elements of that being provider sustainability payments and additional staffing costs. That projection is still based on high level estimates for payments to providers at this stage while claims are still being submitted so the final cost may be lower. Covid funding confirmed/received to date from Scottish Government is £1.403m. The projected outturn for social work services at 31 August 2018 is a £0.704m projected overspend for core social work services. Accurate forecasting at this stage has been challenging and additional work will be done to review Covid and underlying budget forecasts before completion of the period 7 report. In line with previous practice it is expected that any overall over or underspend at the year end will be taken from or to IJB reserves.
- 5.2 The Social Work budget includes agreed savings of £1.044m. £0.050m of this related to income growth which as a result of the Covid-19 pandemic is not expected to be realised. This has been reflected within this report and the Mobilisation Plan which captures all Covid related spend and underspends. The Mobilisation Plan is updated and submitted to Scottish Government monthly. It is anticipated that the remaining savings will be delivered in full during the year.
- 5.3 The core social care forecast overspend has increased by £0.777m since the last report from a projected underspend of £0.035m to a projected overspend of £0.704m with £0.038m being transferred from reserves for a specific project.
- 5.4 Appendix 2 contains details of the Social Work outturn position. The main projected variances are linked to Covid. Appendix 2A provides an extract from the Council's report to the Health & Social Care Committee. Other key projected social work budget variances which make up the projected core budget overspend include the following:

Underspends due to:

- A projected underspend of £0.399m within Residential and Nursing Care client commitments as a result of a reduction in the number of beds, projecting at 525 beds for the remainder of the year.
- A £0.419m projected underspend within External Homecare based on the invoices received, projecting up to the end of the year, which includes a £0.150m adjustment for packages on the assumption that increased service delivery is resuming.
- Additional turnover savings being projected across services of £0.301m.

Offset in part by:

- A projected overspend of £0.655m within Learning Disability Client commitments which

is comparable with the position reported for 2019/20 with the increased costs reflecting necessary uplifts in clients' packages relating to increased needs.

- Within Criminal Justice a £0.337m projected overspend as a result of shared client package costs with Learning Disabilities. It is anticipated that these costs will reduce further in 2020/21 and this will be reported to the next Committee, once Officers are able to project with better certainty.
- A projected overspend of £0.682m in Children's Residential Placements after full utilisation of the smoothing Earmarked Reserve.
- A £0.155m projected overspend on agency staff costs within Mental Health as approved by the Corporate Management Team (CMT) in 2019/20. This is partly funded by increased turnover

6.0 HEALTH SERVICES

6.1 For Health, Covid spend is projected to be £2.114m for the year with the biggest elements of that being additional staffing costs and support agreed nationally for Hospices. Projected costs have increased by £0.741m since the last report mainly due to additional costs now added for an expanded Flu Vaccination programme, contribution to the Barr Street Out of Hours Community Assessment Centre Covid and a contribution to the Boardwide Mental Health Assessment Unit. Initial Covid funding for Health has been received and £0.396m has been received in respect of the Scottish Government funding for the local hospice but the allocation methodology for the balance of funding for HSCPs is still being finalised. The projected outturn for health services at 31 August 2018 is £1.718m potential overspend pending Covid funding confirmation, the rest is in line with the revised budget.

6.2 The total budget pressure for Health for 2020/21 was £1.924m which was covered in full by the 3% funding uplift.

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 5 the year to date overspend on Mental Health is £0.202m.

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

6.6 Prescribing

Currently projected as in line with budget. This has been based on latest advice from the prescribing teams. Any overall over or underspend on prescribing will be taken from or transferred to the Prescribing Smoothing Reserve. The prescribing position will be closely monitored throughout the year.

6.7 To mitigate the risk associated with prescribing cost volatility, the IJB agreed as part of this and prior year 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. This year Covid-19 and Brexit both add to the complexity around forecasting full year prescribing costs.

6.8 GP Prescribing is experiencing in-year pressure due to increased premiums paid for drugs that are in short supply, many as a result of the pandemic causing supply line delays. These short supply issues may continue for the remainder of the financial year, therefore, in line with advice from the NHS GG&C Prescribing Team we have estimated using our full prescribing budget. GP Prescribing remains a volatile budget, a drug going on short

supply can have significant financial consequences.

6.9 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 continuing across GG&C around Unscheduled Care to further refine the Set Aside position within GG&C for each HSCP. Further updates will be brought to the IJB as available.

7.0 **VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS**

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**

8.1 Transformation Fund

The Transformation Fund was set up at the end of 2018/19. The Fund has since been replenished from further yearend underspends. At the beginning of this financial year the Fund balance was £2.045m. Spend against the plan is done on a bids basis through the Transformation Board. Appendix 6 details the current agreed commitments against the fund. At present there is £0.297m still uncommitted. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

9.0 **CURRENT CAPITAL POSITION - nil Variance**

9.1 The Social Work capital budget is £10.254m over the life of the projects with £0.175m budgeted to be spent in 2020/21. This includes the £0.501m IJB commitment to fund part of the replacement Social Care Records Management system.

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 works commenced on site in October 2018.
- As previously reported, the contract had experienced delays on site and was behind programme. The Main Contractor (J.B. Bennett) ceased work on site on 25 February 2020 and subsequently entered administration. The site was secured with arrangements made to address temporary works to protect the substantially completed building.
- Following contact with the Administrators it was confirmed that the Council would require to progress a separate completion works contract to address the outstanding

works. A contract termination notice has been issued for the original contract.

- The project consultants have now visited the site to assess the scope of works required for preparation of a completion works contract. The final reports are being collated and documents are currently being prepared for tendering. A revised programme to completion will be advised post tender return.

9.3 New Learning Disability Facility

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12 March 2020. The Covid-19 situation impacted the ability to progress the project with the construction industry phased re-start only approved as of mid-June 2020 and with the supply chain and consultants return from furlough. The progress to date is summarised below:

- Additional site information being obtained with some survey work now completed and further surveys to be planned at the appropriate stage of the design progression.
- Space planning and accommodation schedule interrogation work is being progressed through Technical Services to inform outline design in preparation for wider stakeholder consultation.
- Preparation of external consultant tender documents for remainder of design team appointments is nearing completion with tendering imminent.
- Work through Legal Services in connection with the public consultation required in respect of the re-appropriation of the Hector McNeil site is progressing with public notices now in place around the site perimeter and notices arranged for publication in the local press at the end of September

9.4 Swift Upgrade

The project involves the replacement of the current Swift system. In March the Council and IJB approved initial spend of £0.843m for the system, £0.6m from the Council and £0.243m from prudential borrowing funded by the IJB. In September the IJB agreed to increase its contribution to £0.501m, with the additional funds coming from the IJB Transformation Fund. This brings the total estimated cost of the project to £1.101m. There has been a delay going out to tender because of a legal challenge against Scotland Excel and the Covid-19 pandemic. It is anticipated this will delay the project by 12-14 months.

10.0 EARMARKED RESERVES

- 10.1 The IJB holds a number of Earmarked and Un-Earmarked Reserves; these are managed in line with the IJB Reserves Policy. Total Earmarked Reserves available at the start of this financial year were £7.709m, with £0.741m in Un-Earmarked Reserves, giving a total Reserve of £8.450m. To date at Period 5, £2.823m of new reserves are expected in year, £0.528m has been spent, projected carry forward at the yearend is £4.514m. Appendix 8 shows all reserves under the following categories. The projected movement in reserves for the year is £3.936m:

Ear-Marked Reserves	Opening Balance	New Funds in Year	Spend to Date	Projected C/fwd
Scottish Government Funding - funding ringfenced for specific initiatives	749	1,476	0	0
Existing Projects/Commitments - many of these are for projects that span more than 1 year	3,259	1,293	496	2,074
Transformation Projects - non recurring money to deliver transformational change	2,853	0	32	1,880
Budget Smoothing - monies held as a contingency for specific volatile budgets such as Residential Services and Prescribing to smooth out in year one off pressures	848	54	0	523
TOTAL Ear-Marked Reserves	7,709	2,823	528	4,477

General Reserves	741	0	0	741
In Year Surplus/(Deficit) going to/(from) reserves	0	0	0	(704)

TOTAL Reserves	8,450	2,823	528	4,514
Projected Movement (use of)/transfer in to Reserves				(3,936)

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES)

11.1 The creation and use of reserves during the year, while not impacting on the operating position, will impact the yearend CIES outturn. For 2020/21, it is anticipated that as a portion of the brought forward £8.450m and any new Reserves are used the CIES will reflect a deficit. At Period 5, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 8.

12.0 DIRECTIONS

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

13.0 IMPLICATIONS

13.1 FINANCE

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

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

13.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

13.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

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

13.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

13.7 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

14.0 CONSULTATION

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

15.0 BACKGROUND PAPERS

15.1 None.

INVERCLYDE HSCP**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 5: 1 April 2020 - 31 August 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	52,285	54,761	55,319	558	1.0%
Property Costs	1,095	1,108	1,665	557	50.3%
Supplies & Services	49,969	50,739	55,387	4,648	9.2%
Family Health Services	25,973	28,194	28,194	0	0.0%
Prescribing	18,535	19,300	19,300	0	0.0%
Transfer from / (to) Reserves	0	0	(38)	(38)	0.0%
Income	(3,970)	(5,260)	(6,398)	(1,138)	21.6%
Covid-19 Unallocated & Unfunded costs (net)	0	0	2,445	2,445	0.0%
HSCP NET DIRECT EXPENDITURE	143,887	148,842	155,874	7,032	4.7%
Set Aside	23,956	23,956	23,956	0	0.0%
HSCP NET TOTAL EXPENDITURE	167,843	172,798	179,830	7,032	4.1%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,095	2,185	2,266	81	3.7%
Older Persons	30,253	30,692	32,161	1,469	4.8%
Learning Disabilities	12,241	12,331	12,915	584	4.7%
Mental Health - Communities	6,833	6,946	7,071	125	1.8%
Mental Health - Inpatient Services	9,051	9,336	9,336	0	0.0%
Children & Families	14,013	14,250	15,447	1,197	8.4%
Physical & Sensory	3,009	2,916	3,008	92	3.2%
Alcohol & Drug Recovery Service	3,490	3,516	3,505	(11)	-0.3%
Assessment & Care Management / Health & Community Care	9,867	11,741	11,696	(45)	-0.4%
Support / Management / Admin	6,318	6,089	6,051	(38)	-0.6%
Criminal Justice / Prison Service **	0	63	391	328	0.0%
Homelessness	1,095	1,097	1,940	843	76.8%
Family Health Services	25,973	28,194	28,194	0	0.0%
Prescribing	18,744	19,487	19,487	0	0.0%
Contribution to Reserves	0	0	(38)	(38)	0.0%
Covid-19 Unallocated & Unfunded costs (net)	0	0	2,445	2,445	0.0%
Unallocated Funds	905	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	143,887	148,842	155,874	7,032	4.7%
Set Aside	23,956	23,956	23,956	0	0.0%
HSCP NET TOTAL EXPENDITURE	167,843	172,798	179,830	7,032	4.1%
FUNDED BY					
NHS Contribution to the IJB	91,598	96,490	96,490	0	0.0%
NHS Contribution for Set Aside	23,956	23,956	23,956	0	0.0%
Council Contribution to the IJB	52,289	52,352	52,352	0	0.0%
Anticipated Covid Funding	0	0	6,328	6,328	0.0%
Transfer from / (to) Reserves	0	0	704	704	0.0%
HSCP NET INCOME	167,843	172,798	179,830	7,032	4.1%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	0.0%
Anticipated movement in reserves ***	(3,036)	(3,936)	(3,936)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	(3,036)	(3,936)	(3,936)		

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

*** See Reserves Analysis for full breakdown

INVERCLYDE HSCP - COVID 19**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 5: 1 April 2020 - 31 August 2020**

SUBJECTIVE ANALYSIS - COVID 19 based on September 2020 Mobilisation Plan submission and confirmed funding	Social Care Projected Out-turn 2020/21 £000	Health Projected Out-turn 2020/21 £000	TOTAL Projected Out-turn 2020/21 £000
Employee Costs	1,544	1,036	2,580
Property Costs	3	3	6
Supplies & Services	4,042	978	5,020
Family Health Services			0
Prescribing		97	97
Loss of Income	425		425
PROJECTED COVID RELATED NET SPEND	6,013	2,114	8,127

Summarised Mobilisation Plan	Social Care	Health	Revenue
H&SCP Costs	2020/21	2020/21	2020/21 £000
Delayed Discharge Reduction- Additional Care Home Beds	374		374
Personal protection equipment	240	52	292
Deep cleans	3	3	6
Additional staff Overtime and Enhancements	84	252	336
Additional temporary staff spend - Student Nurses & AHP		367	367
Additional temporary staff spend - Health and Support Care Workers	615		615
Additional costs for externally provided services (including PPE)	2,392		2,392
Social Care Support Fund- Costs for Children & Families Services	844		844
Mental Health Services		75	75
Additional FHS Prescribing		97	97
Community Hubs		506	506
Loss of income	425		425
Other- Revenue Equipment and Supplies	67	67	135
Other- Homelessness and Criminal Justice	913		913
Hospices		396	396
Staffing support, including training & staff wellbeing	6		6
Winter Planning	-	300	300
Total	5,963	2,114	8,077
	Subtotal	Subtotal	Subtotal
Expected underachievement of savings (HSCP)	50		50
Total	6,013	2,114	8,127

Confirmed Scottish Government Funding	(1,403)	(396)	(1,799)
POTENTIAL PROJECTED COVID RELATED OVERSPEND	4,610	1,718	6,328

Allocated vs Unallocated costs in the monitoring report			
Spend Allocated in Monitoring Report to specific services/cost lines	3,883	0	3,883
Balance of unallocated anticipated costs	727	1,718	2,445
	4,610	1,718	6,328

SOCIAL CARE**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 5: 1 April 2020 - 31 August 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	28,573	29,810	30,368	558	1.9%
Property costs	1,090	1,103	1,660	557	50.5%
Supplies and Services	860	870	1,522	652	74.9%
Transport and Plant	376	376	281	(95)	-25.3%
Administration Costs	755	783	732	(51)	-6.5%
Payments to Other Bodies	41,285	41,742	45,884	4,142	9.9%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Income	(3,927)	(4,038)	(5,176)	(1,138)	28.2%
Balance of Covid-19 unallocated costs (net)	0	0	727	727	0.0%
Transfer to Earmarked Reserves		0	(38)	(38)	
SOCIAL CARE NET EXPENDITURE	52,289	52,352	57,666	5,314	10.2%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Strategy & Support Services	1,590	1,690	1,771	81	4.8%
Older Persons	30,253	30,692	32,161	1,469	4.8%
Learning Disabilities	11,732	11,783	12,367	584	5.0%
Mental Health	3,654	3,696	3,821	125	3.4%
Children & Families	10,766	10,798	11,995	1,197	11.1%
Physical & Sensory	3,009	2,916	3,008	92	3.2%
Alcohol & Drug Recovery Service	1,799	1,771	1,760	(11)	-0.6%
Business Support	2,788	3,285	3,247	(38)	-1.2%
Assessment & Care Management	2,326	2,856	2,811	(45)	-1.6%
Criminal Justice / Scottish Prison Service	0	63	391	328	0.0%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Homelessness	1,095	1,097	1,940	843	76.8%
Balance of Covid-19 unallocated costs (net)	0	0	727	727	0.0%
Transfer to Earmarked Reserves			(38)	(38)	
SOCIAL CARE NET EXPENDITURE	52,289	52,352	57,666	5,314	10.2%

COUNCIL CONTRIBUTION TO THE IJB	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	52,289	52,352	52,352	0	
Anticipated Covid Funding	0	0	4,610	4,610	
Transfer from / (to) Reserves	0	0	(38)	704	

SOCIAL CARE**PERIOD 5: 1 April 2020 - 31 August 2020**

Extract from report to the Health & Social Care Committee

This is the current projected overspend including covid related pressures contained within the Covid 19 Local Mobilisation Plan.

Children & Families: Projected £1,197,000 (11.09%) overspend

Included in the projection are Covid costs of £432,000 which in the main relate to additional staffing costs, of which £46,000 can be funded via Attainment Grant funding.

The balance of the projected overspend primarily relates to:

- External Residential Placements, which is showing a net overspend against Core of £682,000, an increase of £405,000 since period 3. There are currently 16 children being looked after in a mix of residential accommodation, secure accommodation and at home to prevent residential placements.
- Fostering, which is showing a reduced underspend of £41,000, down £38,000 from period 3 due to an additional placement.
- There is an anomaly in that 4 children who would ordinarily be foster placements are being looked after in a temporary children's unit, with the additional costs of this included in the Covid costs figure of £432,000 above.

Where possible any over/underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred from/to the earmarked reserves at the end of the year. These costs are not included in the above figures.

The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £325,000. At period 5 there is a projected net overspend of £1,077,000 of which £325,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving an overspend against Core of £752,000 across these services. The Service is currently investigating costs to identify whether increased costs are Covid related.

The opening balance on the continuing care reserve is £565,000. At period 5 there is a projected net overspend of £110,000 which would be funded from the earmarked reserve at the end of the year along with £135,000 for the 4.5 Full Time Equivalent (FTE) temporary residential workers previously approved.

Criminal Justice: Projected £328,000 (16.59%) overspend

Included in the projection are Covid costs of £20,000 which relate to additional staffing costs, which can be funded by the Section 27 Grant.

As reported at period 3, the projected overspend primarily relates to slightly reduced client package costs of £337,000 shared with Learning Disabilities. It is anticipated that these costs will reduce further in 2020/21 and this will be reported to the next Committee, once Officers are able to project with better certainty.

It should be noted that the percentage variance is based on the grant total not the net budget.

Older People: Projected £1,469,000 (5.55%) overspend

Included in the projection are Covid costs of £2,197,000, which relate to the 12-week block purchase of 32 care home beds, care home sustainability payments, additional external homecare costs based on payment for planned hours, additional Personal Protective Equipment (PPE) & equipment costs and additional staffing costs within Homecare.

The residual projected underspend of £729,000 is £165,000 lower than the position reported at period 3 and mainly comprises:

A reduced underspend of £399,000 within Residential and Nursing Care, down £702,000. Of this £400,000 is a contribution to the Covid costs and £302,000 is because of the projected increase in the number of beds from the position reported at period 3, due in part to the enhanced hygiene and safety measures in place in the homes.

An increased underspend of £419,000 within External Homecare, up £138,000, based on the invoices received, projected up to the end of the year and including a £150,000 adjustment for packages on the assumption that increased service delivery will continue.

A projected net overspend of £123,000 on Employee Costs which is due to projected overspends against overtime & sessionals, and travel & subsistence.

Historically, any over/underspends on residential & nursing accommodation are transferred from/to the earmarked reserve at the end of the year. These costs are then not included in the above figures. The balance on the reserve is £223,000. However, as at period 5, Officers are not showing any transfer of the residential & nursing underspend to the earmarked reserve. There is the potential that the £399,000 may need to be used to fund the additional care home costs arising due to Covid, which would change the projected outturn in future reports.

Learning Disabilities: Projected £584,000 (7.17%) overspend

Included in the projection are Covid costs of £197,000 which relate to lost day services income and additional staffing costs.

The residual projected overspend mainly comprises:

An increased projected overspend of £655,000 within Client commitments with the increase of £77,000 since period 3 due to 3 new clients and 1 significant change in package. Planned reviews may not now take place this financial year due to Covid and therefore it is unlikely to be any reduction in package costs in 2020/21.

- An increased projected underspend of £204,000 on employee costs, with the increase in underspend of £38,000 due to additional turnover, travel & subsistence and sessional savings being achieved.

- A projected underspend of £81,000 on Transport within Day Services, it is anticipated that there will be little external transport usage in 2020/21.

Within Day Services there is a projected underspend of £116,000, pending the completion of the new Learning Disability Facility, which we are recommending to the IJB that they earmark to meet one off costs associated with the Learning Disability Hub, leaving a net nil position on the projected outturn.

Physical & Sensory: Projected £92,000 (3.77%) overspend

Included in the projection are Covid costs of £71,000 which relate to additional staffing costs and lost income.

The residual overspend comprises:

- A reduced overspend of £11,000 within Client commitments, down £95,000 since period 3, as a result of 2 care packages ending.
- A reduced overspend of £11,000 within Employee Costs, down £47,000 since period 3, due to a lower projected shortfall against the turnover target.

Assessment and Care Management: Projected £45,000 (2.07%) underspend

Included in the projection are Covid costs of £31,000 which relate to additional staffing costs.

The full projected underspend comprises an underspend of £84,000 within employee costs, a reduction in spend of £95,000 since period 3, and is due in the main to the allocation of complex care funding.

Mental Health: Projected £125,000 (8.46%) overspend

The projected overspend is £18,000 lower than reported at period 3 and comprises a £155,000 projected overspend on agency staff costs as approved by the CMT in 2019/20 as reported in period 3, along with other minor movements across Mental Health.

Alcohol & Drugs Recovery Service: Projected £11,000 (1.11%) underspend

Included in the projection are Covid costs of £64,000 which relate to client-related transportation costs.

The residual projected underspend is unchanged from that reported at period 3 at £75,000 and comprises:

- A net over-recovery of turnover target of £50,000 on employee costs due to vacancies being held in connection with the addictions review.
- An underspend of £25,000 within client commitments.

Homelessness: Projected £843,000 (76.85%) overspend

Included in the projection are Covid costs of £883,000 which relates to the costs of additional Temporary Furnished Flats in connection with both the Covid-related reduced capacity of the Inverclyde Centre and the early release of prisoners as well as additional costs of B&Bs.

The residual underspend of £40,000 comprises minor underspends across Homelessness.

Planning, Health Improvement & Commissioning: Projected £81,000 (4.77%) overspend

Included in the projection are Covid costs of £47,000 which relate to additional staffing costs

As reported at period 3, the residual projected overspend of £34,000 consists mainly of a shortfall of £38,000 against a planned saving relating to the upgrade of Swift which has been delayed. This will be funded via the Transformation earmarked reserve and this funding is included as a planned use of reserves in the Table in section 5.0.

Business Support: Projected £38,000 (1.26%) underspend

Included in the projection are Covid costs of £6,000 which relate to additional staffing costs.

The residual projected underspend of £44,000, an increase in the underspend of £14,000 since period 3, in the main comprises a projected net underspend of £61,000 on employee costs offset by a movement in vacancies.

HEALTH**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 5: 1 April 2020 - 31 August 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	23,712	24,951	24,951	0	0.0%
Property	5	5	5	0	0.0%
Supplies & Services	6,693	6,968	6,968	0	0.0%
Family Health Services (net)	25,973	28,194	28,194	0	0.0%
Prescribing (net)	18,535	19,300	19,300	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
Income	(43)	(1,222)	(1,222)	0	0.0%
Covid-19 costs (net)	0	0	1,718	1,718	0.0%
HEALTH NET DIRECT EXPENDITURE	91,598	96,490	98,208	1,718	1.8%
Set Aside	23,956	23,956	23,956	0	0.0%
HEALTH NET DIRECT EXPENDITURE	115,554	120,446	122,164	1,718	1.4%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,247	3,452	3,452	0	0.0%
Health & Community Care	7,541	8,885	8,885	0	0.0%
Management & Admin	3,530	2,804	2,804	0	0.0%
Learning Disabilities	509	548	548	0	0.0%
Alcohol & Drug Recovery Service	1,691	1,745	1,745	0	0.0%
Mental Health - Communities	3,179	3,250	3,250	0	0.0%
Mental Health - Inpatient Services	9,051	9,336	9,336	0	0.0%
Strategy & Support Services	505	495	495	0	0.0%
Family Health Services	25,973	28,194	28,194	0	0.0%
Prescribing	18,744	19,487	19,487	0	0.0%
Unallocated Funds/(Savings)	905	0	0	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
Covid-19 costs (net)	0	0	1,718	1,718	0.0%
HEALTH NET DIRECT EXPENDITURE	91,598	96,490	98,208	1,718	1.8%
Set Aside	23,956	23,956	23,956	0	0.0%
HEALTH NET DIRECT EXPENDITURE	115,554	120,446	122,164	1,718	1.4%

HEALTH CONTRIBUTION TO THE IJB	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	115,554	120,446	120,446	0	

Budget Movements 2020/21

Appendix 4

Inverclyde HSCP Service	Approved Budget	Movements				Revised Budget
	2020/21 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	2020/21 £000
Children & Families	14,013	0	237	0	0	14,250
Criminal Justice	0	0	0	63	0	63
Older Persons	30,253	0	439	0	0	30,692
Learning Disabilities	12,241	0	78	12	0	12,331
Physical & Sensory	3,009	0	(93)	0	0	2,916
Assessment & Care Management/ Health & Community Care	9,867	0	(652)	2,526	0	11,741
Mental Health - Communities	6,833	0	113	0	0	6,946
Mental Health - In Patient Services	9,051	0	285	0	0	9,336
Alcohol & Drug Recovery Service	3,490	0	26	0	0	3,516
Homelessness	1,095	0	2	0	0	1,097
Strategy & Support Services	2,095	0	40	50	0	2,185
Management, Admin & Business Support	6,318	0	(642)	413	0	6,089
Family Health Services	25,973	0	330	1,891	0	28,194
Prescribing	18,744	0	743	0	0	19,487
Resource Transfer	0	0	0	0	0	0
Unallocated Funds *	905	0	(905)	0	0	0
Totals	143,887	0	0	4,955	0	148,842

* 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

	Increase Budget £000	(Decrease) Budget £000
Budget Virements since last report		
Budget Virements agreed in previous reports	4,294	4,294
Health Budgets - allocation of prescribing uplift		
Prescribing	1,193	
Management Admin & Business Support		1,193
	9,781	9,781

Supplementary Budget Movement Detail

£000

£000

	£000	£000
Criminal Justice		63
Additional in year CJ Funding	63	
Health & Community Care		2,526
Additional SG funding for Hospices partially offset by RT adjust	326	
Non recurring adjustment	786	
Covid 19 funding	1,414	
Learning Disabilities		12
Transfer of Non recurring funding from East Ren HSCP	12	
Strategy & Support Services		50
Non recurring funding for Eat Up project	50	
Management & Admin		413
Balance of uplift	413	
Family Health Services		1,891
Non Cash Limited Budget Adjustment	1,049	
Additional in year non recurring FHS funding	842	
		4,955

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 2020/21 £000
SOCIAL CARE	
Employee Costs	29,810
Property costs	1,103
Supplies and Services	870
Transport and Plant	376
Administration Costs	783
Payments to Other Bodies	41,742
Income (incl Resource Transfer)	(22,332)
Social Care Transfer to EMR	0
SOCIAL CARE NET EXPENDITURE	52,352
Health Transfer to EMR	0

OBJECTIVE ANALYSIS	Budget 2020/21 £000
SOCIAL CARE	
Strategy & Support Services	1,690
Older Persons	30,692
Learning Disabilities	11,783
Mental Health	3,696
Children & Families	10,798
Physical & Sensory	2,916
Alcohol & Drug Recovery Service	1,771
Business Support	3,285
Assessment & Care Management	2,856
Criminal Justice / Scottish Prison	63
Change Fund	0
Homelessness	1,097
Unallocated Budget Changes	0
Resource Transfer	(18,294)
SOCIAL CARE NET EXPENDITURE	52,352

This direction is effective from 2 November 2020.

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 2020/21 £000
HEALTH	
Employee Costs	24,951
Property costs	5
Supplies and Services	6,968
Family Health Services (net)	28,194
Prescribing (net)	19,300
Resources Transfer	18,294
Unidentified Savings	0
Income	(1,222)
Transfer to EMR	0
HEALTH NET DIRECT EXPENDITURE	96,490
Set Aside	23,956
NET EXPENDITURE INCLUDING SCF	120,446

OBJECTIVE ANALYSIS	Budget 2020/21 £000
HEALTH	
Children & Families	3,452
Health & Community Care	8,885
Management & Admin	2,804
Learning Disabilities	548
Alcohol & Drug Recovery Service	1,745
Mental Health - Communities	3,250
Mental Health - Inpatient Services	9,336
Strategy & Support Services	495
Family Health Services	28,194
Prescribing	19,487
Unallocated Funds/(Savings)	0
Resource Transfer	18,294
HEALTH NET DIRECT EXPENDITURE	96,490
Set Aside	23,956
NET EXPENDITURE INCLUDING SCF	120,446

This direction is effective from 2 November 2020.

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 5: 1 April 2020 - 31 August 2020

Total Fund at 31/03/20	2,045,000
Balance Committed to Date*	1,748,339
Balance Still to be Committed	296,661

Current Projects List

*Balance Committed to Date excludes commitments funded in previous financial years

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
008	Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370	22,543	36,827
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	69,784	216
010	TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340	14,558	7,782
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 Engagement Officer - 2 years	Strategy & Support Services	IJB	27/03/19	121,000	70,583	50,417
015	Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100	0	51,100
018	CAMHS - Tier 3 service development - for 3 years	Children & Families	IJB	24/06/19	150,000	50,400	99,600
020	Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500	5,729	36,771
022	SWIFT replacement project - extension of Project Manager contract by one year and employ fixed term Project Assistant for one year plus additional 12 mth extension agreed by IJB Sept 2020	Quality & Development	TB	26/06/19	225,240	67,024	158,216

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
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	3,118	62,882
027	Autism Clinical/Project Therapist	Specialist Children's Services	TB	28/08/19	90,300	60,200	30,100
028	Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	10/09/19	200,000	5,597	194,403
030	Care Navigator Posts - Hard Edges report	Homelessness	IJB	17/03/20	100,000	0	100,000
031	Proud2Care - 18 months	Health & Community Care	IJB	23/06/20	110,000	0	110,000
032	SWIFT - deferred P&I Team Saving	Performance & Info	IJB	17/03/20	114,000	0	114,000

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2020/21

PERIOD 5: 1 April 2020 - 31 August 2020

<u>Project Name</u>	<u>Est Total</u> <u>Cost</u> <u>£000</u>	<u>Actual to</u> <u>31/3/20</u> <u>£000</u>	<u>Revised</u> <u>Budget</u> <u>2020/21</u> <u>£000</u>	<u>Actual</u> <u>YTD</u> <u>£000</u>	<u>Est</u> <u>2021/22</u> <u>£000</u>	<u>Est</u> <u>2022/23</u> <u>£000</u>	<u>Future</u> <u>Years</u> <u>£000</u>
SOCIAL CARE							
Crosshill Children's Home Replacement	1,730	1,359	90	2	281	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	7,400	0	75	0	3,825	3,500	0
SWIFT Upgrade	1,101	0	0	0	1,101	0	0
Completed on site	23	0	10	8	13	0	0
Social Care Total	10,254	1,359	175	10	5,220	3,500	0
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	10,254	1,359	175	10	5,220	3,500	0

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 8

INVERCLYDE HSCP

PERIOD 5: 1 April 2020 - 31 August 2020

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2019/20 £000</u>	<u>New Funding 2020/21 £000</u>	<u>Total Funding 2020/21 £000</u>	<u>YTD Actual 2020/21 £000</u>	<u>Projected Net Spend 2020/21 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Scottish Government Funding			749	1,476	2,225	0	2,225	0	
Mental Health Action 15	Anne Malarkey	31/03/2021	132		132		132	0	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
ADP	Anne Malarkey	31/03/2021	93		93		93	0	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
Covid-19	Louise Long	31/07/2021	400	1476	1,876		1,876	0	SG funding received to date for Covid-19 costs
PCIP	Allen Stevenson	31/03/2021	124		124		124	0	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
Existing Projects/Commitments			3,259	1,293	4,552	496	2,478	2,074	
Self Directed Support	Alan Brown	31/03/2021	43		43	0	43	0	This supports the continuing promotion of SDS.
Growth Fund - Loan Default Write Off	Lesley Aird	ongoing	24		24	0	1	23	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 anticipated in 2020/21.
Integrated Care Fund	Allen Stevenson	ongoing	81	959	1,040	322	939	101	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Allen Stevenson	ongoing	195	334	529	140	471	58	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support.
CJA Preparatory Work	Sharon McAlees	31/03/2021	112		112	13	68	44	Funding for temp SW within prison service £65k, fund shortfall of Community Justice Co-ordinator post £11k, Whole Systems Approach 20/21 £19k and £17k to contribute to unpaid works supervisor post
Continuing Care	Sharon McAlees	ongoing	565		565		254	311	To address continuing care legislation.
Rapid Rehousing Transition Plan (RRTP)	Anne Malarkey	31/03/2021	83		83	0	73	10	RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer to be employed, post was approved by CMT, March 2020. Expect post to be filled in 20/21. Some slippage in 2020-21 due to Covid - full spend is reflected in 5 year RRTP plan
Dementia Friendly Inverclyde	Anne Malarkey	tbc once Strategy finalised	100		100	0	100	0	Now linked to the test of change activity associated with the new care co-ordination work.
Primary Care Support	Allen Stevenson	31/03/2021	272		272	0	272	0	Funding for GP premises spend etc carried forward at yearend. Expected to be used
Contribution to Partner Capital Projects	Lesley Aird	ongoing	632		632		80	552	
LD Redesign	Allen Stevenson	31/03/2021	352		352	4	74	278	Balance of original £100k approved for spend to be spent in 2020/21. No further expenditure anticipated in year due to Covid.
Older People WiFi	Allen Stevenson	31/03/2021	20		20	0	20	0	Quotes being sought. Will be fully spent.

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2019/20 £000</u>	<u>New Funding 2020/21 £000</u>	<u>Total Funding 2020/21 £000</u>	<u>YTD Actual 2020/21 £000</u>	<u>Projected Net Spend 2020/21 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Refugee Scheme	Sharon McAlees	31/03/2025	432		432	17	50	382	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme. We anticipate further increasing this balance in 2020/21 due to the front-end loading of the income received from the Home Office.
CAMHS Post	Sharon McAlees	31/03/2022	90		90	0	33	57	Funding agreed by the IJB for a 2 year CAHMS post
Tier 2 School Counselling	Sharon McAlees	31/03/2024	258		258	0	0	258	EMR covers the contract term - potentially to 31 July 2024, if 1 year extension taken. Contract commences 1 August 2020 thus no use of EMR anticipated in 2020-21.
Transformation Projects			2,853	0	2,853	32	973	1,880	
Transformation Fund	Louise Long	ongoing	2,045		2,045	32	800	1,245	The impact of covid may delay spend against this project
Mental Health Transformation	Louise Long	ongoing	610		610		131	479	The impact of covid may delay spend against this project
Addictions Review	Anne Malarkey	31/03/2022	198		198		42	156	The impact of covid may delay spend against this project
Budget Smoothing			848	54	902	0	379	523	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	325		325	0	325	0	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. Projection assumes EMR will be fully utilised in year
Residential & Nursing Placements	Allen Stevenson	ongoing	223		223	0	0	223	No use of this reserve anticipated at this time in 2020-21
Advice Services	Lesley Aird	31/03/2022	0	54	54	0	54	0	Smoothing reserve to aid the £105k 19/20 savings within advice service to be fully achieved by 21/22
Prescribing	Louise Long	ongoing	300		300	0	0	300	Smoothing reserve to cover any one off above budget costs within the Prescribing Budget such as short supply issues.
TOTAL EARMARKED			7,709	2,823	10,532	528	6,055	4,477	
UN-EARMARKED RESERVES									
General			741		741			741	
			741	0	741	0	0	741	
In Year Surplus/(Deficit) going to/(from) reserves								(704)	
TOTAL IJB RESERVES			8,450	2,823	11,273	528	6,055	4,514	
								b/f Funding	8,450
								Earmark to be carried forward	4,514
								Projected Movement in Reserves	(3,936)

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

Report By: Louise Long
 Corporate Director (Chief Officer)
 Inverclyde Health & Social Care Partnership **Report No:** IJB/68/2020/SMcA

Contact Officer: Sharon McAlees **Contact No:** 01475 715282

Subject: Progress Update on Criminal Justice Social Work Inspection Improvement Action Plan

1.0 PURPOSE

1.1 The purpose of this report is to provide the Integration Joint Board with an update on progress made in taking forward the two areas of improvement identified following the inspection of Criminal Justice Social Work in 2019.

2.0 SUMMARY

2.1 On 1st May 2019 the Care Inspectorate advised of their intention to inspect Criminal Justice Social Work Services within Inverclyde. Their particular focus was on how well Community Payback Orders were being implemented and managed as well as how effectively the Service was achieving positive outcomes.

2.2 The Care Inspectorate published their findings in December 2019. Using a quality indicator model to form their evaluation, they scored the Service's performance as follows:

Quality Indicator	Score
1.1 Improving the life chances and outcomes for people subject to a community payback order.	Very Good
2.1 Impact on people who have committed offences.	Very Good
5.2 Assessing and responding to risk and need.	Good
5.3 Planning and providing effective intervention.	Good
9.4 Leadership of improvement and change.	Very Good

2.3 Although this was a very positive outcome and to date the highest grading received by a Local Authority, two areas were identified for improvement:

- Senior officers should review policy and practice relating to the timescales for completing Level of Service/Case Management Inventory (LSCMI) assessments and plans to ensure that a best practice approach is implemented and clear guidance is provided to staff.
- Senior officers should ensure that quality assurance processes are well-

embedded in order to improve the quality of practice around statutory reviews and case recording.

- 2.4 An improvement action plan addressing these areas was developed. Notwithstanding the understandable interruption presented by the COVID-19 pandemic, considerable progress has been made in relation to taking forward the identified actions.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
- a. Notes and comments on the content of the report including the progress made in taking forward the identified improvement actions.
 - b. Requests a further update on the improvement action plan.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The Care Inspectorate provides scrutiny and assurance of Criminal Justice Social Work and commenced a programme of Criminal Justice Social Work Inspections in 2018. To date, this has included an inspection of four Local Authorities, with Inverclyde being the third Local Authority Criminal Justice Social Work inspection area.
- 4.2 Inverclyde received formal notification of the inspection on 1st May 2019. This involved five distinct stages that concluded with the Care Inspectorate publishing their findings in December 2019.
- 4.3 As well as considering the self-evaluation and evidence submitted by the Service, the Care Inspectorate read ninety Criminal Justice Social Work case files and spoke to forty people subject to a Community Payback Order. In addition, the Care Inspectorate undertook focus groups and interviews with key members of staff, partner agencies, stakeholders and senior managers and elected members with responsibility for Criminal Justice Social Work.
- 4.4 Using a quality indicator model, the Care Inspectorate applied a six-point scale to score five indicators. The score for each is outlined below:

Quality Indicator	Inverclyde
1.1 Improving the life chances and outcomes for people subject to a community payback order.	Very Good
2.1 Impact on people who have committed offences.	Very Good
5.2 Assessing and responding to risk and need.	Good
5.3 Planning and providing effective intervention.	Good
9.4 Leadership of improvement and change.	Very Good

It is important to note that from similar inspections undertaken in three other Local Authority areas, Inverclyde has achieved the highest grading to date.

- 4.5 Whilst this was a very positive outcome, the Care Inspectorate identified two areas for improvement:
- Senior officers should review policy and practice relating to the timescales for completing LS/CMI assessments and plans to ensure that a best practice approach is implemented and clear guidance is provided to staff.
 - Senior officers should ensure that quality assurance processes are well-embedded in order to improve the quality of practice around statutory reviews and case recording.

An improvement action plan to address these areas was developed.

- 4.6 Although COVID-19 has had an impact on progressing these actions, the following has been achieved to date:
- Detailed Guidance has been developed covering the use of Level of Service/Case Management Inventory (LS/CMI) at all stages in the Criminal Justice system (i.e. pre- and post-sentence and in the community and custodial environments). It provides staff with a clear steer on the use of the shortened and full versions of the tool as well as when to review and reassess. The Guidance has been shared with staff and was the feature of a staff practice development session on 2nd October 2020. Whilst this action is ostensibly complete, it will be the subject of ongoing monitoring by the Criminal Justice Social Work management team.

- A comprehensive protocol to support the review of all cases involving statutory supervision has been developed and shared with staff. As well as providing clear guidance on content and timescales, the framework advanced also incorporates service user engagement and makes full use of information obtained through the application of our Criminal Justice Needs Review tool. A staff development session to support the protocol's introduction is in the process of being arranged for early November. Discussion is also underway with our Performance and Information and Quality and Development Service to consider how we capturing data on compliance for reporting within the Service's Quarterly Performance Service Review framework.
- On case recording, a Short Life Working Group (SLWG) involving staff from three different Criminal Justice settings (community, prison, court) was established in December 2019. This met three times, focusing on current practice and learning from feedback from the Care Inspectorate, research on case recording and applying learning. The SLWG also reached out to Community Justice Scotland and IRISS for their expertise and knowledge of current developments. They found there to be a dearth of research concerning case recording in Criminal Justice Services as opposed to other areas of Social Work practice. The SLWG therefore adapted learning from existing research and is in the process of finalising a report which will be disseminated to staff across the Service. Development sessions will be planned thereafter to support implementation.

4.7 The Service, as can be seen from the above, has already begun to identify ways in which evidence can be gathered to support the effective implementation of the newly developed Guidance and protocols. Notwithstanding this, it is the Service's intention to consider longer term the development of an all-encompassing quality assurance strategy.

5.0 IMPLICATIONS

FINANCE

5.1 There are no financial implications.

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no specific legal implications in respect of this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	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 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.

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

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/63/2020/AS

Contact Officer: Allen Stevenson
Head of Service: Health and
Community Care, Inverclyde
Health and Social Care
Partnership (HSCP) **Contact No:** 01475 715212

Subject: **UPDATE ON DELIVERY OF 2020/21 ADULT INFLUENZA VACCINATION CAMPAIGN**

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on the expected scale and challenges of the 2020 Influenza vaccination campaign and to give an early indication of progress

2.0 SUMMARY

- 2.1 The seasonal flu vaccination campaign starts around the first week of October each year and those adults eligible include everyone over 65 and those under 65 in at risk categories. GP practices deliver the majority of adult flu vaccinations through planned flu clinics in hours and at weekends/ evenings and opportunistically in routine appointments with most vaccinations being given within a 10 week window Oct - Dec.
- 2.2 Around 17-18,000 vaccines are usually administered in Inverclyde each year. This year we face a much bigger challenge in delivery due to the social distancing requirements precluding the usual mass clinics within small and shared premises, additional PPE requirements, the addition of more eligible groups and the potential for an ongoing campaign should a Covid vaccine become available within this timescale. Alongside a likely increased demand for vaccination, we can expect anywhere up to 25,000 vaccines to be administered in Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board notes the challenges and agrees to support the campaign and facilitate the use of resources as outlined.

4.0 BACKGROUND

- 4.1 The seasonal flu vaccination campaign starts around the first week of October each year and those adults eligible include everyone over 65 and those under 65 in at risk categories. In addition, all NHS staff can receive a flu vaccination at work and the HSCP extends this to social care colleagues, encouraging those staff with public facing roles such as care at home in particular to take this up.
- 4.2 GP practices deliver the majority of adult flu vaccinations through planned flu clinics in hours and at weekends/ evenings and opportunistically in routine appointments. District Nurses contribute to the vaccination of housebound individuals. Most vaccinations are given within a 10 week window Oct - Dec. In Inverclyde around 29,000 people are in the eligible cohort. Uptake varies and we can usually expect to administer around 17-18,000 vaccines. Around 500 staff vaccines are also administered.
- 4.3 This year we face a much bigger challenge in delivery due to the social distancing requirements precluding the usual mass clinics within small and shared premises, additional PPE requirements, the addition of more eligible groups and the potential for an ongoing campaign should a Covid vaccine become available within this timescale. The addition of those between 55 and 64, additional social care staff and household members of those in the shielding group mean the Inverclyde cohort this year is increased to at least 44, 500. It is expected that the demand for flu vaccination will increase this year due to the Covid pandemic and therefore for planning assumptions we estimate administration of around 25,000 vaccines across GPs and HSCP, a huge increase on previous years.

The 55-64 cohort in Scotland will not be vaccinated until all other at risk groups have been completed and therefore we will be required to await instruction on when this can commence.

- 4.4 It is not possible to completely separate those who will fall in to more than one current or newly added cohort therefore it may be that our data is an overestimate. GP practices will be responsible for administering vaccines for the under 65 at risk cohort (NHSGG&C wide agreement) which is around a third of the total number and the HSCP will be required to open both Greenock and Port Glasgow health centres on selected Saturday's to facilitate this. This leaves at least 11,500 vaccines to be delivered in mass clinics by the HSCP. It is not currently possible to be certain how many additional household members of shielders there may be and some of these will be covered by childhood immunisation teams or GP practices. The same is true for unpaid carers who may also fall in to more than one cohort.
- 4.5 The HSCP began vaccinating those over 65 on 29th September in the following venues:

- Greenock Town Hall (29th Sept- 11th Dec)
- Port Glasgow Town Hall (29th Sept – 23rd Oct)
- Gamble Halls (12th Oct – 30th Oct)
- Kilmacolm Community Centre (29th Sept – 9th Oct)

These will be used by:

- HSCP – Over 65 cohort, 55-64 cohort, household members of shielders, unpaid carers and some staff flu vaccinations
- Some GP practices – Under 65 cohort where own premises does not allow adequate capacity and social distancing
- Pre-school childhood immunisation team – sufficient space is not available within health centre premises therefore larger venues required (approx. 1700 vaccinations)

- 4.6 Whilst some operating processes have been developed locally, others are pan-NHSGG&C processes including the appointment system, call and recall of patients. The SIRS system (Scottish Immunisation & Recall System) has been used to allocate appointments. This is unable to offer any prioritisation system and is also unable to allocate appointments for household members together. This has led to the NHSGG&C central appointment line being under significant pressure this week with a knock on impact to the HSCP, GP practices and a number of queries to elected members.
- 4.7 The table below outlines the total staffing hours required to deliver the over 65 programme, carers and vaccinations for household members of shielding groups. A small amount of resource is available from staff working extra hours, however most additional staffing has been found from within existing services and additional bank staff. The numbers below do not include staff who will be involved in delivering vaccination to those who are housebound or those involved in peer immunisation.

Table 1 – HSCP Staffing requirement for adult over 65 flu programme from 29/9/20

Role/ Band	Total Hours Req
Coordinator/ band 6	600
Vaccinator/ band 5	2,700
Support Worker band 2/3	600
Business Support band 2/3	1,095

Staffing model will be reviewed after 2 weeks in conjunction with the Chief nurse.

- 4.8 The HSCP already offers staff flu vaccination however this year a wider group of social care staff from commissioned providers will be included where vaccination is not already offered by their employer; an additional 559 staff. There will be very limited mass workplace immunisation clinics and all services with clinical staff will be required to deliver peer immunisation. A pan-NHSGG&C approach to vaccination for care home and some other commissioned services staff (commissioned care at home) is being negotiated via community pharmacies. Planning for peer immunisation is ongoing and delivery will take place from early October – mid November. Most staff will receive their vaccination within their own workplace however staff at Hector McNeil House will attend Greenock Town Hall and those from Princes Street House will attend Port Glasgow Town Hall.

5.0 IMPLICATIONS

5.1 FINANCE

Costs for hire of venues and cleaning have been advised and will be in the region of £35,000 based on current weeks and days of usage. Costs of staffing based on total required hours are as below:

Week	Date	Weekly cost
		£
1	28/09/2020	12,687
2	05/10/2020	12,687
3	12/10/2020	11,114
4	19/10/2020	11,901
5	26/10/2020	7,635
6	02/11/2020	5,948

7	09/11/2020	4,042
8	16/11/2020	4,042
9	23/11/2020	5,900
10	30/11/2020	3,031
11	07/12/2020	4,042

TOTAL

78,986

Costs for flu are contained within the local Mobilisation Plan.

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

5.3 Securing the staffing required will be challenging as the adult flu campaign will be undertaken at the same time as staff immunisations and the requirement for additional staff within the Covid Community Assessment Centre and any additional testing facilities which may be required within HSCP.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – An EQIA will be required

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	EQIA to ensure model does not disadvantage any groups
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.	Flu vaccination is essential for those in at risk groups.
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.	Flu vaccination is essential to ensure carers can continue to provide support
People using health and social care services are safe from harm.	Venues and delivery require thorough risk assessment and infection control processes.
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 offered flu vaccinations to protect themselves and others.
Resources are used effectively in the provision of health and social care services.	Delivery of flu vaccination is required to protect the population and reduce impact on health and social care services. Reduce demand to free up capacity for potential Covid second wave.

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 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with

- Local General Practitioners and their teams
- HSCP flu planning group

8.0 BACKGROUND PAPERS

8.1 None

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

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/67/2020/SMcA

Contact Officer: Sharon McAlees
Head of Children's Services and
Criminal Justice **Contact No:** 01475 715212

Subject: **WORKPLACE WELLBEING MATTERS**
(A Wellbeing and Resilience Delivery Plan for
Inverclyde's Health & Social Care Staff)

1.0 PURPOSE

- 1.1 The purpose of this paper is to update the IJB on the progress on the development of an area-wide Wellbeing and Resilience Delivery Plan and to approve the direction of travel.

2.0 SUMMARY

- 2.1 Ensuring all staff working in health and social care stay safe and well is essential to support them to deliver the best care to service users and their carers. This is augmented by providing resources and support at pace, so that workforce wellbeing and resilience are sustained and improved.

Data published by the Health & Safety Executive, in their Labour Force Survey suggests that it is estimated that 28.2 million working days were lost due to work-related ill health and non-fatal workplace injuries in 2018/19.

In the same period, stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 12.8 million and 6.9 million, respectively.

Consequently, supporting wellbeing can help prevent stress and create positive working environments, where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of employee engagement and organisational performance.

- 2.2 Inverclyde has risen to the challenge of enhancing at a pace, the work already undertaken by the Scottish Government and throughout Greater Glasgow & Clyde to build on this work and this paper is a follow-up to a previous document from the August IJB, to present on Workforce Wellbeing Matters and, following approval, its subsequent implementation.

3.0 RECOMMENDATIONS

3.1 The IJB is asked to:-

- Endorse the progress to date to support workforce wellbeing and resilience.
- Approve the inclusive and integrated approach of the wider workforce, 3rd and Independent Sector colleagues.
- Approve the direction of travel and the implementation of the delivery plan.
- Note the use of Chief Social Work Officer funding to support initiatives associated with the plan.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 In March 2020, there was an approach from the Minister for Mental Health for each Health & Social Care Partnership and Local Authority to nominate Wellbeing Champions, who now actively engage with a national group.

Inverclyde has been well represented and influenced the direction of travel for this group and the work that has been developed.

- 4.2 Subsequently, a Greater Glasgow & Clyde-wide group was established, which has the responsibility for the implementation of their Workforce, Mental Health & Wellbeing Action Plan, which has seen significant inputs from Inverclyde. Most of this work has been to ensure that there is a pragmatic and shared approach, spanning all health and social care, in matching the available national, regional, and local resources.
- 4.3 From a local perspective, the Inverclyde Staff Wellbeing Task Group was created to oversee the implementation of both the national and GGC-wide resources and contextualise for their use in Inverclyde.

In addition, the Group has supported a number of the staff engagement processes, which has been one of the central springboards in the construction of the plan and embeds this in the context of being workforce-led.

This group has adopted a partnership approach with HSCP and Council officers, staff side representatives, HR input and extensive dialogue with colleagues in the 3rd Sector, with current discussions extending to the independent sector colleagues. This has been achieved mainly using the local planning structures in the development of this plan, the valuable addition of relevant data, and counsel on the content.

5.0 WORKPLACE WELLBEING MATTERS

- 5.1 A central springboard to the construction of the plan has been the robust engagement and participation processes that has been carried out as part of the Inverclyde Staff Wellbeing Task Group, which are summarised as –

- Wellbeing Telephone Calls for Care at Home Staff
- Children and Family Team: Wellbeing and Agile Working Survey
- Staff Wellbeing & Resilience – Targeted Focus Groups
- CVS Inverclyde's Health and Wellbeing Surveys and Surgeries

Recognition is also given to the awaited outcomes from Inverclyde Council's Staff Health & Wellbeing Survey and the Scottish Government's Everyone Matters: Pulse Survey.

Therefore, there may be some additional or adjusted improvement actions resulting that need to be considered in the plan's implementation.

- 5.2 The plan itself is comprehensive and ambitious in its commitments and intended improvement actions. So as to guide, through the collaborative approach described above, it has been agreed that the overall aim is –

'Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce'

This aim will be fully supported by the Primary Drivers of –

- ✓ Embed and support organisational cultures, where all staff are valued.
- ✓ Staff feel safe in their Workplaces.
- ✓ Staff Feel Supported in their Workplaces.
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation.
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community).

5.3 Staffing resource to support the implementation of the plan will be secured by Heads of Service sponsoring specific areas of the plan, acting as champions within their own service area and HR HSCP specific absence and wellbeing officer leading the project management elements of the plan.

6.0 IMPLICATIONS

FINANCE

6.1 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.

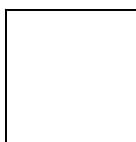
HUMAN RESOURCES

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

EQUALITIES

6.4 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.

6.4.1 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 A number of the improvement actions dovetail with the HSCP’s Clinical Care Governance Strategy but there are no direct negative implications.

NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	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

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 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 – Workplace Wellbeing Matters

‘WORKPLACE WELLBEING MATTERS’

**(A Wellbeing and Resilience Delivery Plan
for Inverclyde’s Health & Social Care Workforce)**

2020 - 2023

#InverclydeCares

Final Draft – 20th October 2020

This document can be made available in large print, audio tape, computer disk and in a variety of Community Languages, on request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可應要求，制作成其它語文或特大字体版本，也可制作成录音帶。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

‘WORKPLACE WELLBEING MATTERS’

Table of Contents

Foreword 4

1. Background & Context..... 5

2. Engagement & Participation 9

3. Governance (including Measurements & Evaluation) 19

4. Driver Diagram..... 21

5. Inverclyde Wellbeing Delivery Plan 21

Foreword

It is with great pleasure that I bring you another Inverclyde first, Workplace Wellbeing Being Matters.

This local delivery plan is being published at a much needed time and reminds us all of the importance of looking after the wellbeing and resilience of Inverclyde's health and social care workforce. We all have our part to play in this significant agenda.

In my role as the HSCP's Chief Officer and Corporate Director, I know that our local area's very fabric is about caring for each other, which is why people who live and work in Inverclyde, more often than not, express their solidarity by supporting others.

Workplace Wellbeing Matters captures some of this essence and I am also reminded about the community and workforce co-production efforts of the HSCP's Strategic Plan, and in looking after our wellbeing and resilience, this helps the HSCP and its partners, to deliver on the strategic vision of ensuring *"Inverclyde is a caring, compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives"*. This now extends to other recently published strategies and plans, such as the Inverclyde HSCP Workforce Plan – 2020 to 2024; Inverclyde HSCP Clinical and Care Governance Strategy 2019 – 2024 and collaborative inputs to the national Framework for Community Health and Social Care Integrated Services (November 2019).

You will see that it has been decided to 'brand' the plan within the context of 'Inverclyde Cares', recognising that everyone has a role in supporting one another. The desire to belong, to be appreciated, respected and cared for is core to all human being wellbeing. Additionally it is recognising that these inter-dependencies go a long way to developing what the caring needs are to have a workforce who deserve to have excellent wellbeing and resilience.

The delivery plan itself has been constructed in a very short space of time and has the overall aim of –

“Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce”

This is underpinned by a number of improvement actions, all of which are detailed in the following pages.

Workplace Wellbeing Matters is the result of a range of staff engagements and consultations undertaken to inform the plan and I want to express my sincere thanks to everyone who participated, providing their views and helped to guide its creation. I also want to say a thank you to my trade union colleagues and especially to CVS Inverclyde, in providing information from their community conversations.

Louise Long
Chief Officer and Corporate Director, Inverclyde HSCP

1. Background & Context

Ensuring all staff working in health and social care stay safe and well is essential to support them to deliver the best care to service users and their carers. This is augmented by providing resources and support at pace, so that workforce wellbeing and resilience is sustained and improved.

An organisation's greatest asset is its workforce and every effort should be made to ensure there are appropriate, proactive and accessible resources to keep staff mentally and physically well and ensuring that everyone supports and pays attention to wellbeing needs on a daily basis.

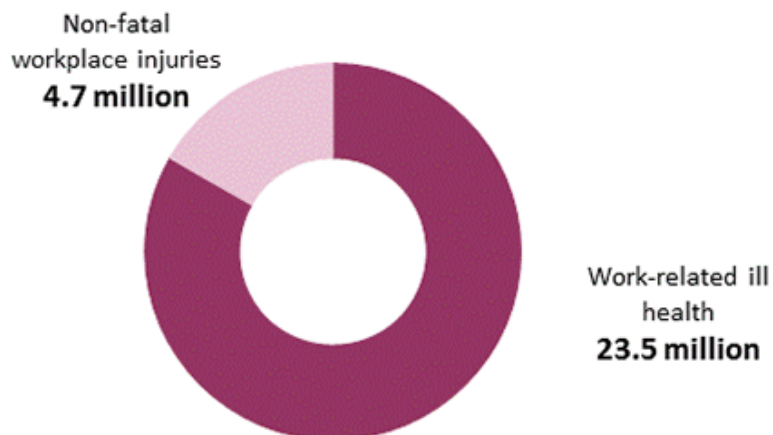
The arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of the entire Health and Social Care workforce and therefore, there is a collective responsibility to build on this momentum and continue to transform – keeping people at the heart of all that we are to achieve.

Research and evidence clearly recommend that a wide-scale staff process to identify needs is undertaken at different time points (3, 6 and 12 months). Moreover, staff who go on to develop mental health difficulties do not always request support from existing mechanisms many staff mental health difficulties have a late onset and often can present 6-18 months following the event.

The best current estimate, from work completed by psychology colleagues is that between 10-20% will go on to develop mental health difficulties over a period of 0-2 years.

Data published by the Health & Safety Executive suggests that it is estimated that 28.2 million working days were lost due to work-related ill health and non-fatal workplace injuries in 2018/19.

Working days lost, 2018/19



Source: Labour Force Survey (LFS) self-reported estimates

- Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 12.8 million and 6.9 million, respectively.
- On average, each person suffering took around 15.1 days off work. This varies as follows:
 - 8.1 days for Injuries
 - 17.3 days for Ill-health cases
 - 21.2 days for Stress, depression, or anxiety
 - 13.8 days for Musculoskeletal disorders

Supporting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of employee engagement and organisational performance.

Over the years, there have been a number of policies and drivers that are aligned to sustaining and improving wellbeing and resilience in Scotland's Workforce –

- Healthy Working Lives (NHS Health Scotland/Public Health Scotland)
- Social Service in Scotland a Shared Vision and strategy 2015-2020
- Scottish Government's approach to mental health from 2017 to 2027 – a 10-year vision
- Everybody Matters 2020 Workforce Vision
- Scottish Government's National Health and Social Care Workforce Plan
- Working Well (part of NHS Scotland 's Staff Governance – A Framework for NHS Scotland's Organisations and Employees)

Other drivers that have also informed the construction of this plan are –

- NHS Greater Glasgow & Clyde Staff Health Strategy
- Inverclyde HSCP Strategic Plan
- Inverclyde HSCP Staff Governance Plan
- Inverclyde Council's People and Organisational Development Strategy 2020-2023

The latter was published in February 2020 and reflects the key objectives within the Council's Corporate Plan and Corporate Directorate Improvement Plans and developed, following an extensive consultation process. The plan has the following themes –

- 1) Organisational Development (Planning for the Future)
- 2) Employee Skills Development, Leadership, Succession Planning (Employees our most Valuable Resource)
- 3) Employer of Choice (Continuous Improvement)
- 4) Fairness & Equality (Promoting Equality, Dignity & Respect)

The themes are designed to continue with the objectives of having a skilled, motivated, flexible, and diverse workforce, aiming to develop a modern, innovative organisation, which will develop and sustain a positive and recognisable culture. Each theme is supported by number of work streams.

Further and notably –

- **Greater Glasgow & Clyde-wide Workforce, Mental Health & Wellbeing Action Plan:** an innovative approach that aims to lead and coordinate the development and implementation of appropriate mental health and wellbeing support to enable all areas in Greater Glasgow & Clyde, responding to the mental health and wellbeing impact Covid-19 on the workforce.
- **Inverclyde HSCP Workforce Plan – 2020 to 2024:** recently published plan encapsulating (backed by £100k for a Staff Development Fund), which is in the context of being complementary to Workplace Wellbeing Matters –
 - Inverclyde Strategic Plan, its 6 Big Actions and the delivery roadmaps for each action
 - Engagement & Participation – the plan was created in close liaison with partners and stakeholders
 - Demand drivers – including national policy, guidance, regulation and governance as well as the impacts of economics, demographics and local priorities • Inverclyde context – the particular issues facing the Inverclyde workforce and demand for HSCP services now and going forward, both of which are influenced by a declining and ageing population leaving fewer people of working age in the area and increasing the number of elderly local people requiring support
 - Strategic Commissioning, Market Facilitation and the links between workforce planning and purchased services in a successful mixed model economy
 - Future workforce – recruitment and retention of staff, training, and the need for a Learning & Development Board within the HSCP to support staff development and succession planning
 - Intermediate Action Plan that will be taken forward by the HSCP’s Learning & Development Group, focusing on supporting the strategic direction for workforce development, service redesign and the resulting changes to the HSCP’s workforce.
- **Inverclyde HSCP Clinical and Care Governance Strategy 2019 – 2024:** also recently published, describing a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.

Inverclyde HSCP has clearly defined scope (domains) for clinical and care governance, as

–

- adverse event and clinical risk management
- continuous improvement
- person-centredness
- clinical effectiveness

The strategy, which will be accompanied by an action plan, is one of the golden threads to support and enable a culture of good wellbeing and resilience and covers both structures and processes at all levels within the Partnership and services provided on behalf of the HSCP, leading to and supporting continuous quality improvement.

It is envisaged that the Workforce Wellbeing Matters Delivery Plan and the developing Inverclyde HSCP Clinical and Care Governance Strategy action plan will work in tandem, so as to ensure the optimum outcomes for the Health and Social Care workforce.

- ***Framework for Community Health and Social Care Integrated Services (November 2019)***: this was the response to the review of progress with integration was agreed and published by the Ministerial Strategic Group for Health and Community Care (MSG) on 04 February 2019, setting out 25 inter-related proposals designed to improve the pace and scale of integration.

The framework for community health and social care integrated services is one of these proposals and supports the improvement of outcomes for people by informing the design and delivery of assessment, care and support at a local level, ensuring that services feel integrated from the perspective of those who use them. It will therefore be necessary to adopt a whole system approach to operationalising the framework, ensuring transformation plans across organisational and sectoral boundaries are consistent and cohesive to deliver positive impacts for local people.

Inverclyde is an early adopter of this framework, demonstrating ways that collaboration across sectors is already happening, enabling direct correlations to how workforce planning and delivery will have on improving outcomes for organisations and communities.

A key and significant component in all of the above points to the importance of ensuring that there are collective actions in place, leading to improving and achieving positive outcomes for workforce wellbeing and resilience. This is particularly the case to support Inverclyde's health and social care workforce and their organisations navigate and collectively respond to the impacts of Covid-19.

The approach that is outlined in this document is consistent with that being developed at National and Greater Glasgow & Clyde-wide level, which is inclusive and integrated to include 3rd and Independent Sector providers, who have access to all of the resources available.

Through this progressive approach, the following pages also provide an important vehicle to drive forward the transformational changes outlined in the specific actions in Section 5.

2. Engagement & Participation

In March 2020, there was an approach from the Minister for Mental Health for each Health & Social Care Partnership and Local Authority to nominate Wellbeing Champions, who now actively engage with a national group. This group sits within the spectrum of work being taken forward by a division at the Scottish Government that has the overall strategic responsibility for providing support to the health and social care workforce through the Covid-19 crisis. The network is the primary engagement route with the workforce and how they can best offer support, in liaison with the Wellbeing Champions.

Inverclyde has been well represented and influenced the direction of travel for this group and the work that has been developed.

In the same territory, the Greater Glasgow & Clyde-wide group has collaborated and has responsibility for the implementation of their Workforce, Mental Health & Wellbeing Action Plan, has seen significant from inputs from Inverclyde. Most of this work has been to ensure that there is a pragmatic and shared approach, spanning all health and social care, in matching the available national, regional, and local resources. This is captured in the following diagram –



A summary of the themes of this plan are to –

- Sustain the Staff R&R Hubs, which were located mainly in acute settings throughout Greater Glasgow & Clyde and consider a staffing model (at least in the short term) that, would enable peer to peer support conversations and also to use the Hubs to raise awareness of all the support provision available.
- Flex the face to face Psychology Service to the needs of all health and social care staff groups/teams, who have been at the forefront of managing the pandemic.
- Continuation of the All Staff Helpline

- Develop training and use of Psychological First Aid by staff across Health & Social Care to enable more effective Peer Support conversations.
- Targeted use of Psychologist led team-based reflective practice models and also the roll out of Wellbeing Huddles
- Define arrangements with the Psychology Service for carrying out a Staff Mental Health Check-in and Assessment Process at 3, 6 and 12 month timescale and mental health assessment and treatment/care pathway.
- Consider what would be most effective support for Senior Leaders, identified as potentially high risk because they are not immune to stress caused by the crisis

The local to Inverclyde implementation of this agenda has focused on a partnership working approach, in collaboration with Staff Side, 3rd and independent sector colleagues. This approach has been to use the existing local planning structures, in the development of this plan, the valuable addition of data captured below and counsel on the content.

Inverclyde Staff Wellbeing Task Group

A task group was established to oversee and implement the national and regional work, focusing on ways the local area was responding the national agenda and supporting the organisational priority and duty of care to ensure that the Health and Social Care Workforce supports good mental health and wellbeing.

Some of the activities that the Taskgroup has worked alongside and developed are –

- **Wellbeing Telephone Calls for Care at Home Staff**

In the early stages of lockdown, it was identified the size and number of Care at Home staff working for the HSCP was seen as the largest in terms of lone working capacity in the local area. While this is well supported in terms of the staff's day to day leadership and management and the work carried out is rewarding, it can sometimes come with its challenges.

To this end, Care at Home services, supported by the Staff Wellbeing Task Group, set up a process for two telephone conversations with staff, by managers and also by affiliated staff to gather information on staff welfare. This resulted in –

- 191 wellbeing telephone calls were carried out
- 12% (n=15) were follow up calls for staff who felt they would benefit from an additional wellbeing call

While there were initial concerns about PPE, in the very early stages of lockdown, there were no other major concerns. The findings also suggested that staff were coping well

and had good resilience in place, due to very good business continuity planning, leadership and management, open conversations, and team spirit.

- **Children and Family Team: Wellbeing and Agile Working Survey**

In June and July 2020, the children and family (C&F) leadership team, undertook a staff wellbeing and agile working survey to the wider C&F team, with the purpose to establish the impact coronavirus pandemic (COVID-19) had on mental health and wellbeing and their experiences of support, communication and connection, trust in their leadership team in relation to supporting their health and safety, and new ways of working.

In terms of a summary of the findings, this highlighted –

- When asked about if they felt supported by their manager, 82% of staff felt well supported, 7% somewhat supported, 9% indicated no change and 2% felt very unsupported.
- In terms of trusting their leadership to make decisions that protected them and their colleagues, 89% indicated they were somewhat or very trusting, 5% were neutral in reply with 6% somewhat or very distrusting.
- Regarding support for staff health, safety, and wellbeing, 100% of staff indicated they knew where and how to access support.
- Staff embraced and valued a blended and flexible approach to working - mainly from home and coming into base in a safe and controlled way. Many indicated work-life balance has improved, along with support from team leaders and colleagues, the importance of continued meetings and good communication and wearing a uniform and use of PPE helped to make them feel protected.
- In response to what else could be done support the team's health and wellbeing, some staff highlighted, IT issues did present some issues, learning new systems and working differently, would be ongoing actions to help support, for future ways of working. Most staff, however, felt they were supported and valued.

A clear positive thread throughout the survey response was the benefits of being part of a strong and supportive team. Staff generally felt well supported by their team, team leader and management structures.

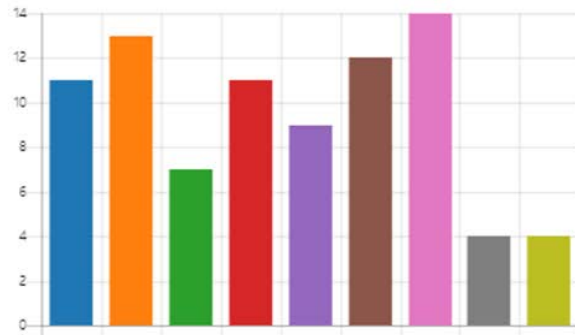
- **CVS Inverclyde – Wellbeing Conversations**

During the period April through to the end of August 2020, CVS Inverclyde - the local Third Sector Interface (TSI) organisation, funded by the Scottish Government to offer a single point of access for support and information for Inverclyde's third sector – helped to facilitate a number of engagements with the wider 3rd sector. These focused on the impacts on staff wellbeing and the following is a summary of the findings –

- Regarding the issues organisations were facing, participants highlighted concern for vulnerable staff, volunteers and service users and their ability to deliver on grant funding requirements.

3. Which of these issues are you currently facing?

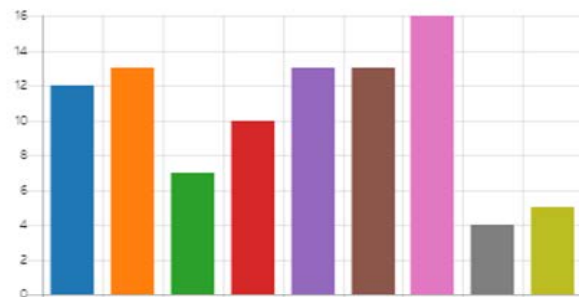
[More Details](#)



- Participants were also asked about issues that Covid-19 would cause if the pandemic continues and/or is worse than expected. Again, organisations highlighted concern for vulnerable staff, volunteers and service users and their ability to deliver on grant funding requirements.

5. Which of these issues do you think COVID-19 will cause you if it continues and worsens as expected?

[More Details](#)



- The above also helped to shape future sessions of the CVS Inverclyde's Covid Conversations webinar series. These webinars highlighted topics such as:
 - DigiShift
 - Covid-19 and HR Implications
 - Covid-19 and Funding
 - Future of Volunteering

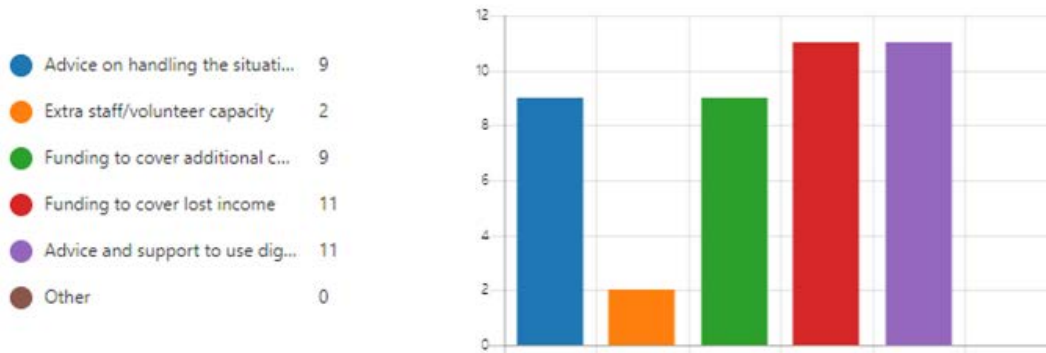
- Risk
 - Health and Wellbeing
- CVS Inverclyde was also able to establish, in their conversations, where the use of technology had been vital to how organisations connect with each other and the people they support. Technology had allowed organisations to maintain links with partners from across Inverclyde’s health and social care workforce. CVS Inverclyde continued to deliver many of their networks using the virtual platform Zoom, continuing to offer these networks a space for collaboration, knowledge exchange and ongoing partnership working –
 - Learning Disabilities Network – practitioners and service providers involved in supporting people with learning disabilities
 - Best Start in Life Network - service providers and groups supporting children and young people. This network includes local providers as well as representatives from national organisations, Children in Scotland and Education Scotland.
 - Resilience Network – originally developed around the Hard Edges Scotland report and the impact of those multiple disadvantages on the people of Inverclyde. The aim of the network is to work collectively to help people in Inverclyde build resilience and foster hope. With the additional challenges Covid-19 brings, the partners recognise that our community need resilience now more than ever.
 - Crucially, CVS Inverclyde found that the roles of volunteers were much needed, especially during the lockdown period, with the volunteers bringing a wealth of skills, knowledge and experience to organisations. Volunteering has been particularly important during the pandemic. In practical terms, volunteers have increased the size of Inverclyde’s health and social care workforce, allowing practitioners and service providers to do more.

Additionally, volunteers have provided vital psychosocial support to our community during very difficult times. Whether it is a befriending phone call or collecting a prescription, Inverclyde’s volunteers have provided a connection with the community, a community that cares.

- A question relating to what support would organisations like to see made available to the voluntary sector was asked. The joint top responses included support to use digital systems and funding support to cover lost income.

9. What support would you like to see made available to the voluntary sector?

[More Details](#)



- This leads CVS Inverclyde to conclude that while many of the local voluntary organisations had to adjust very quickly to the use of online platforms, achieved at great speed, with many organisations commended the creativity of staff both during lockdown and as restrictions were eased. Their innovative approaches provided more than a way to contact the people they support, it gave service users an opportunity to participate in Covid-safe activities, to develop new digital skills and to feel connected with their friends and loved ones.

Moreover, organisations have expressed that technology plays an important part in their delivery and recovery plans. At the same time, there is a collective need, in all sectors, to recognise the role technology will play in service future provision, ensuring that the workforce has the skills and confidence to use it well and have access to the resources they require.

- In determining what else that CVS Inverclyde could help to facilitate, this fundamentally is to ensure reliable and accessible information and facilitating community-based and ongoing community-wide conversations, to gain the answers to the difficult questions that are facing many third sector organisations, during these difficult times.

- Staff Wellbeing & Resilience – Targeted Focus Groups**

During August 2020, a series of focus groups and an online questionnaire (Webropol) were held, following discussions at the HSCP’s Staff Partnership Forum, engaging with the targeted staffing groups, with 54 members of staff engaging in the process –

- Business Support (n=10)
 - Primary Care Mental Health (n=6)
 - Frontline managers (n=16)
 - Day Care/Respite (n=11)
 - Health Visiting (n=11)

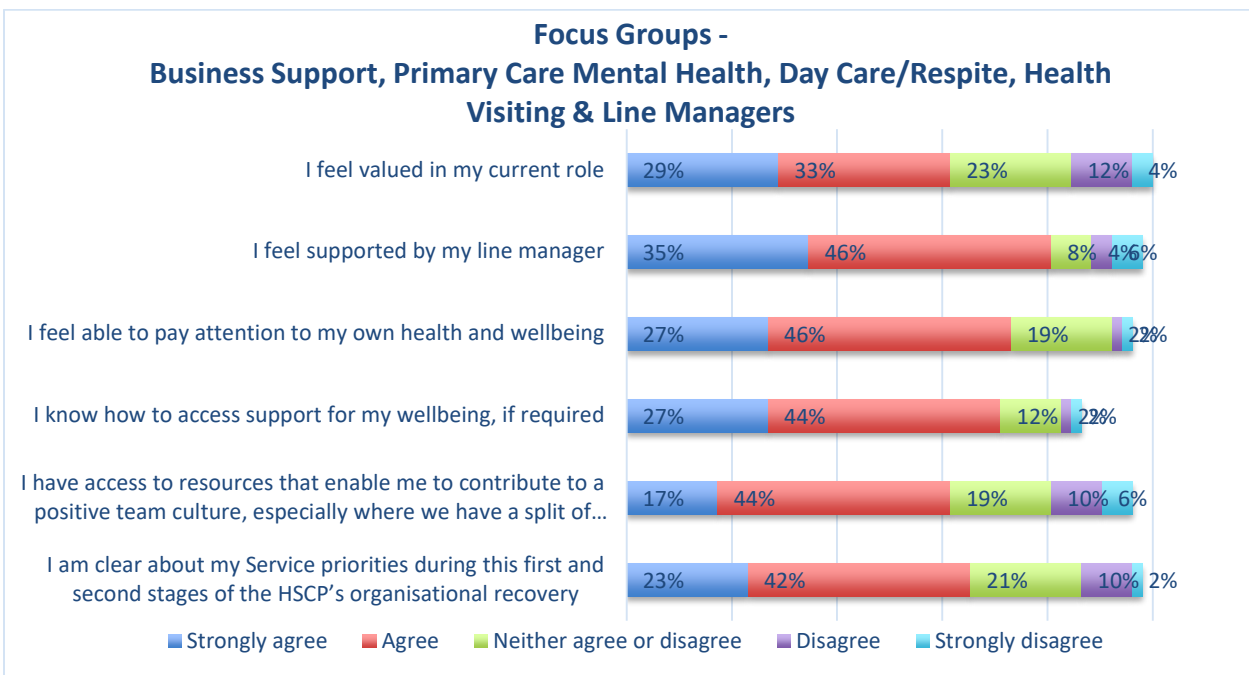
The findings, for what went well and what could have been better are summarised as –

- Good and flexible approaches to line manager/collegial support in place but some areas where this could have been better
- A mix of views on home working, which some highlighted was beneficial not ideal for others, which correlated with the lack of IT equipment and the perceived lack of team engagement, in the practice of rota systems
- Early anxieties around the availability of PPE, lack of IT equipment and conflicting systems, expected ways of working without appropriate support, had detrimental effects on how some staff wanted to work and their wellbeing
- Overall communication was not perceived as good, often conflicting and overloading, not from where some staff would have expected to receive consistent and accurate information
- A feeling of guilt if unable to carry out front line work due to shielding or health issues
- Concern for impact on job going forward, especially for staff that had been shielding and/or deployed into other service areas

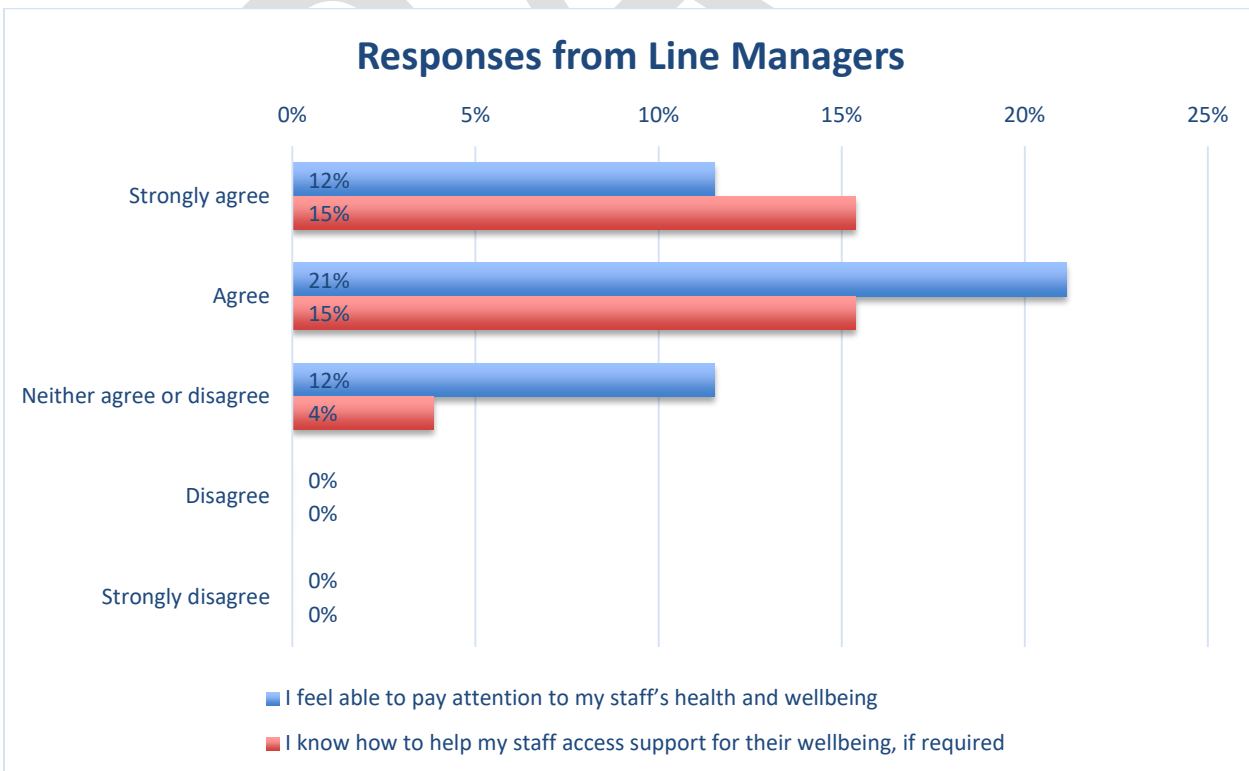
Participants were asked about any suggestions they had to improve the support/resources. These can be themed as –

- The HSCP is an integrated organisation and all resources should be available to all staff and not just either Council or NHS employees
- Ensuring that both information and resources are made available to all staff and not just to rely on the current communication media, such as ICON
- Increase the communication about national help resources
- For there to be an equal approach to the way staff have been recognised in either undertaking different roles and those who would like to have played a part but were not in a position, due to lack of systems
- More accessible information in ways to support health and wellbeing would be helpful, such as increased promotion to be given to the national offerings, such as the Promis.scot website and proactively develop according to local need
- Having dedicated team engagement time, not just focusing on the day to day operational tasks but more so having opportunities for improved communication and team time together for checking-in and supporting colleagues
- Have more purposeful communication, preventing the overload that can happen in challenging times, using a central repository for communication and information in one place that everyone can access and not dependent on managers/team leaders to cascade
- Suggestions for the way that buildings could be laid out, for the benefit of the staff and service users, along with having protected time for business and informal networking purposes and optimising screen times

Through an online poll, written responses and a show of hands, the participants were asked to rate a number of statements, either as Strongly Agree; Agree; Neither Agree –



Line managers were asked to rate an additional 2 statements –



Participants were asked a further two questions –

- As the HSCP moves through the recovery phases and where practices have changed, what specific resources do you think need to be in place to support your health and wellbeing?
- What else needs to be considered for your service area as the HSCP moves through the different stages of its organisational recovery?

With the responses themed as –

- As some staff are returning to their normal duties, consideration given to easing the pressure on these staff and for colleagues to be more aware and have a compassionate way of being
- Create more opportunities and safe spaces for people to be able to air their views and develop approaches to practice, without this always being seen as a management responsibility
- Better and improved ways of sharing information about service users and any service issues
- Having a one team approach to become a team again that will help and support the outcomes for the service, at the same time of managers understanding that the team can be more effective if the communication is improved
- Have more organisational transparency about where decisions are made and more access to minutes of meetings that are currently not shared with all staff
- Continuing to have a flexible approach to staff feeling as though they are being treated fairly and if this is not the case, there are processes strengthened where some staff can raise these issues in a supportive way
- Continue to encourage home working (as per current Scottish Government guidelines), wherever possible and managers support and trust people to undertake their agreed tasks
- Consideration given to peer support groups that are safe spaces
- Involve staff, at all levels, in the learning from the recent crisis, what things are good and should be kept/developed and what can be let go
- Have staff developing what resources they think are helpful and not just left to managers to decide
- Ensure that lessons are learned about the differing types of information and have a consistent approach in the way the staff are informed

In addition to the evidence for need for this plan that is outlined above, at the time of writing, there are the awaited outcomes from Inverclyde Council's Staff Health & Wellbeing Survey and the Scottish Government's Everyone Matters: Pulse Survey. Therefore, there may be some additional or adjusted improvement actions resulting that need to be considered in the plan's implementation.

All of the above are significant, both in terms of their approach and findings, and have paved the way for ensuring that the detail of the delivery plan in the following sections are reflective of this work and helped to ensure that Workforce Wellbeing Matters, in Inverclyde.

DRAFT

3. Governance (including Measurements & Evaluation)

The Inverclyde Integration Joint Board (IJB) has lead responsibility for the strategic planning of health and social care for delegated services. The IJB must satisfy itself that the parent body organisations (Inverclyde Council and NHS Greater Glasgow & Clyde) have effective governance systems in place.

Workforce Wellbeing Matters has been constructed with the overall aim of –

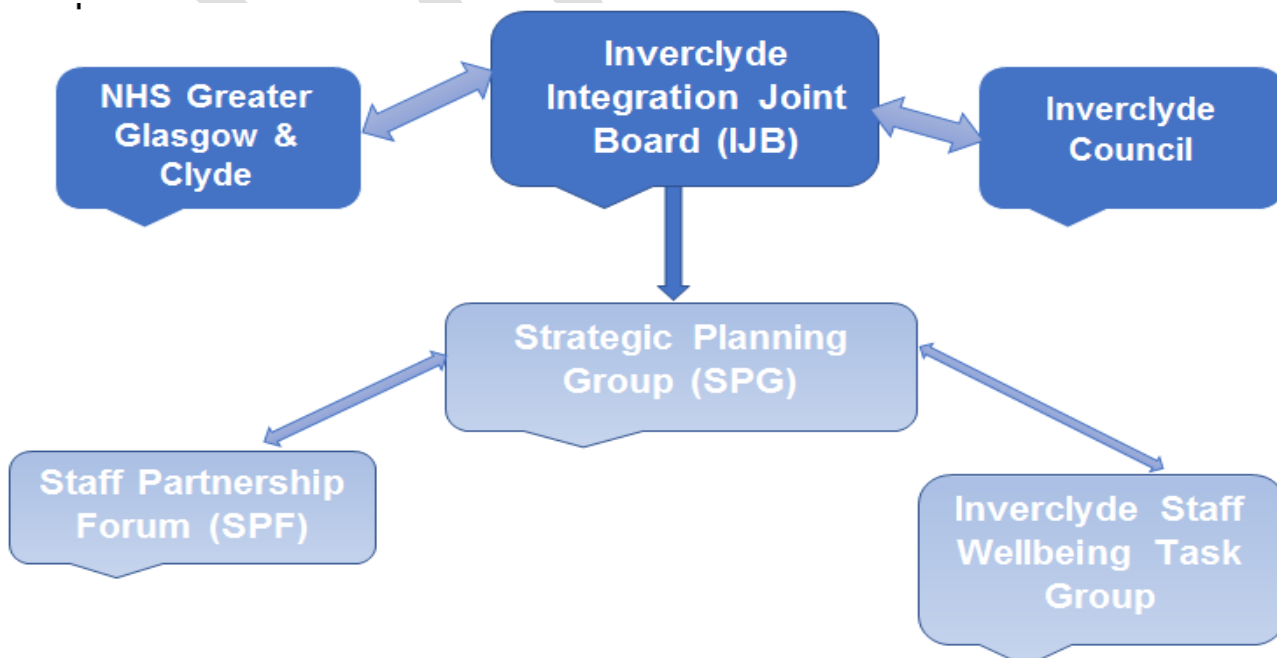
Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce

This aim will be fully supported by the Primary Drivers of –

- ✓ Embed and support organisational cultures, where all staff are valued
- ✓ Staff Feel Supported in their Workplaces
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)
- ✓ Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Fuller details of a Driver Diagram is outlined in the next section, with the main purpose to represent the recent engagement and consultations mentioned above, guiding the transformational change actions contained in the plan and the ways these will be measured..

From a governance perspective, the following diagram outlines the reporting structure –



To support the above structure, the main sponsor of the plan will be the Inverclyde Council's Chief Social Work Officer.

In terms of implementation, the HSCP will provide a dedicated resource, available to the wider local agencies, which will have a focus on driving forward the work that is contained in the plan and its improvement activities. This resource will also support the sponsors of the various primary drivers in the delivery of the plan, working and engaging in partnership with a range of internal and external stakeholders to develop effective collaboration and working practices that supports both transformational change and helps to ensure that all improvement actions are delivered on time and as agreed.

Integral to the governance process is the improvement actions, sitting underneath each of the Primary Drives and specifically for the timescales, these have been evaluated from the time when the plan's publication date (November 2020) and have been identified as –

- Commitment 1 - Within the next 12 months
- Commitment 2 - Up to 24 months
- Commitment 3 - Up to 36 months

DRAFT

4. Driver Diagram

WORKPLACE WELLBEING MATTERS (INVERCLYDE'S WELLBEING & RESILIENCE DELIVERY PLAN DRIVER DIAGRAM)					
Outcome	Primary Drivers		Secondary Drivers	Change Ideas	Measures
Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and valued health and social care workforce	Embed and support organisational cultures, where all staff are valued	←	Communication Plan Staff Wellbeing message embedded into all work streams Build on and develop further work to date	Well being campaign (email tagline with links to support) Enable all staff to promote kindness/supportive workplaces Impact on staff wellbeing is actively considered in all our work.	Measure improvement in sickness absence relating to mental health and stress, staff surveys, iMatter, user group feedback Pulse surveys
	Staff Feel Safe in their Workplaces	←	Confidence in PPE Understanding workplace guidelines Risk assessment skills/tasks	Clear and consistent guidance ease of access Message safety everyone's responsibility Promote & recruit workplace Health and Safety Ambassador role	Monitoring PPE availability Staff feedback around confidence in safety Increase number of workplace reps Development and uptake of environmental risk assessment training in teams
	Staff maintain a sense of connectedness to their team, line manager and organisation	←	Staff feel engaged not isolated All Staff roles valued Team Identity Valued	Training frontline managers in Staff Resilience and supported teams Opportunities for peer support Increase social opportunities	Uptake of training Staff feedback, good practice examples shared, Dedicated time for peer support and team connections (audit across teams) (QI approach)
	Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)	←	IT solutions available to all Managers have flexibility to support creative work Learning around new ways of working bedded in.	Link with digital strategy and employ whole systems operational approach Test of change around IT opportunities in practice Address gaps in IT training to ensure no opportunities to modernise are missed.	Evaluate and build business case for enhanced systems such as -Attend anywhere, 4G connection access to recording systems. Monitor access across services
	Staff have access to information and resources, which sustains and improves their wellbeing	←	Ease of Access to Information Working Knowledge of resources Staff understand that peer support is instrumental to recovery	Central and accessible repository of information (communication strategy) Easy read literature Promotion of Psychological first aid approach	Uptake of National training Staff feedback measure Championing within teams

2. Primary Driver: Staff feel safe in their workplaces

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
2.1	<p>We will address –</p> <ul style="list-style-type: none"> Reducing anxiety about exposure to and catching Covid-19 and potential impact on self, family, and service users Support and enable staff to be proactive about keeping themselves etc. safe and thus build sense of safe workplace practices 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> Physical environments are adapted to become Covid-19 compliant Systems in place to maintain adequate supply of PPE and staff able to have adequate access Appropriate risk assessments carried out, focusing on workplace environment(s), specific duties, and other work-related activities, which are kept under review and staff can access Infection risk and control 	<p>We will –</p> <ul style="list-style-type: none"> Ensure there is training on the completion of Health & Safety risk assessments that supports the current processes Recruitment and appropriate training of workplace Health & Safety Champions, which complements and supports existing processes. Review communication approach to PPE, in terms of ensuring equity of use is in place for all staff 	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 1</p>	Allen Stevenson/ Champion Lead	

			<ul style="list-style-type: none">▪ Implement strict and effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.	Commitment 1		
--	--	--	--	--------------	--	--

DRAFT

3. Primary Driver: Staff maintain a sense of connectedness to their team, line manager and organisation

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
3.1	<p>We will address –</p> <ul style="list-style-type: none"> Reduce feelings of isolation Promote peer support Sustain team identity and focus Promote understanding of organisational COVID response and importance of staff's role within this 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> Senior Leadership teams to review approach to communication that ensures consistency, balance, and accuracy Regular Team Meetings taking place, which are inclusive of all regardless of work location and routinely facilitates wellbeing discussions Regular supervision taking place with all staff regardless of work location and routinely facilitates wellbeing discussions Consideration 	<p>We will –</p> <ul style="list-style-type: none"> Develop and forge stronger links to HSCP's Strategic Plan Big Action 6 (Building on strengths of our people and community) Create a system change to record organisational decisions are made and there is a subsequent impact on workforce health and wellbeing, e.g., as part of committee papers, and similar to the EQIA processes. Devise and implement 'Keeping Well in Your Workplace 	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p>	<p>Louise Long/ Champion Lead</p>	

		<p>given to different modes of communication and to have an equitable and consistent approach</p>	<p>Plans', adopting a sponsorship approach, for all staff</p> <ul style="list-style-type: none"> ▪ Work with key stakeholders to develop a Workplace Wellbeing Communications Plan – ▪ including equitable access and use of devices ▪ Design and develop an evidence-based framework that supports and enables all staff to participate in – <ul style="list-style-type: none"> ○ Team Wellbeing Huddles ○ Support Bubbles (for common interests) 	<p>Commitment 1</p> <p>Commitment 3</p> <p>Commitment 1</p>		
--	--	---	--	---	--	--

4. Primary Driver: Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
4.1	<p>We will address –</p> <ul style="list-style-type: none"> ▪ Facilitate agility in responding to changing personal, organisational and community circumstances arising from covid-19 pandemic 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> ▪ Identify appropriate solutions that enables equity of access to online information and resources, for staff who may not have readily available internet access ▪ Work with the respective Communications and ITC departments to undertake an audit and identify gaps in provision of devices for all staff ▪ Ensure there is a consistent approach in the use of software that enables all staff to undertake their work, with gaps identified, with an action plan to resolve 	<p>We will –</p> <ul style="list-style-type: none"> ▪ Work with the HSCP's Digital Strategy ▪ Develop local Z-card information ▪ Continue to influence National and GGC-wide direction of travel 	<p>Commitment 2</p> <p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 2</p>	<p>Lesley Aird/ Champion Lead</p>	

5. Primary Driver: Staff have access to information and resources, which sustains and improves their wellbeing

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
5.1	<p>We will address –</p> <ul style="list-style-type: none"> To support staff to recognise signs and symptoms in themselves and others, in times of stress and anxiety Promotes a sense of agency over individual's wellbeing 	<ul style="list-style-type: none"> We will embed and encourage – A co-ordinated approach to ensure all staff are supported to complete relevant improving wellbeing and resilience workshops, such as Psychological First Aid Training Information on supporting health and wellbeing available through variety of mediums, linking to developing Communications Strategy Work with key stakeholders to deliver on specific multi-media campaign targeting health and wellbeing, ensuring equitable access to the information, and link with the developing Communications Strategy 	<p>We will –</p> <ul style="list-style-type: none"> Have an inclusive and multi-agency approach to training/up skilling programmes to supporting staff and workplace wellbeing Design and develop a set of resources that supports and enables resilience in the workplace Recruit to Workplace Wellbeing Ambassadors Improve the uptake of the National Coaching offerings Improve the profile and increase the promotion of the national Promis website 	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 1</p>	Anne Malarkey/ Champion Lead	

Report To:	Inverclyde Integration Joint Board	Date:	2 November 2020
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/119/20
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board Audit Committee – Terms of Reference		

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval to a proposed change to the terms of reference of the Inverclyde Integration Joint Board Audit Committee (“the IJB Audit Committee”).

2.0 SUMMARY

- 2.1 The IJB agreed the powers and remit of the IJB Audit Committee on 20 June 2016 and 24 January 2017. As a result of the implementation of the new Directions Policy and Procedure, as agreed by the IJB on 21 September 2020, it is necessary to revise the remit of the IJB Audit Committee.
- 2.2 This report sets out the revised terms of reference for the IJB Audit Committee

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board approves the amended Terms of Reference of the Inverclyde Joint Board Audit Committee as detailed in Appendix 1 of this report.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The IJB agreed the powers and remit of the IJB Audit Committee on 20 June 2016 and 24 January 2017.
- 4.2 The IJB's new Directions Policy and Procedure was agreed by the IJB on 21 September 2020 and at that time it was agreed that the remit of the IJB Audit Committee would be revised to reflect its responsibility, in terms of the Directions Policy and Procedure, for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB.
- 4.3 The proposed changes to the Terms of Reference are shown in the copy of the Terms of Reference attached at Appendix 1. Additions are shown in bold italics and underlined.

5.0 PROPOSALS

- 5.1 It is proposed that the IJB agree the revised IJB Audit Committee Terms of Reference as set out in Appendix 1.

6.0 IMPLICATIONS

Finance

- 6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

- 6.3 None.

Equalities

- 6.4 There are no equality issues within this report.

- 6.4.1 Has an Equality Impact Assessment been carried out?

YES (see attached appendix)

X

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

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

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

continuously improve the information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 N/A

**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.
	14. <u>Monitoring progress on the delivery of Directions on a six monthly basis and escalating key delivery issues to the IJB.</u>
9	Conduct of Meetings
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.

Report To:	Inverclyde Integration Joint Board	Date: 2 November 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/66/2020/AS
Contact Officer:	Allen Stevenson Head of Health and Community Care	Contact No: 01475 715212
Subject:	RECONVENING OF INVERCLYDE JOINT ADULT SUPPORT AND PROTECTION INSPECTION	

1.0 PURPOSE

- 1.1 The purpose of this report is to brief the IJB on the proposed plan to reconvene the Inverclyde Joint Adult Protection inspection, led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary

2.0 SUMMARY

- 2.1 The Inverclyde Joint Inspection commenced in January 2020 with progress being made until the suspension of the programme as a result of the Covid – 19 pandemic. The majority of the inspection was complete, with caseload reading of social work, health and police records along with staff focus groups the two elements outstanding.
- 2.2 As part of their Recovery Plan, the Lead Inspector from the Care Inspectorate has advised that they wish to reconvene the inspection.
- 2.3 A formal approach has not yet been made but discussion has taken place between the Head of Health and Community Care, Service Managers and the inspecting organisations to discuss whether two proof of concepts can be tested in Inverclyde.
- 2.4 Inspectors wish to use the remainder of the Inverclyde Joint Inspection to test proof of concepts both involving file reading case files remotely in order to comply with COVID-19 regulations and rather than visit Inverclyde to carry out the inspection from different locations.
- 2.5 If successful, this will enable the Inverclyde Inspection to reach a full conclusion and allow inspectors to adopt the proof of concepts as the recognised methodology for future joint AP Inspections across Scotland.
- 2.6 A formal letter to reconvene the inspection is due imminently which will set out a programme of activity with associated timescales.

3.0 RECOMMENDATIONS

3.1 The IJB is asked to note the contents of the report.

**Louise Long
Chief Officer**

4.0 BACKGROUND

- 4.1 The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at the time inspectors stood down due to the COVID – 19 pandemic.
- 4.2 The Care Inspectorate have advised that they wish to test two proof of concepts in order to conclude the Inverclyde inspection which, if successful will become the recognised methodology for future inspections across Scotland.
- 4.3 The two proof of concepts require that file reading takes place outwith Inverclyde.
- 4.4 The first proof of concept is for one team of inspectors to be based securely in a central Care Inspectorate location with remote, read only access to systems in order to undertake file reading.
- 4.5 The second proof of concept is for a smaller team of inspectors to be based securely in their own homes with remote, read only access to systems in order to undertake file reading.
- 4.6 The Care Inspectorate is currently undertaking a Data Protection Impact Assessment (DPIA). This will document the end to end processes for each proof of concept, highlighting risks and controls to mitigate them.
- 4.7 The most effective and efficient way to access social work records is to provide inspectors with Inverclyde Council laptops with read only access to SWIFT and CIVICA. This will enable them to access the Adult Protection module and associated records and documents.
- 4.8 Pre-file reading training will be given by the Performance and Information Team prior to the actual file reading to ensure that Inspectors can access the system.
- 4.9 Trainers and practitioners will be identified to offer inspectors remote support throughout the file reading period.
- 4.10 Inspectors will be issued with Inverclyde Council laptops to undertake the file reading. SWIFT (social work information system) and CIVICA (electronic document management system) will be installed to enable read only access for social work records and software will be installed to enable access to health records.
- 4.11 Her Majesty's Inspectorate of Constabulary in Scotland have made separate arrangements with Police Scotland to have access to the appropriate platform for remote, read only access to police records.
- 4.12 On completion of the file reading, remote focus groups with staff will take place to conclude the Inverclyde Joint Adult Protection Inspection.

5.0 IMPLICATIONS

5.1 Finance

There are no specific financial implications arising from this report

One-Off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There no specific legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

√

YES

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

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	This Inspection will look at the referral process for raising ASP concerns
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	This Inspection will look at the referral process for raising ASP concerns by all groups and how IHSCP respond to needs of the protected characteristics group
People with protected characteristics feel safe within their communities.	This Inspection will look at the ASP process and how we protect and safeguard vulnerable adults
People with protected characteristics feel included in the planning and developing of services.	The inspection will look at service user involvement in the ASP process

HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.	This Inspection will look at how HSCP staff support people with protected characteristics
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	This Inspection will look at the LD service response to these issues within ASP
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	This Inspection will look at the service response to these issues within ASP

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 There are clinical or care governance implications arising from this report. The Inspection will look at governance arrangements within the ASP process

5.6 NATIONAL WELLBEING OUTCOMES

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

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

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The inspection will assist in evaluating effectiveness of ASP procedures to meet this outcome
Resources are used effectively in the provision of health and social care services.	The inspection will assist in evaluating effectiveness of ASP procedures to meet this outcome

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 None.

Report To:	Inverclyde Integration Joint Board	Date:	2 November 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	IJB/62/2002/LMcV
Contact Officer:	Louise McVey	Contact No:	01475 712042
Subject:	Inverclyde Child Poverty Action Report 2019/20		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Inverclyde Integration Joint Board with a copy of the final Local Child Poverty Action Report 2019/20 for noting.

2.0 SUMMARY

- 2.1 Under the Child Poverty (Scotland) Act 2017 there is a requirement for all local authorities and relevant Health Boards across Scotland to reduce child poverty. The Act sets out four national statutory income based targets to be achieved by 2030. The four targets are:-

- Less than 10% of children are in relative poverty
- Less than 5% of children are in absolute poverty
- Less than 5% of children are in combined low income and material deprivation
- Less than 5% of children are in persistent poverty.

- 2.2 The Act requires that each local authority and relative NHS Health Board must jointly prepare annual Child Poverty Local Action Reports (LARs). The report will cover the financial year 2019/20. These annual reports must set out the activity undertaken during the reporting period and those planned going forward to meet the 2030 targets. Based on advice from Improvement Services and the Scottish Government, the report submission is later than expected due to the current situation with COVID-19.

- 2.3 The Scottish Government direct drivers of poverty fall in to 3 main categories:

- Income from Social Security and benefits in kind
- Income and Employment
- Costs of Living

- 2.4 The Inverclyde Child Poverty Action Group agreed that the Inverclyde LAR should focus on a small number of set themes and priorities for each of the national drivers. Each theme provides an overview of current service provision. The Local Child Poverty Action Report (LCPAR) 2019/20 outlines our current actions and good practice areas and the progress that we have achieved to date, as well as highlighting the challenges that lie ahead. We continue to build on our strengths and remain innovative in approaches to reduce child poverty and support and improve life chances for the families of Inverclyde. The LCPAR 2019/20 is inclusive and combines the work that has been undertaken by NHS Greater Glasgow and Clyde around Child Poverty actions and

interventions.

- 2.5 There are 16 accredited National Living wage employers in Inverclyde. Together they employ an estimated total of 8,751 staff. An estimated 1938 of those workers have received a pay rise onto the Living Wage as a result of accreditation.

NHSGGC's recruitment team has a range of employability outreach activity, which includes Inverclyde. In addition, there was liaison with Local Authority Leads around NHSGGC connections in relation to the Parental Employability Fund. Also, NHSGGC commissioned workshops from Family Friendly Working Scotland for local employers in the NHSGGC area in the Healthy Working Lives Scheme.

NHSGGC provides a range of employability outreach activity, Inverclyde is included in this. In 2020/21, in line with guidance from national Healthy Working Lives partners, NHSGGC aims to undertake a family friendly audit of its policies. In terms of Living Wage Accreditation, Inverclyde will work to influence partners, including the NHS to achieve accreditation.

- 2.6 The delivery of the actions and projects within this LCPAR make a significant contribution to the delivery of a range of strategic plans and priorities for partners across Inverclyde. All of the actions within the delivery plan help to build and deliver on children and young people's access to their rights as outlined within the UNCRC and a wide range of ways, as well as services meeting their duties to promote and uphold the rights of children and young people as outlined in the Children and Young People Act (Scotland) 2014.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the IJB notes the progress and proposed actions set out in the Inverclyde Local Child Poverty Action Report.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The Fairer Scotland Strategy set out a vision to ensure that Scotland is the best place in the world to grow up. To realise this outcome, it is committed to eradicating child poverty. Evidence suggests that poverty can undermine the health, wellbeing and educational attainment of children who experience it. A 2013 study found that child poverty in the UK cost at least £29 billion a year.

4.2 Child Poverty (Scotland) Act 2017

This legislation sets out a clear agenda for measuring, reporting on and reducing child poverty levels across Scotland. There are a number of statutory requirements which are set out below:

- Four statutory national income targets, to be met in the financial year beginning 1 April 2030.
- Places a duty on local authorities and health boards to report annually on activity taken, as well as planned action to contribute to the reduction of child poverty by 2030.
- Four interim income targets, to be met by Scottish ministers in the financial year beginning 1 April 2023 and 2026.
- Places a duty on Scottish ministers to publish child poverty delivery plans in 2018, 2022, and 2026, and to report progress towards meeting the 2030 targets.
- To report on delivery plans annually
- The creation of a Poverty and Inequality Commission has been established from 1 July 2019 with functions related to the child poverty national reduction targets.

4.3 Scotland is now the only part of the UK with statutory targets to reduce child poverty. This is Inverclyde second Local Child Poverty Action Report submitted to Scottish Government.

4.4 The Scottish Government direct drivers of poverty fall in to 3 main categories;

- Income from Social Security and benefits in kind
- Income and Employment
- Costs of Living

4.5 NHSGGC's corporate and acute services child poverty and poverty approach was being reviewed by their Corporate Management Team in September 2020. Inverclyde is a partner on NHSGGC's child poverty leads network. The network has shared good practice and problem solved issues such as employability / parental employment fund; childcare and housing in the last year. The network has developed a set of long term objectives which network partners have agreed.

5.0 **Developing Inverclyde's Child Poverty Local Action Report 2019/20**

The range, role and collaborative engagement with partners delivering activities at a local level to tackle child poverty must be reflected in the LAR. However, partners delivering these activities must also be involved in the forward planning element.

5.1 Poverty is fundamentally about lack of money and Inverclyde's Child Poverty Action Group have been working in partnership with Public Health Scotland to identify local data sets and to map out service provision for families living in poverty. This has resulted in a comprehensive analysis of the challenges around inequalities and poverty in Inverclyde, the findings of this analysis are attached as appendix 2 and referred to throughout this report. Using the data this way will

enable Inverclyde to further establish the gaps, understand the area for support and will provide the evidence that services provision is aimed towards those most likely to be affected by poverty.

5.3 Discussions are continuing with The Poverty Alliance “Get Heard Scotland” to work in collaboration with Inverclyde Council to engage, involve and empower people affected by poverty and get their engagement on the policies and decisions that most impact their lives. Get Heard Inverclyde Project would provide Inverclyde with a qualitative research report; this is expected by the start of November 2020.

5.4 The Inverclyde Child Poverty Action Group agreed that the Inverclyde LAR should focus on a number of specific local drivers based on the evidence gathered and the impact on the National Drivers of Poverty. Each local driver provides an overview of current service provision. The Child Poverty Local Action Report is provided for noting and is attached as Appendix 1.

5.5 National Driver - Income and Employment

In 2018/19 the Council developed a pre- apprenticeship pilot for twelve pupils despite the impact of COVID-19; five of the pupils in the childcare group achieved an SCQF level 4 qualification. The Engineering and Construction cohort all achieved SCQF level 4 units in a variety of related topics. The pre-apprenticeship programme will be offered for a second cohort of twelve pupils from across Inverclyde. There will be an offer to modern apprentices who are due to finish a two year contract at an entry level post to allow them time to gain further experience and enhance their job prospects.

5.6 National Driver - Income from Social Security and benefits in kind

Inverclyde will award DHP up to 100% of the difference between Universal Credit Housing costs or Housing Benefit entitlement capped at £200 per month with the payment being made for a period of no more than 6 months. This will provide short term help which is in line with the purpose of DHP and would allow households time to improve their circumstances by finding employment or moving to more affordable homes and helping the children and young people living within these households to access their right to adequate housing and a good standard of living (article 26 & 27). This payment would be applicable in the Private Rented Sector.

The Community Care Grant ,which assists with individuals setting up home, be paid to not only high priority cases but also medium priority cases. This will allow payment to be made to more individuals and for additional items for the home including washing machines, floor coverings and additional furniture.

Training to midwives at Inverclyde Royal Hospital was provided on the importance of routine enquiry money worries, how to refer on Badger net and new maternity-related social security benefits. The aim was to increase money advice referrals to Healthier, Wealthier Children.

Work has continued within maternity services to increase referrals to financial inclusion services. As part of the SNIPs service, financial inclusion service direct access pathways have been set up to prevent sanctions and issues of conditionality for women.

Inverclyde's Local Child Poverty Action Group future direction is based on evaluating, improving and collaborative working with NHS partners. The group identified areas of joint working which was followed by workshops led by NHS Health Scotland, looking at data available and prioritising areas we wish to focus on.

5.7 National Driver - Cost of Living

NHSGGC participated in national research in partnership with Health Scotland and NHS Ayrshire and Arran on the cost of the pregnancy pathway. Key actions being taken forward from 2020/21 include partnerships considering the costs of attending services for families, of purchasing items for a new baby and affordable childcare.

The HSCP are working to fight against food insecurity – in partnership with River Clyde Homes (Communities Fund). 425 children were supported by Children's Services, have benefitted from cash for kids and have been supported to access their right to food.

The Scottish Government provided an allocation of £433,000 to ensure that all secondary school pupils in receipt of free school meals have access to an appropriate device and connectivity. This makes significant inroads into many households suffering from digital exclusion.

Inverclyde HSCP has also committed £24,000 towards buying laptops for care-experienced children across the district. The Care Experienced Young People (CEYP) Attainment Fund maximises learner participation by providing opportunities for personal achievements. The CEYP Attainment Fund has bought 125 laptops and dongles to challenge digital poverty and support children, young people and their families to access their rights in a range of ways.

All of this progress will help children and young people to access a range of rights including participation, inclusion, the rights to access information and the right to education and is instrumental in closing the gap for those children and young people in being able to access and realise their rights.

The Council and its partners will continue to develop a strategy for digital inclusion focusing on young people, lone parents, families where English is a second language and those who are engaged in training but need access to digital equipment to help with their course.

- 5.8 In accordance with the Child Poverty (Scotland) Act and based on advice from Improvement Services and the Scottish Government, the report submission will be later than expected due to the current situation with COVID-19. Further narrative within this report will be added when received from Services

6.0 IMPLICATIONS

6.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

LEGAL

6.2

There are no specific human resources 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?

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.

6.5 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income
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.	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income
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.	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.7 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income
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.	The Local Child Poverty Action Report specifically focuses on those who are more likely to face hardship because of lack of income
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

- 8.1 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

Local Child Poverty Action Report 2019/2020



CONTENTS

	Page number
Foreword	3
1. Introduction	4
2. Inverclyde People and Place	6
3. Governance and Accountability	11
4. Partnerships in Inverclyde	13
5. COVID-19 Impact in Inverclyde	21
6. Plan on a page	24
7. Progress Report from 2018/19 Actions	26
Appendix 1: Inverclyde Local Child Poverty Action Report Delivery Plan	32
Appendix 2: Public Health Scotland – Child Poverty in Inverclyde Analysis	

Foreword

Poverty has a profound impact on children's rights in a range of ways including education, health and future chances in life and urgent action is required to tackle the issues. Recognising the inequalities that exist in Inverclyde has been significant to our partnership working to mitigate child poverty and has been the foundation that has allowed our response to COVID-19. This has been a collective effort with our local stakeholders and communities to uphold the rights of our children and make a difference with the people who need support the most. Albeit, we know that our challenges are huge, but our hearts are big.

The Scottish Government published the Scottish Index of Multiple Deprivation on 28 January 2020. The data showed that Inverclyde continues to suffer from very high levels of multiple and acute deprivation levels of acute deprivation in Inverclyde have doubled between 2016 and 2020.

The most deprived data zone in Scotland is located in Greenock Town Centre. This datazone is impacted from low income, low employment, poor health, reduced education and crime rates. We know that children living in deprived areas have lower school attendance, lower levels of attainment and are far less likely to move into further education, employment or training. Furthermore, child poverty can have a negative impact on children and young people being able to access and realise their fundamental rights as stated in the UNCRRC. All these factors contribute to the higher levels of multiple deprivation and highlight the multi-faceted challenges around tackling child poverty.

Despite the high levels of poverty, Inverclyde has many areas to be proud of including being eighth in the school leavers league table with 95.8 per cent of pupils securing a job, training or a place at university or college, being the 3rd top performing local authority in Scotland for participation in the Duke of Edinburgh's Awards with young people achieving 32 Gold, 50 Silver and 148 Bronze Awards and being 1 of only 2 local authorities that have 100% schools participating in the UNICEF Rights Respecting School Award. In relation to education, evidence shows that our schools are raising standards and are succeeding reducing the poverty related attainment gap and ensuring our children are knowledgeable on their rights and how to access these. The Concert Band and Wind Orchestra achieved Gold and Gold Plus awards at Regional and National Events. Inverclyde are the only local authority in Scotland who has qualified for the finals each year since the festival started 10 years ago. This year the band qualified for the national finals in Manchester, the only school band from Scotland.

The current research highlights that the Covid-19 pandemic has a disproportionate effect on those living in areas with higher levels of deprivation, with the NRS statistics showing that Inverclyde has a higher ratio of deaths than the Scottish average. The Covid-19 pandemic has created an increase in anxiety and insecurity for those facing economic, health and social inequalities; already vulnerable to life choices. It is likely that that many more families in Inverclyde will be at risk of falling into poverty for the first time due to the consequences of COVID-19. Inverclyde, Child Poverty Action Group is planning and reviewing how to recover from the impact of this keeping children's rights at the centre of planning and decision making and taking cognisance of employment especially amongst our 16-24 year olds, the ongoing and possible rising demand for food, fuel and shopping, and inequalities around accessing the internet, benefits and welfare.

This year's Local Child Poverty Action Report (LCPAR) outlines our current actions and good practice areas and the progress that we have achieved to date, as well as highlighting the challenges that lie ahead. We continue to build on our strengths and remain innovative in approaches to reduce child poverty and support and improve life chances for the families of Inverclyde.

Aubrey Fawcett
Chief Executive
Inverclyde Council

Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde

1 Introduction to the Inverclyde Child Poverty Local Action Report

This is Inverclyde's second Local Child Poverty Action Report (LCPAR); it focuses on selected actions being undertaken locally to reduce child poverty in Inverclyde and to mitigate poverty for the wider population. The report will outline the progress made from last year's LCPAR, the impact made in 2019/20 and our future priorities for improvement for 20/21.

NHSGGC's corporate and acute services child poverty and poverty approach is being reviewed by their Corporate Management Team in September 2020.

Inverclyde is a partner on NHSGGC's child poverty leads network. The network has shared good practice and problem solved issues such as employability / parental employment fund; childcare and housing in the last year. The network has developed a set of long term objectives which network partners have signed up to.

Under the Child Poverty (Scotland) Act 2017 there is a requirement for all local authorities and relevant Health Boards across Scotland to reduce child poverty. The Act sets out four national statutory income based targets to be achieved by 2030. The four targets are:-

- Less than 10% of children live in households that are in relative poverty
- Less than 5% of children live in households that are in absolute poverty
- Less than 5% of children live in households that are in combined low income and material deprivation
- Less than 5% of children live in households that are in persistent poverty

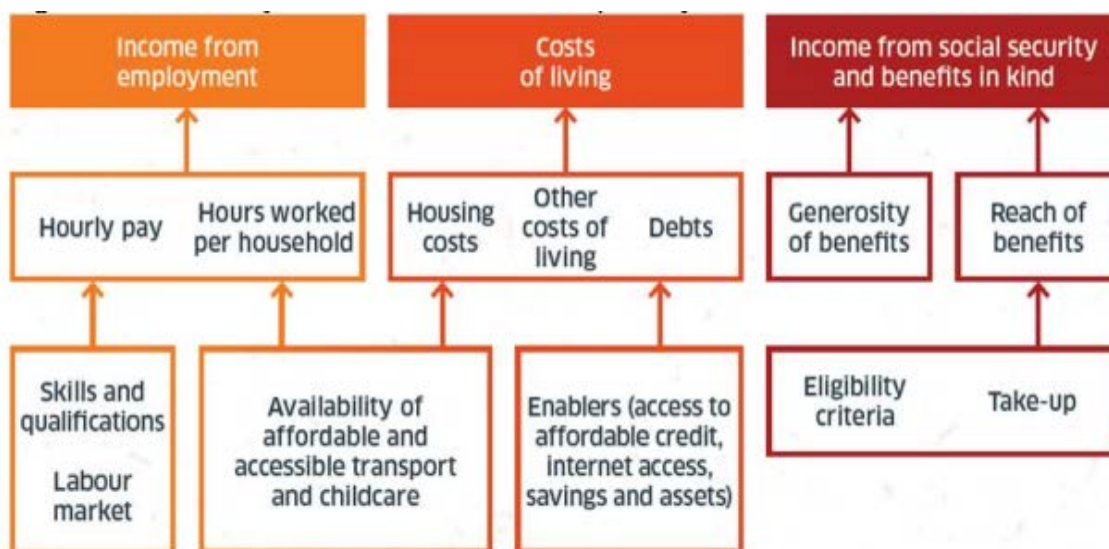
An interim target of 18% relative poverty has been set for 2023 – 24.

The Act requires that each local authority and associated NHS Health Board must jointly prepare annual LCPAR's. This report will cover the financial year 2019/20. These annual reports must set out the activity undertaken during the reporting period and those planned going forward to meet the 2030 targets.

An essential element in reducing child poverty in Inverclyde is effective engagement and connection with our local communities experiencing poverty. By developing a greater understanding and raising awareness across partners and the community of the causes and effects of poverty, we have delivered services in a more targeted way to enhance the services that we are providing. Most importantly of all, it will ensure that the voices of those who matter are being heard.

In recognition of this, Inverclyde's Local Child Poverty Action Group is representative of partners who can make a difference; Inverclyde Council, Inverclyde HSCP, Public Health Scotland, Housing and 3rd sector partners. This positive partnership working has formed the basis of this report. Local and national data has been used within this report to gauge an overall understanding the good practice locally and the areas requiring improvement.

The Scottish Government direct drivers of poverty fall in to 3 main categories:-



According to Scottish Government's 'Every Child Every Chance' Delivery Plan 2018 – 2022, focus was given to the following characteristics of families more likely to be affected by poverty:-



2 Inverclyde - People and Place

The Population of Inverclyde 2020

As at 30 June 2019 the estimated population of Inverclyde was 77,800 this is expected to decrease by 2028. It is estimated that there will be less births in Inverclyde resulting in a natural decrease in population. The percentage of the population that are children aged 0 to 15 years is projected to fall by more than twice the Scottish average, -14.2%, compared to -6% in Scotland. The population projection for % of 0-15 year old is expected to fall by 14.2% compared to a fall of 6% in Scotland by 2028 (population projections for Scottish Areas, published March 2020).

Deprivation in Inverclyde 2020

The latest Scottish Indices of Multiple Deprivation (SIMD) data published in January 2020 shows that 51 (44.7%) of Inverclyde's data zones are in the 20% most deprived in Scotland, this is the 2nd highest local share in Scotland behind Glasgow. Inverclyde also suffers from very high levels of acute deprivation with 21 data zones in the 5% most deprived in Scotland. The most deprived data zone in Scotland (ranked 1) is in Greenock Town Centre and East Central.

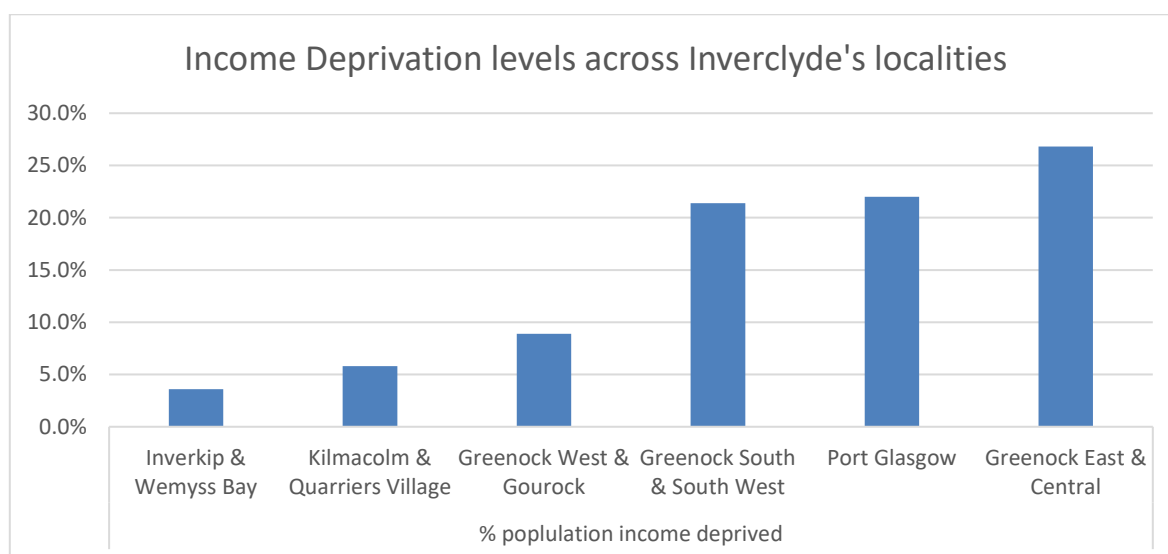
Income and employment deprivation are highly significant issues for the whole of Inverclyde. The data zone has the second highest level of income deprivation in Scotland and the highest level of employment deprivation in Scotland.

In Inverclyde:

- 13,945 (17.7%) of the local population is income deprived, compared to 12% in Scotland, but levels rise dramatically in our 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%.

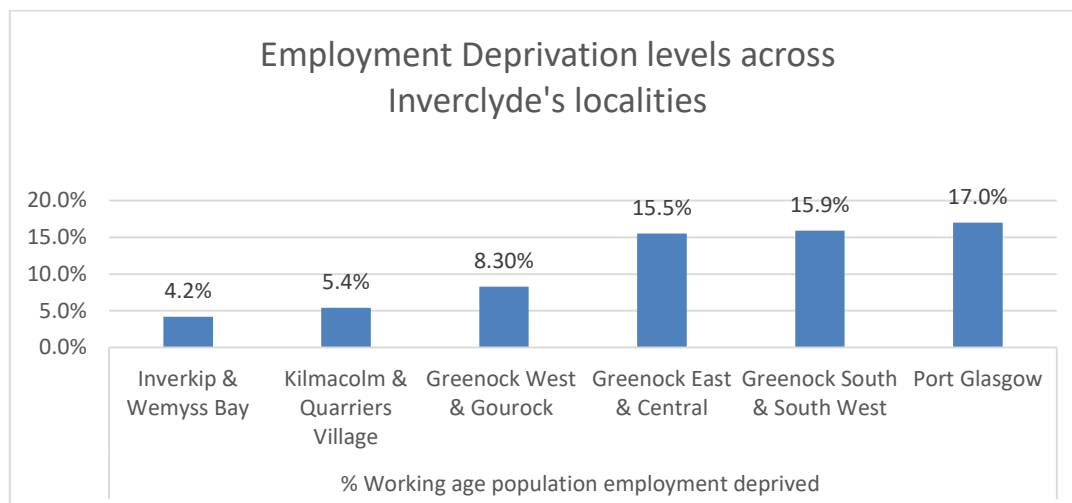
The graph below details % population income deprived and % working age population employment deprived, split into Inverclyde's localities (figure 1):-

Figure 1



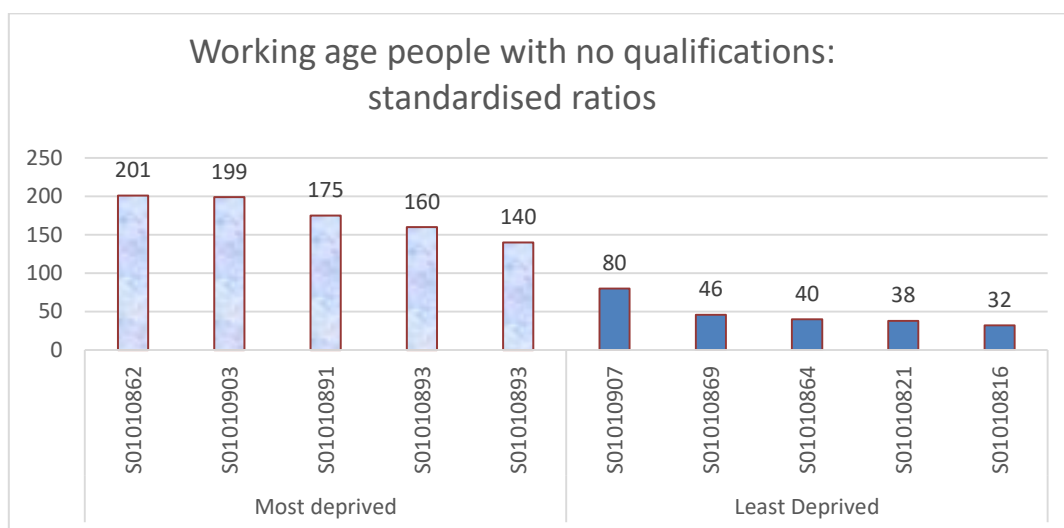
The graph below details % population employment deprived, split into Inverclyde's localities (figure 2):-

Figure 2



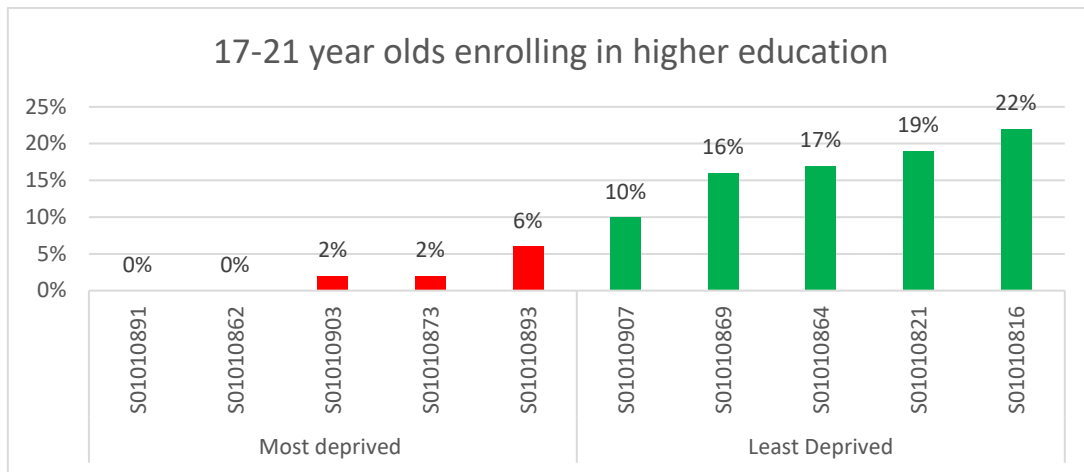
In relation to qualifications, there remains a gap between those gaining qualifications in the community, the graph below showing the most deprived areas against the least deprived areas (figure 3).

Figure 3



There remains a gap in 17 – 21 years olds enrolling in higher education, with a **higher** amount enrolling within the least deprived areas compared to the most deprived areas. The graph below shows that within the most deprived area, there are datazones (Greenock Town Centre & East Central and Low Bow & Larkfield, Fancy Farm, Mallard Bowl) with 0% of 17 – 21 year olds enrolling in higher education rising to 22% in one of the least deprived area (Kilmacolm Central) (figure 4).

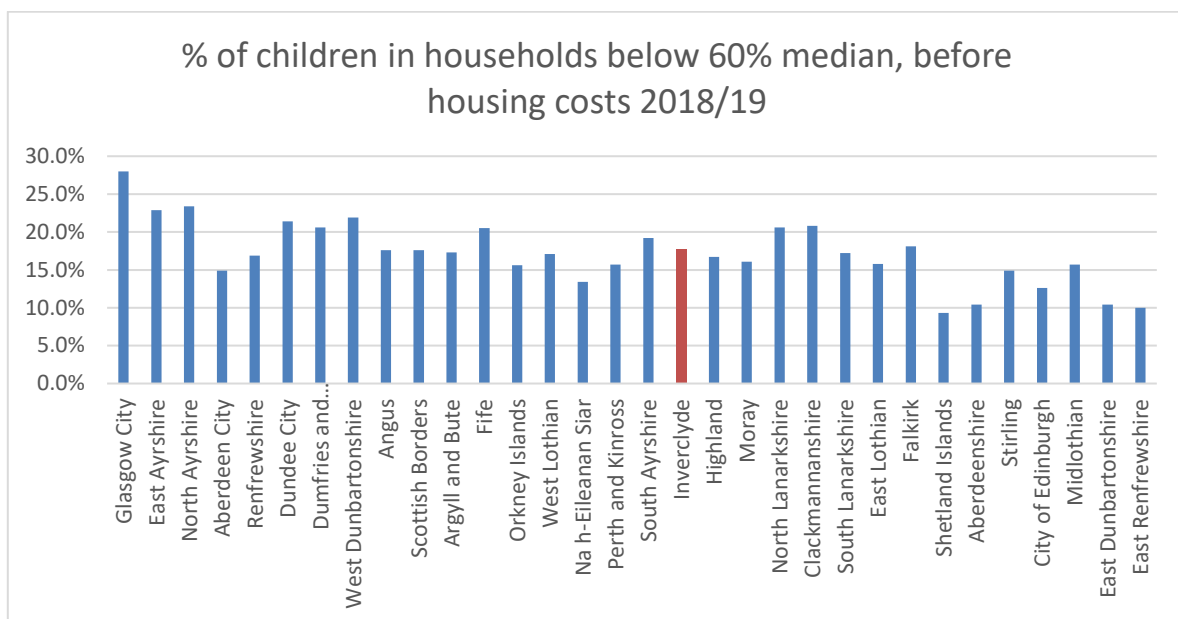
Figure 4



Based on data collected by DWP and HMRC, the graph below shows the percentage of children in households below 60% median, before housing costs, by local authority, 2014/15 to 2018/19. Inverclyde has the 18th highest level of poverty before housing costs, with a 3.3% increase from 2014/15 to 2018/19, however 0.7% less than the Great Britain total.

The figures use mid-year population estimates to calculate percentage rates (figure 5).

Figure 5



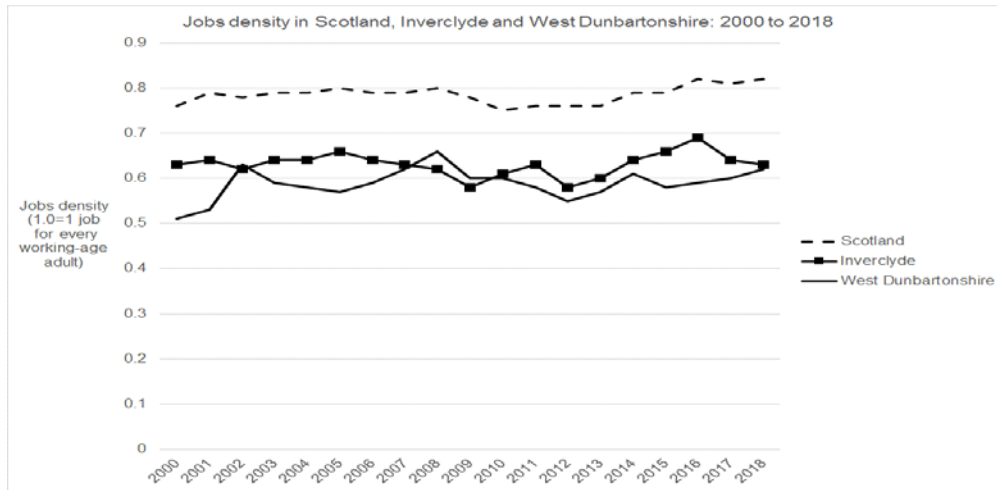
Between Jan to December 2019 there were 35,700 economically active residents between the age of 16 – 64 living in Inverclyde, of those, 72.2% were in employment compared to Scotland’s figure of 77.5%. 1,700 (4.8%) residents between of 16 – 64 years were unemployed. Scotland’s figure was 3.5%. The number of people living in Inverclyde now claiming Universal Credit has increased mainly due to the impact of Covid-19. Figures from DWP showed that 8,502 (figure 14th May 2020) people were claiming Universal Credit.

Poverty is fundamentally about lack of money and Inverclyde’s Child Poverty Action Group have been working in partnership with Public Scotland to identify local data sets and to map out service provision for families living in poverty. This has resulted in a comprehensive analysis of the challenges around inequalities and poverty in Inverclyde, the findings of this analysis are attached as appendix 2 and referred to throughout this report.

Income from employment

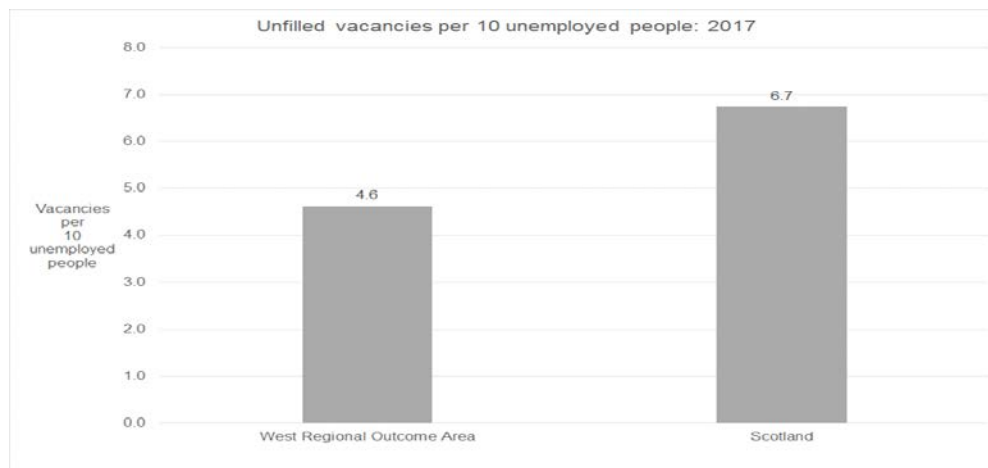
Labour market demand: Employment opportunities in Inverclyde, whether measured by vacancies or jobs, are scarce compared to Scotland. In 2018, there were 63 filled jobs for every 100 working-age people in Inverclyde, compared to 82 per 100 in Scotland. Labour market demand as measured by jobs density increased steadily in Inverclyde between 2012 and 2016 but fell slightly between 2016 and 2018 (Figure 6).

Figure 6



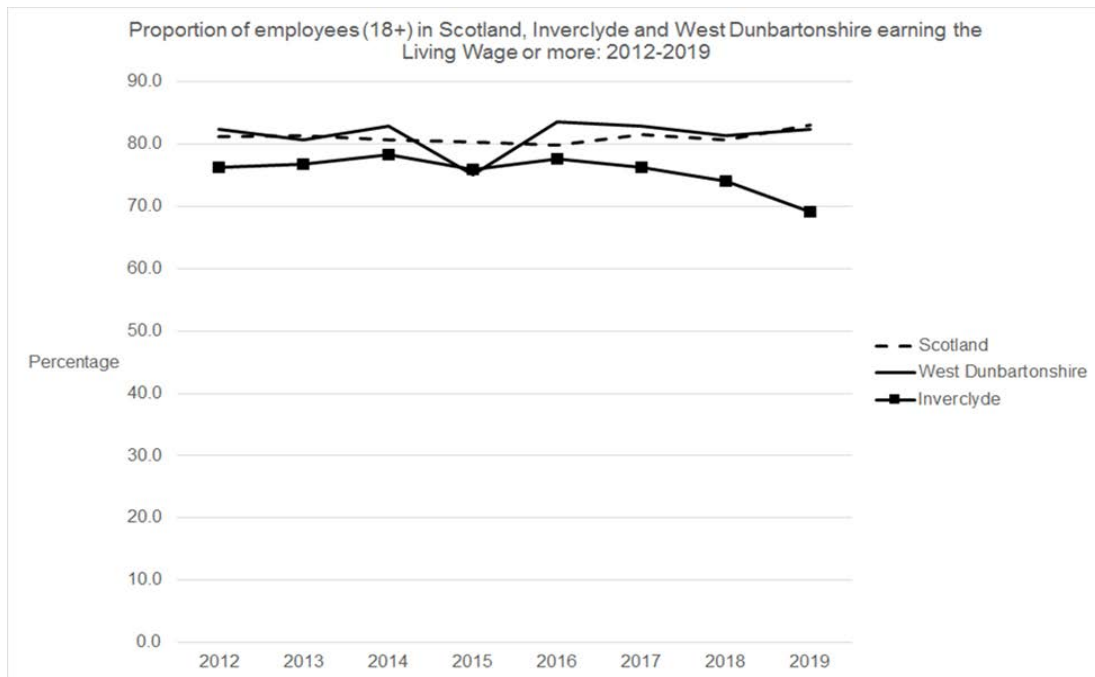
A second measure of labour market demand is unfilled vacancies, shown as a rate per 10 unemployed people. In the West area (including East Renfrewshire, Inverclyde, Renfrewshire, and West Dunbartonshire), there were 4.6 vacancies for every 10 unemployed people, compared to 6.7 for every 10 unemployed people in Scotland as a whole (Figure 2). The latest vacancy data is for 2017 (figure 7).

Figure 7



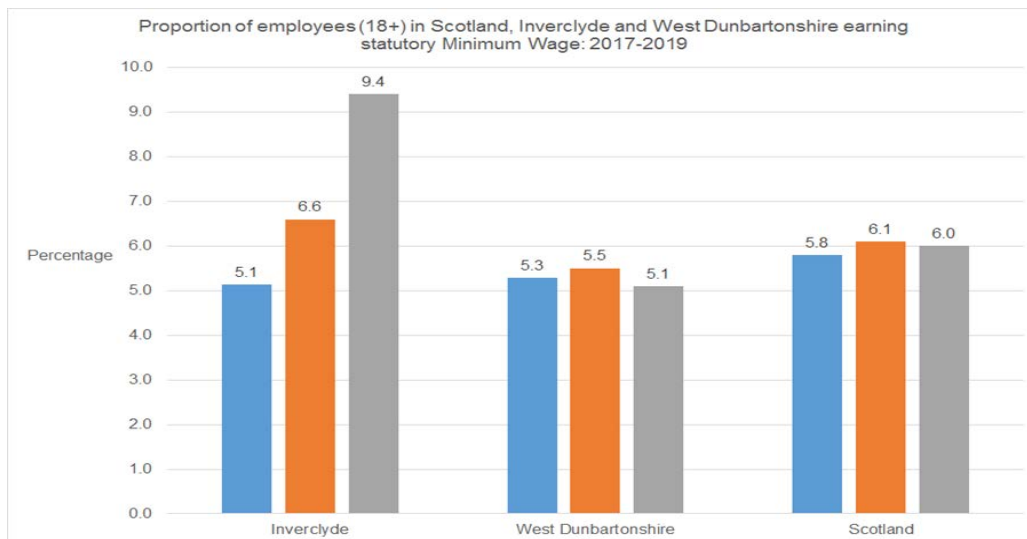
Wages: The latest wage data suggests a higher proportion of Inverclyde employees are low paid, compared to both Scotland and West Dunbartonshire. In 2018, 74% of employees in Inverclyde were paid the Real Living Wage or above, compared to 81% in Scotland and West Dunbartonshire. The proportion of Inverclyde employees paid the Real Living Wage or above decreased between 2016 and 2019 (Figure 8).

Figure 8



In 2019, 9% of employees who work in Inverclyde are paid the National Minimum Wage, compared to 6% in Scotland and 5% in West Dunbartonshire. Between 2017 and 2019, the proportion of Inverclyde workers who were low-paid appears to have increased, while remaining stable in both West Dunbartonshire and Scotland (Figure 9).

Figure 9



The full report of findings can be found in Appendix 2 of the document.

There are **16** accredited National Living wage employers in Inverclyde. Together they employ an estimated total of 8,751 staff. An estimated 1938 of those workers have received a pay rise onto the Living Wage as a result of accreditation.

NHSGGC's recruitment team has a range of employability outreach activity, which includes Inverclyde. In addition, there was liaison with Local Authority Leads around NHSGGC connections in relation to the

Parental Employability Fund. Also, NHSGGC commissioned workshops from Family Friendly Working Scotland for local employers in the NHSGGC area in the Healthy Working Lives Scheme.

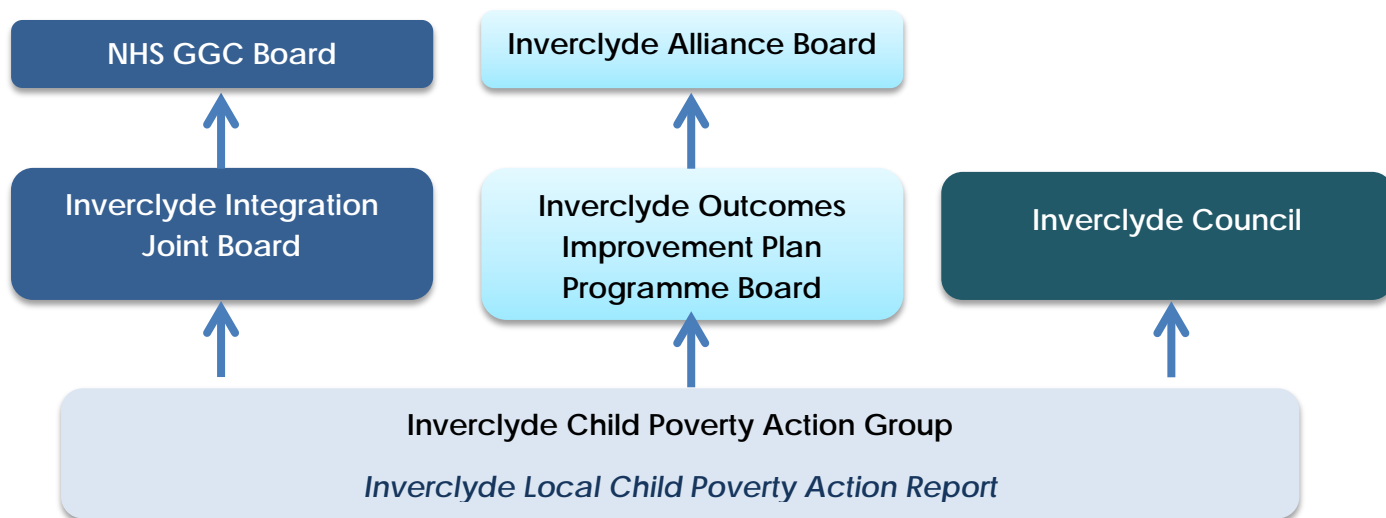
NHSGGC provides a range of employability outreach activity, Inverclyde is included in this. In 2020/21, in line with guidance from national Healthy Working Lives partners, NHSGGC aims to undertake a family friendly audit of its policies. In terms of Living Wage Accreditation, Inverclyde will work to influence partners, including the NHS to achieve accreditation.

3 Governance & Accountability

Immediate responsibility for the governance of this Inverclyde LCPAR rests with the Inverclyde Child Poverty Action Group. This group meets on a regular basis and is chaired by the Corporate Director of Education Communities and Organisational Development, Inverclyde Council.

The Inverclyde Alliance Board, supported by the Programme Board provides governance, leadership and scrutiny to the work of the Child Poverty Action Group, as well as helping to co-ordinate partnership activity.

Inverclyde Council and NHS Greater Glasgow and Clyde have joint responsibility for implementation of the LCPAR therefore relevant committees receive regular progress on delivery.



Links to other plans and strategies

The Inverclyde Alliance vision for Inverclyde is:-

‘Nurturing Inverclyde: Getting it Right for Every Child Citizen and Community’

The Inverclyde Outcome Improvement Plan set out 3 strategic priorities that reflects both the need and aspirations of our communities with the aim of reducing deprivation and inequalities. The three strategic priorities are:-

- Population
- Inequalities
- Environment, Culture and Heritage

As part of the Community Planning element of the Community Empowerment (Scotland) Act 2015, Inverclyde Alliance has a responsibility to develop locality plans for those areas of Inverclyde which experience the greatest inequalities. Inverclyde has established local communication and engagement groups and published Locality Action Plans for all 6 locality areas in Inverclyde. However, the areas that experience the greatest inequalities in Inverclyde are:

- Port Glasgow
- Greenock East/Central
- Greenock South/South West

The links between the LCPAR and the area’s high level strategic plans is shown below:



The delivery of the actions and projects within this LCPAR make a significant contribution to the delivery of a range of strategic plans and priorities for partners across Inverclyde and these are noted in the Delivery Plan in Appendix1. All of the actions within the delivery plan help to build and deliver on children and young people’s access to their rights as outlined within the UNCRC and a wide range of ways, as well services meeting their duties to promote and uphold the rights of children and young people as outlined in the Children and Young People Act (Scotland) 2014.

4 Inverclyde - Partnerships

Inverclyde Council work with partners around Child Poverty and in March 2020 committed £1 million towards anti-poverty initiatives. The Child Poverty Action Group agreed priorities and work plans in relation to supporting families in financial distress.

- Income, Employment and Training

In 2018/19 the Council developed a pre- apprenticeship pilot for twelve pupils, primarily in S4, who were not fully engaged in school who may benefit from taking them out of school for vocational training purposes and building on the opportunity to access their rights (article 29) “A child or young person’s education should help their mind, body and talents be the best they can be”. Despite the impact of COVID-19, five of the pupils in the childcare group achieved an SCQF level 4 qualification in childcare whilst the Engineering and Construction cohort all achieved SCQF level 4 units in a variety of related topics.

Inverclyde Council will develop a bridge between school and the success of the Councils existing modern apprenticeship programme. It is proposed to offer the pre-apprenticeship programme for a second cohort of twelve pupils from across Inverclyde between August 20 and June 21. In addition it is proposed to offer a level 2 apprenticeship to the year 1 cohort in the area of last year’s development over a period of 18 months from August 2020. Finally it is proposed to offer the five modern apprentices who are due to finish on the Councils existing modern apprenticeship programme a two year contract at an entry level post to allow them time to gain further experience and enhance their job prospects.

- Food Insecurity and the Cost of Living

The Council has provided a £25 per fortnight payment to every child/young person entitled to receive free school meals throughout the Covid period ensuring access to their right to adequate food (article 27). The current is due to end on the 28th August and has benefited approximately 3700 children. It is recognised in Inverclyde that the Christmas period puts a major financial strain on families with limited income and would propose that a one off payment made in the middle of December to each child/young person in receipt of free school meals and would allow qualifying families to buy healthier food over the Christmas period.

In addition to the FareShare community food initiative already being funded for a further 12 months, there is an opportunity to establish a local Food Pantries in one of the localities with the greatest inequalities. The Food Pantry organisation is offering to support local authorities and third sector organisations develop a concept and build on their framework of good practice. The Food Pantry is set out as a shop and displays a variety of good quality food, sourced from FareShare Glasgow, where members of the community can choose from a subscription and/or membership fee. The pantry model targets those on a low income and/or recovering from crisis providing fresh and healthy food at a price that is affordable.

NHSGGC participated in national research in partnership with Health Scotland and NHS Ayrshire and Arran on the cost of the pregnancy pathway. Key actions being taken forward from 2020/21 include partnerships considering the costs of attending services for families; of purchasing items for a new baby and affordable childcare.

- Welfare Support

The Scottish Government allocated £5 million as a one off sum to Councils to allow more generous Discretionary Housing Payments to be made during the Covid period of which Inverclyde were allocated £71,000. Following analysis of the current Housing Benefit and DHP data Inverclyde will award DHP up to 100% of the difference between Universal Credit Housing costs or Housing

Benefit entitlement capped at £200 per month with the payment being made for a period of no more than 6 months. This will provide short term help which is in line with the purpose of DHP and would allow households time to improve their circumstances by finding employment or moving to more affordable homes and helping the children and young people living within these households to access their right to adequate housing and a good standard of living (article 26 & 27). This payment would be applicable in the Private Rented Sector.

The Council maintained the payment of Crisis Grants throughout the Covid period and took the decision in March to increase payments by 20% to provide greater financial support to those in most need. It is recommended that the 20% enhanced payment is continued for the remainder of 2020/21. In addition it is proposed that the Community Care Grant which assists with individuals setting up home be paid to not only high priority cases but also medium priority cases. This will allow payment to be made to more individuals and for additional items for the home including washing machines, floor coverings and additional furniture.

- Digital Inclusion

The Council has received an allocation of £433,000 from the Scottish Government to ensure that all secondary school pupils in receipt of free school meals have access to an appropriate device and connectivity. This makes significant inroads into many households suffering from digital exclusion. The Council has previously approved an £80,000 investment from the Anti-Poverty earmarked reserves to provide free Wi-Fi for a five year period in 8 Community Centres in addition to the existing infrastructure within the Council Libraries estate. The council and its partners will continue to develop a strategy for digital inclusion focusing on young people, lone parents, families where English is a second language and those who are engaged in training but need access to digital equipment to help with their course. The strategy will include ensuring the people have hardware, connectivity and ability by working in partnership to provide additionality. Inverclyde HSCP has also committed £24,000 towards buying laptops for care experienced children across the district. All of this progress will help children and young people to access a range of rights including participation, inclusion, the rights to access information and the right to education and is instrumental in closing the gap for those children and young people in being able to access and realise their rights.

Pupils, regardless of whether they have a computer and internet access or not, have been provided with resources from their schools to continue learning at home during lockdown – with staff in contact regularly with young people and their families to offer support and advice.

- Build on a strong community and third sector base

There is an opportunity to build on the excellent Community response to the Covid pandemic to improve capacity and resilience. Many groups received financial support from time limited Scottish Government schemes and it is proposed that the Council creates a fund to receive applications for support to allow projects which support the vulnerable and isolated to continue.

- Inverclyde's Attainment Challenge

Inverclyde continues to make progress in reducing the poverty related attainment gap. The attainment of all pupils within SIMD 1 and 2 is increasing in all aspects of Literacy and Numeracy at all stages. Raised attainment in both literacy and numeracy at combined primary levels illustrates a reduction in the poverty related attainment gap.

A working group has been set up locally to raise awareness to school pupils, staff and parent / carers on reducing the cost of the school day. Training has been offered to school staff with the first training session being a success. Further training dates will be arranged.

Cost of the School day is now a standing agenda item on the Parent Council Chairs meeting with ideas from Parent Council Chairs being taken on board.

Feedback from parents on what currently works well and changes they would like to see has been piloted at one Primary School as well as during two community events during Challenge Poverty Week. It is hoped this can be widened to other schools working with Parent Council Chairs within Inverclyde.

Inverclyde HSCP

In response to the generational, social health and economic inequalities, 6 big actions have been identified to address the drivers that impact on poverty. These are outlined in Inverclyde HSCP Strategic Plan.

- Care Experienced Young People (CEYP) Attainment Fund maximises learner participation by providing opportunities for personal achievements. The CEYP Attainment Fund has bought 125 laptops and dongles to challenge digital poverty and support children, young people and their families to access their rights in a range of ways.
- HSCP are working to fight against food insecurity – in partnership with Riverclyde Homes (Communities Fund) – 425 children were supported by Children’s Services and have benefitted from cash for kids and have been supported to access their right to food.
- Creative Health and Wellbeing Workshops through one of Inverclyde’s secondary schools provided online learning opportunity via webex for 10 young people over a 6 week period to:
 - express themselves creatively
 - learn new creative skills
 - connect with others to maintain positive mental health.
 - relieve anxiety and stress.

The above partnership working included the Health and Wellbeing Co-ordinator, Art Department, RigArts and CEYP and their peers.

- As a consequence of COVID-19, there has been an increase in the number of people volunteering. This has given a greater pool of mentors for CEYP at home between the ages of 8-14yrs which has helped to build confidence and resilience and a readiness to learn.
- Training to midwives at Inverclyde Royal Hospital was provided on the importance of routine enquiry money worries, how to refer on Badger net and new maternity related social security benefits. The aim was to increase money advice referrals to Healthier Wealthier Children.
- Work has continued within maternity services to increase referrals to financial inclusion services. As part of the SNIPs service, financial inclusion service direct access pathways have been set up to prevent sanctions and issues of conditionality for women.
- Inverclyde’s Local Child Poverty Action Group future direction is based on evaluating, improving and collaborative working with NHS partners. The group identified areas of joint working which was followed by workshops led by NHS Health Scotland, looking at data available and prioritising areas we wish to focus on.

Public Health Scotland

Public Health Scotland are now working in partnership with Inverclyde’s Child Poverty Action Group to develop a Whole System’s Approach to explore how we can bring the skills and knowledge locally and nationally to strengthen the work of this partnership and ultimately maximise a collective impact on reduction child poverty. This will enable Inverclyde to further establish the gaps and understand the data. This process will amplify the work from the workshops, and give rich information to scrutinise. Locally, we require to focus on improving our data collection and analysis in order to increase our understanding of the needs of the priority groups and the community as a whole.

Poverty Alliance Scotland - Get Heard Inverclyde

There is a need to connect people within our communities, with services and organisation to provide information, support and advice that is meaningful and helpful, in order to prevent them from entering or being left in poverty. The voice of the people with lived experience of poverty and inequality will be recognised through both the locality planning and participatory budgeting process. A community based approach with the support of the third sector and the volunteers will ensure that the most relevant voices are heard. Discussions have commenced with Get Heard Scotland to work in collaboration with Inverclyde Council to engage, involve and empower people affected by poverty and get their engagement on the policies and decisions that most impact their lives. The Poverty Alliance Get Heard Project would provide Inverclyde with a qualitative research report.

NHSGGC

NHSGGC has consulted with lower paid staff. Many had money worries, from the research changes to attendance management procedure, wage slip messages and nurse registration processes all include money worries messages. In addition, staff money worries clinics are being piloted.

CVS Inverclyde

The local Third Sector Interface (TSI) organisation, which offers support to community groups, voluntary organisations and social enterprises across Inverclyde, including those who support children and families. Another role of a TSI is to host networks. CVS Inverclyde has 2 networks that directly support children and young people, particularly those experiencing multiple types of poverty.

- The Resilience Network was launched in February 2020 to bring together colleagues from both public sector and 3rd sector organisations to work together to help the people of Inverclyde to build resilience and foster hope. Among the network's areas of activity are support around food insecurities, employment and interview skills, parenting support and gaining qualifications.
- In June 2020, CVS Inverclyde relaunched the children and young people's network as the Best Start in Life Network. This new network uses the collective knowledge and experience of professionals and providers to develop a collaborative approach that will ensure the children and young people of Inverclyde really do have the best start in life. The first meeting focused on the themes of poverty, early intervention and holistic family/community approaches. The second meeting discussed Covid-19 recovery and a partnership approach to mitigating the impact of lockdown on children and young people's attainment.

CVS Inverclyde is also a member of the national TSI Children's Services Network, which is hosted by Children in Scotland. This network provides the opportunity to share best practice, receive regular updates from a national level and raise local issues to influence national policy.

Acute financial inclusion services

Acute financial inclusion services support families from across NHSGGC including Inverclyde. The SNIPs financial inclusion service, the Children's Hospital and the adult Acute financial inclusion services all provide direct support and advice about welfare benefits and provide support to apply for and access eligible benefits, debt advice and help with energy issues. The SNIPs financial inclusion service also has a vital advocacy support element.

Best Start Grant information was shared with early years staff and a quality improvement programme initiated to increase referrals to money advice services

NHS public health colleagues have continued partnership working with both the DWP and SSS. A NHSGCC pilot with the DWP at QEUH, which will, when safe to do so, will be co-located with Support Information Services and with direct patient access. This will initially support benefit issues e.g. Universal Credit accounts while in hospital.

Best Start Grants

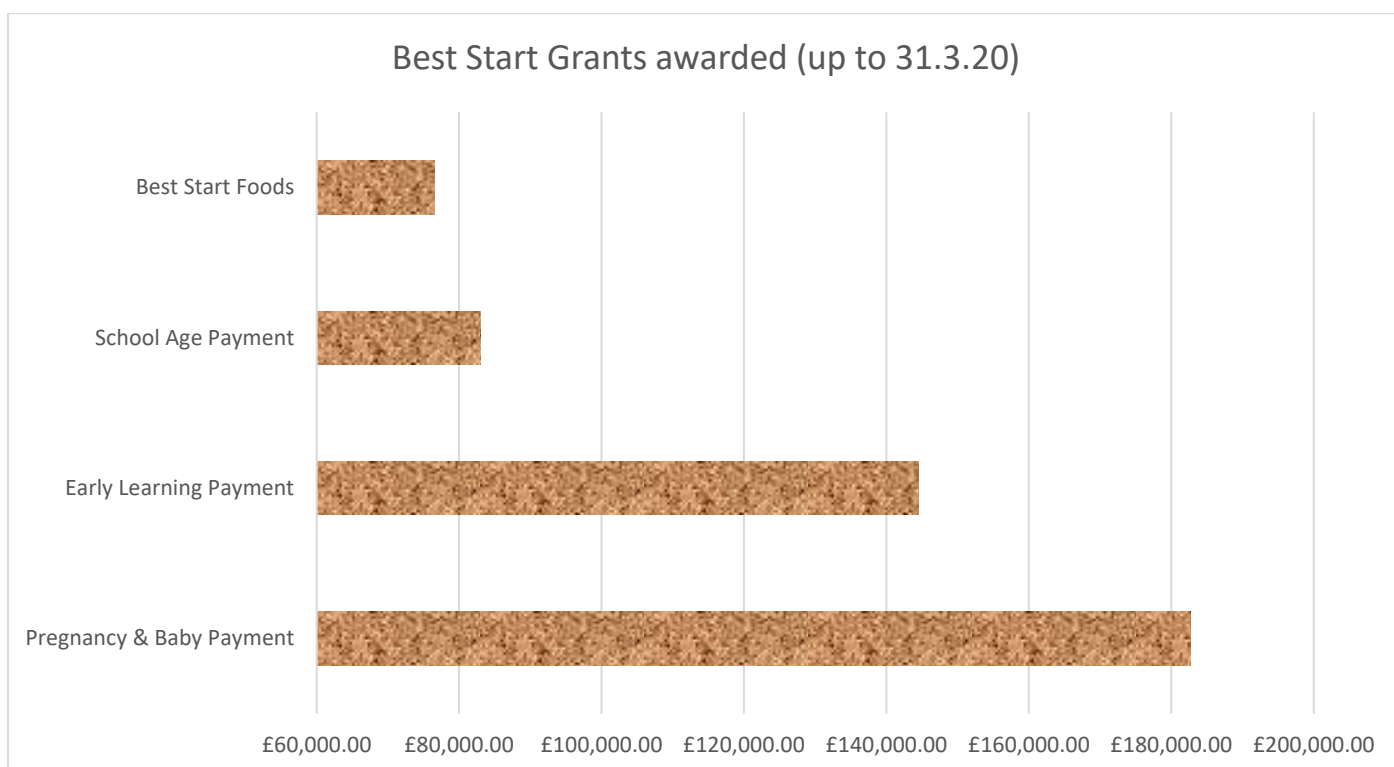
Social Security Scotland is an Executive Agency of the Scottish Government. They have been set up to administer the new Scottish social security system.

Benefits are being introduced in stages. The benefits introduced to date are mostly in the form of one-off or lump sum payments. From next year more complex disability benefits will be delivered.

When fully operational, 16 benefits will be delivered supporting people who are: on low incomes, have disabilities, carers, young people entering the workplace, and to help people heat their homes.

Social Security Scotland continue to work closely with partners to ensure eligible families receive grants available.

The graph below details grants provided to Inverclyde families:-



Family Nurse Partnership

Family Nurse Partnership offer intensive support to mums aged 19 or under. This involves engaging with the young mums during pregnancy through a mixture of weekly and fortnightly home visits. Developing a therapeutic relationship and using this to create a secure base and as a vehicle for positive behaviour change. The Family Nurses support the young mums with a variety of issues such as claiming benefits, housing options, managing a household budget, training, employability and CV writing skills. The role of the Family Nurse is to support the young mum with these aspects but with a continuous encouragement towards self-efficacy.

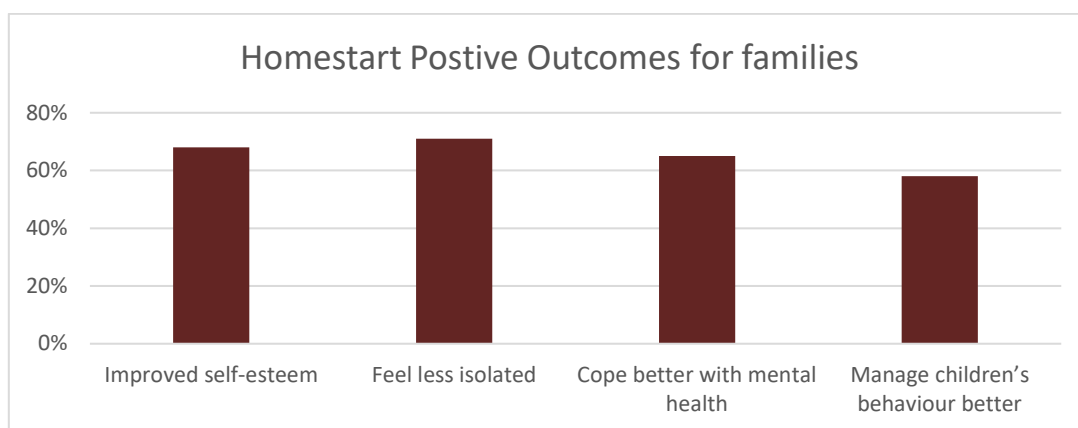
Within Inverclyde, 86% of mothers participating in the programme lived in SIMD 1 & 2 areas (2019).

Homestart

Homestart provides emotional and practical support and friendship to help parents with young children, in order to give every child the best possible start in life. Parents grow in confidence, strengthen their relationship with their children and widen their links within the local community. There are currently 3 members of staff within Inverclyde and 40 volunteers. 60 families and 108 children have been supported from 2015 to present through home visiting.

Families require support for reasons including:-

- Social Isolation
- Parents' poor mental health
- Difficulties managing children's behaviour
- Parents' low self-esteem
- Stress caused by family conflict



Additional support for families in poverty

Families are referred to foodbank / Belville Community Gardens, donations (clothes, buggies, prams, toys) are requested through volunteers / Facebook and hardship fund are available for families in extreme need.

'I was at breaking point and it was either me or taking the children into care. For parents' mental health this is a vital service, because it is providing the support that nowhere else is providing in Inverclyde'

'They're great for putting you in touch with other organisations We had went a long period of time without any actual income. It was the volunteer who went and got us put in touch with the food bank'

The above quotes are from families supported by Homestart.

Bellville Community Gardens Trust

This is a registered Scottish charity formed in 2014 by local people to bring community groups and individuals together in the east end of Greenock, Inverclyde. The organisation promotes a safer, stronger community around improving lifestyles, and health primarily through gardening, horticulture and healthy eating, breaking social barriers for young and old alike and offer the chance of new learning experiences, improved community relationships, a sense of pride in the environment and improved mental and physical wellbeing.

As well as food growing, they also redistribute surplus food from our Inverclyde community fridges and at their weekly “Soup and a Blether” pay as you feel community meal, with a community larder table available for food sharing.

The garden employs five staff working on a range of projects with a strategy to engage local community groups training people in construction skills, food growing and cookery skills.

Barnardo’s Nurture Services Inverclyde

Barnardo’s Nurture Services Inverclyde provides a wide range of universal and specialised opportunities to promote family wellbeing. The highly skilled staff base within the service offers children and families across Inverclyde a wide range of support in a bespoke and individualised manner. Individuals across the age range of 0-18 years are supported through the services in Early Years, Primary and Secondary Attainment and Thrive. These services across Nurture delivers the core principal of children and families being at the centre. The needs based supports also produces best outcomes for improving wellbeing and family life. Barnardo’s work alongside children and families to support and improve areas of family life such as:

- Positive Learning Experiences
- Increase Social Capital
- Positive/Improve Family Relationships
- Improve Mental Health and Wellbeing
- Stable and Secure Family Environment

Parklea Branching Out

This is a local not-for-profit third sector organisation and Charity, based within the Parklea Park area in Port Glasgow.

The focus of Parklea’s activities is horticulture therapy which are used to deliver a range of training, supported employment, work experience, recreational and social facilities to young people and adults with neurodevelopment conditions, which can include a wide range of cognitive disabilities and other complex diagnosis, such as; Autism, Down’s Syndrome, Fragile X, Williams Syndrome, Cerebral Palsy, acquired brain injury, communication difficulties and multiple and physical disabilities.

In the delivery of Parklea’s current programmes, they work in partnership with Inverclyde Council and HSCP and other referring partner agencies in terms of client referral and service contract funding.

Parklea have adapted and responded to COVID-19’s challenging situation and consider the impact that this may have on the Charity and for our very vulnerable clients, who in addition to their learning disability have very different and complex needs and other underlying issues that can include poor mental and physical health, physical disabilities, long term health conditions, low self esteem/low confidence and high levels of anxiety or depression. Individuals can also have other social needs and for some can be socially isolated.

In addition, many live in deprived communities and disadvantaged households. Parklea chose to do this in a range of ways by reaching out to our people through home delivery of food boxes, cooked meals and beautiful flowers and plants that the clients helped to grow and nurture.

Inverclyde Community Development Trust

Inverclyde Community Development Trust exists to create jobs, provide services and remove barriers. It is an organisation that uses a combination of community development, enterprise and creativity to improve the quality of life for local people. Our focus is on the things that matter for the people of Inverclyde with over thirty years of experience in providing a wide range of services and support across the community. The Trust's main areas of work are Employability services, training, befriending, refugee support, arts and heritage, active travel and community food projects.

Morton in the Community Trust

Morton in the Community Trust is a registered charity and has been operational since March 2013. They help to create a healthier and safer region by working closely with key partners in the public and private sectors to create inclusive programmes that engage people of all ages and abilities.

These range from physical literacy classes in nursery schools through to non-elite coaching sessions for 2 – 16 year olds, employability training for people of all ages, promoting healthy lifestyles, and physical and mental well-being sessions. There are more than 5,000 people engaged in these programmes on an annual basis.

Challenging Inverclyde Poverty Group

Formed in November 2018 in response to poverty being identified as an issue that has a negative impact on the lives of people across Inverclyde.

People experiencing poverty need to be involved in the design of solutions including work to address the underlying causes of poverty. Challenging Poverty Inverclyde are one of the HSCP Advisory Groups, facilitated by Your Voice to work alongside Inverclyde Council and local health and social care providers to ensure that the views of local people are heard when planning and developing services.

Over the past year concerns have been raised which people in our community face on a daily basis. These include welfare reforms and the benefits system - the inequity of Universal Credits and Zero Hour Contracts (in work poverty), health, employment, and travel. We have also highlighted that too many of Inverclyde's children, young people and families have limited opportunities to partake in many aspects of everyday community life due to poverty.

The CIP group has been working to raise awareness of / promote:

- Local resources to help mitigate poverty
- The cost of the school day
- Universal Basic Income
- Scarcity theory and how this can lead people to make poor decisions

CIP group have also worked with national organisations including:

- Universal Basic Income (local survey online) - Scottish Governments Cross Party Working Group & Compass CIP's
- Oxfam Scotland – local inequalities workshop
- Poverty Alliance Scotland – Get Heard Programme

5 COVID-19 –Impact on Inverclyde

The COVID-19 pandemic is affecting the world, but there are certain groups of people for whom the virus and the measures to stop the spread of the virus will have a greater negative impact. Those living in socio-economic disadvantage and who are already experiencing the greatest inequality of outcomes are more likely to struggle to access their fundamental rights, experience poor health, lack of income, poor and cramped housing, fuel poverty, poor educational attainment and lack of access to greenspace. They are unlikely to have any savings to help cover additional unplanned costs or gaps in income. All this means that if they contract the virus, they are potentially more likely to have poorer outcomes as well as being more likely to spread the virus around their immediate family. Additionally, the restrictions in place are likely to exacerbate the inequalities experienced by those on low incomes, low wealth, and living in deprived areas and in material deprivation.

COVID-19 related deaths in Inverclyde were first reported in the week commencing 23 March 20 when there were 3 reported deaths. The peak death rate with COVID-19 was week 15, commencing 6 April 2020 when there were 32 deaths. From week 10 to week 23 there were 112 deaths with covid19, by the end of July 2020 there were 116 deaths with COVID-19 which is 14.8 per 10,000 population.

NHSGGC's corporate and acute child poverty approach to COVID-19 is described in the September 2020 report to the Corporate Management Team.

Cost of Food, Fuel and Living

Whilst families are being asked to remain at home, there has been an increase in food, fuel and living costs, with the cost of living rising more for those living in poverty due to transport issues, and having to shop more locally can be more expensive. This can also increase stress for single parents having to take their children to the shops with them as they have no current means of childcare.

Fuel costs have increased for families due to requiring heating on for longer periods and Wi-Fi, television, laptops, tablets being on / requiring charged more often due to additional use including school work.

Other living costs include families buying laptops/tablets to enable their children to do their school work from home, additional stationery, activities and toys to keep their children occupied during lockdown, and childcare costs to ensure spaces are still available when childminders / private nurseries re-open.

School meals

Initially packed lunches were provided to children entitled to free school meals and children who attended the Hub Schools either because their parents are front line workers or because they have been identified as vulnerable. In total 5,662 packed lunches have been distributed. Fortnightly food bags were distributed to all young people who were entitled to free school meals and school clothing grants. This was difficult to sustain because of the lack of a reliable delivery supply and because of how resource intensive it became in a time of social distancing.

The alternative has been paying money directly into accounts. Money was initially paid into accounts of those entitled to clothing grants in schools and their siblings in early years. Other children with ASN and those entitled to qualifying criteria places in early years were written to and asked to get in touch with their bank details. £25 per fortnight is given to each child and currently more than 3,300 children are receiving this.

Bags of food (including baby bags) are made up for the most vulnerable families to ensure that children who are in danger of missing out have access to a food delivery. Over three hundred bags are delivered each fortnight.

School Hubs

There are 10 hubs (providing childcare) in place for key workers and vulnerable pupils with the highest daily attendance reaching 192. Staff from all schools are contributing to the hubs. Inverclyde has been able to offer a place to all key workers who required it

Local Food insecurity

Inverclyde Council is working in close partnership with the local community, business, and public and third sector organisations to ensure that everyone who needs a food aid receives it. The Council with Scottish Government Food Fund has allocated funding to the community and third sector organisations.

The I58 Project is the local Trussell Trust food bank who have a good local community connection especially with those who are vulnerable, on low income, in financial risk, unemployed or marginalised. The I58 project is based in the most deprived datazone in Inverclyde but provides a range of services across Inverclyde including Christmas Hampers, Financial Advice, baby boxes and food bags, relying on the support of local donations and supermarket surplus food, both of which have diminished in the past few weeks. Providing funding to the I58 project has enabled them to extend their criteria to support people who have recently lost their jobs, reduced hours or been furloughed and cannot afford to feed their family.

Funding has also been used to support Belville Community Garden Trust (BCGT). BCGT have delivered self-isolation food boxes, prescriptions and meals to people who have contacted them or been referred and needing support and food. This includes chilled and frozen meals for clients who do not have the capacity or are too ill to cook for themselves.

Scottish Government funding has been provided to Fareshare to provide Local Authorities with excess food to distribute to organisations and in turn members of the Community. Approximately 2 tonnes of food is provided per week to Inverclyde.

Local community organisations who have been distributing food to people who access their service include:-

- Branchton Community Centre and Parklea Branching Out delivering hot meals and food parcels
- Barnardos, Homestart, Community Development Trust and Compassionate Inverclyde deliver food parcels
- Homeless Centre receive food for their residents, and people who have recently moved into their own tenancy.

A One Stop Telephone help line has been set up to support local residents to ensure they receive the support and advice they require.

NHSGGC Support and Information Services have partnerships in place to provide emergency food packages for people in need being discharged from hospital. This also includes a money advice pilot for patients being discharged from Stobhill Mental Health inpatient Unit.

Fuel Poverty

Partner referrals for our HEAT support have actually reduced as we work through COVID-19. This is down to a majority of partners working in “emergency” mode at this time. (e.g. Housing Associations are a main referring partner but have not been working business as usual – letting properties, chasing for unpaid rent etc.)

HEAT have been proactively engaging with the communities they serve through direct contact with groups and organisations through to increased activity in social media. This has meant that they have been able to increase the number of households supported.

All of the support has been targeted at vulnerable households who have are in or in danger of self-disconnect. This is normally where a household is shielding or where the household income has been impacted by COVID-19.

Below is project savings for HEAT as a whole. This covers all Customers engaged which includes Inverclyde (other areas covered are Glasgow, North and South Lanarkshire, East and West Dunbartonshire).

	Apr to June 2019/2020	Apr to June 2020/2021
Households receiving energy support	556	853
Project savings accrued	£349,398	£268,382

Savings accrued was greater last year. This is due to a number of strands of support not being available due to COVID-19.

NHSGGC has a programme to increase access to advice about tackling fuel poverty to those accessing NHS services (in partnership with Home Energy Scotland).

Income and Employment

There is an additional pressure on low income families due to Covid-19 who were already struggling being furloughed, or have lost their jobs. There will undoubtedly be an increase in unemployment in the near future due to the impact Covid-19 is having on businesses.

DWP are working with West College Scotland, Skills Development Scotland, Inverclyde Community Development Trust and Street League who are starting a new programme for 18 – 24 year olds.

Digital inequalities

People within Inverclyde who do not have internet access are socially and economically isolated in a range of ways and having access online helps with improved employment opportunities, higher levels of educational attainment and cheaper products.

During the Covid 19 lock down period, Inverclyde Council, Inverclyde Health & Social Care Partnership (HSCP) and Belville Community Garden Trust provided computers to young people who do not have access to a device and who have been offline since schools closed because of the coronavirus outbreak.

School estates have received funding for an upgrade of Wi-Fi provision and connectivity.

(CVS Inverclyde) 3rd sector support

Inverclyde Alliance partnership with CVS Inverclyde ensures that wider organisations are supported to apply for funding, access volunteers and deliver services within the community who have also received funding directly from the Scottish Government to meet local need. This has included approximately an additional 9000 hot meals and sandwiches from Branchton Community Centre. Barnardo's, Homestart, Inverclyde Community Trust, Parklea and Inverkip Community Hub are supporting approximately 268 individual families with food through their own organisations.

In addition to this, people who phone Inverclyde Council's shielding phonenumber or humanitarian aid 'one stop shop' phone number are referred to CVS Inverclyde. The Inverclyde Community Link Worker (CLW) team, managed by CVS Inverclyde, provide support and signposting to other relevant agencies/organisations in the community. Furthermore, CVS Inverclyde and Compassionate Inverclyde are working in partnership to deliver a new prescription collection service for local residents needing support during COVID-19. These organisations, alongside volunteers from the local community, work together to ensure everyone in need receives their prescription on time.

COVID-19 Scottish Government Measures

The measures announced by Scottish Government on 18th March to support communities are summarised below:

Support to Communities
£50m hardship fund.
£45m additional funding for Scottish Welfare Fund.
£50m for Council Tax Reduction Scheme.
£70m food fund.
£50m wellbeing fund
£40m supporting communities
£20m for a Third Sector Resilience Fund.
£25m reserve.

6 Plan on Page

Inverclyde's Child Poverty Action Group meet on a regular basis and have agreed on local priorities and shared outcomes to reduce Child Poverty, multiple deprivation and inequalities across Inverclyde with the Primary Drivers being Education & Learning, Income & Employment and Communication & Information.

The Plan on a page drills down to priority actions the Child Poverty Action Group will undertake 2020/21 to work towards reducing Child Poverty.

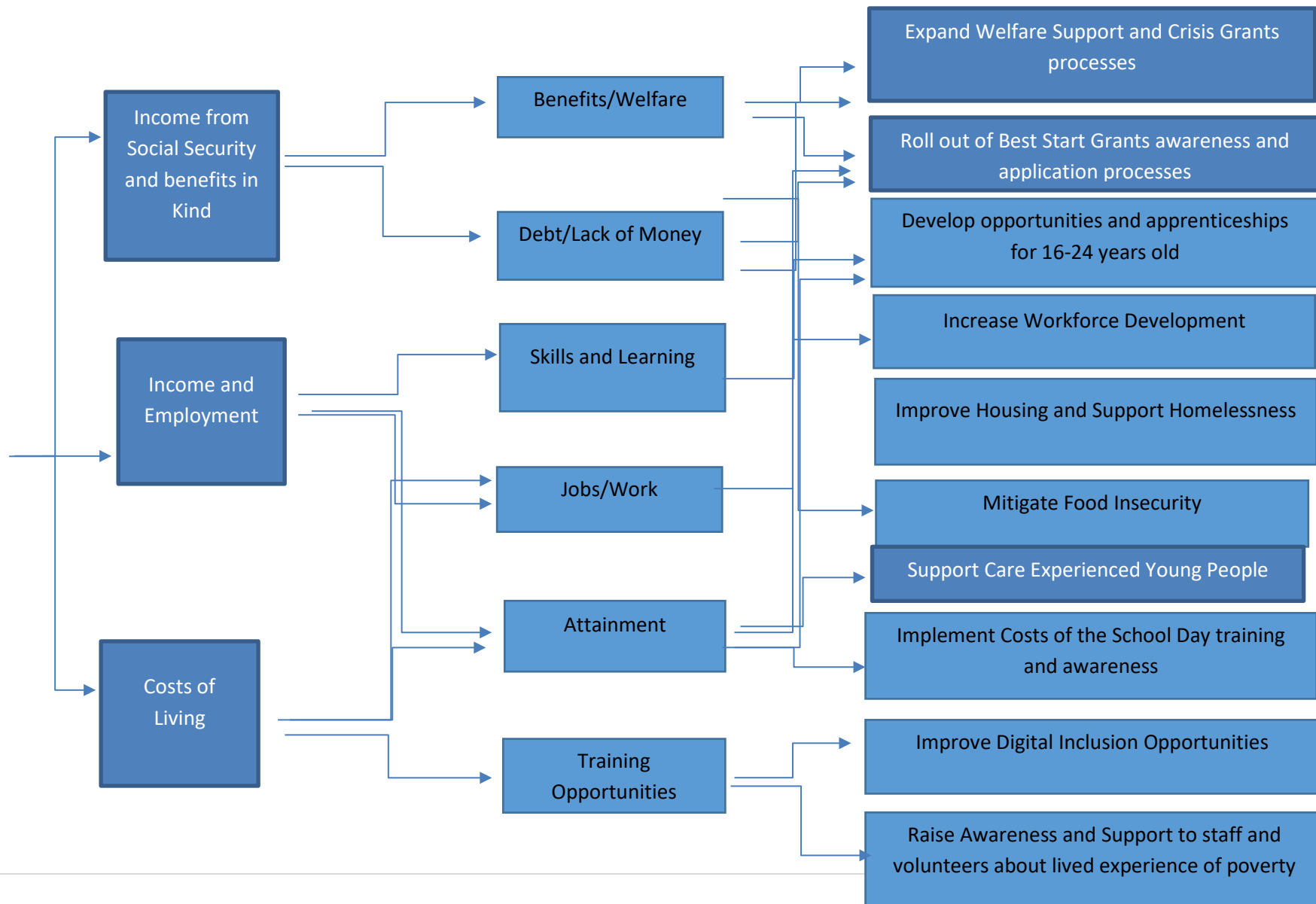
Local Aim

National Drivers

Local Drivers

Priority Actions 2020

Inverclyde Child Poverty Action Group (ICPAG) will reduce child poverty, multiple deprivation and inequalities across Inverclyde.



7 Progress Reports 2018/19

The following tables highlight updates on actions included within 2018/19 LCPAR:-

Income from Employment

What we said we would do in 2018/19	What we did
Recruitment of 12 pre apprenticeships	<p>11 young people remained on this programme. A Community Learning Development Worker is employed to support and encourage the young people.</p> <p>Funding has been granted for another 12 young people to participate in this programme commencing Autumn 2020.</p> <p>In 2018/19 the Council developed a pre- apprenticeship pilot for twelve pupils, primarily in S4, who were not fully engaged in school who may benefit from taking them out of school for vocational training purposes. Despite the impact of COVID-19, five of the pupils in the childcare group achieved an SCQF level 4 qualification in childcare whilst the Engineering and Construction cohort all achieved SCQF level 4 units in a variety of related topics.</p> <p>Inverclyde Council will develop a bridge between school and the success of the Councils existing modern apprenticeship programme. It is proposed to offer the pre-apprenticeship programme for a second cohort of twelve pupils from across Inverclyde between August 20 and June 21. In addition it is proposed to offer a level 2 apprenticeship to the year 1 cohort in the area of last year's development over a period of 18 months from August 2020. Finally it is proposed to offer the five modern apprentices who are due to finish on the Councils existing modern apprenticeship programme a two year contract at an entry level post to allow them time to gain further experience and enhance their job prospects.</p>
<p>SAMH Individual Placement Support service (IPS)</p> <p>To link wider to local Employability Pipeline and Employability Health Outcomes</p> <p>Explore options to extend provision to include pathways related to Primary Care</p> <p>Strengthen the linkages within Fairstart projects to</p>	<p>This work continues to be under discussion with the local authority and wider partners at the IREP (Inverclyde Regeneration & Employability Partnership).</p> <p>As with the wider employability pipeline discussions with the local authority, this area of work remains currently aspirational, with no further developments at this point.</p> <p>Fairstart are part of the IREP (Inverclyde Regeneration & Employability Partnership) to allow this work to progress.</p>

enable local reporting and monitoring.	
Stepwell led the Whole Life Restore Programme which involved life skills training, resilience workshops, pre-vocational and vocational qualifications, one2one employability support, work placement and supported employment opportunities	<p>Whole Life Restore was for residents of Inverclyde who:-</p> <ul style="list-style-type: none"> • Are in receipt of unemployment benefit • Have a 'lived experience' of criminal justice, addictions and/or homelessness • Are ready to explore their future aspirations including actively looking to progress into employment or other positive destinations. <p>12 people completed the Stepwell programme with one job outcome and four people achieving vocational training.</p> <p>Stepwell are part of discussions to establish a framework to mitigate food insecurity through food aid, food access and food equipment.</p>
Attainment Challenge	<p>Increase in attainment for targeted groups of pupils in literacy and numeracy</p> <p>Recent reports indicate that we continue to make progress in reducing the poverty related attainment gap. The attainment of all pupils within SIMD 1 and 2 is increasing in all aspects of Literacy and Numeracy at all stages.</p> <p>The National Improvement Framework data comparisons from 17/18 and 18/19 illustrates raised attainment in both literacy and numeracy at combined primary levels and therefore a reduction in the poverty related attainment gap. At 3rd level numeracy attainment has also increased. Inverclyde's attainment at all levels and reducing the Poverty Related Attainment gap is either better or in line with the national average.</p> <p>Increase in teachers' knowledge and skills to engage children in learning in literacy and numeracy</p> <p>There is an increasing number of staff engaging in training particularly in early years and primary. This training has also been strengthened by including effective feedback within these approaches to ensure pupils make further progress in their learning. These highly impactful interventions are improving both professional knowledge and pupils' learning. Through the development of pedagogy and a shared understanding of high-quality learning, teaching and assessment pupils are making very good progress in literacy and numeracy and the poverty related attainment gap is being reduced.</p> <p>The Speech and Language Therapy team have worked closely with the Early Level Coaching and Modelling Officer to plan, and implement, Level 1 Word Aware training across 6 target attainment challenge nurseries improving pupils language and vocabulary development.</p> <p>Training for staff in SEAL (Stages of Early Arithmetical learning) in some early years establishments is improving pupils' early understanding of number and laying foundations to secure further progress.</p> <p>Some staff from different departments within the secondary sector have engaged in training for Literacy across Learning. This training is supporting</p>

	<p>staff in improving access for pupils to the wider curriculum and increasing opportunities for the individual in all aspects of life.</p> <p>Increased confidence in assessment and planning</p> <p>Staff across all sectors continue to engage in establishment, cluster and inter-authority moderation activities. Staff are more confident in the use of benchmarks to support judgements of achievement of a level. As a result the shared understanding of high-quality learning, teaching and assessment pupils are making very good progress in literacy and numeracy and the poverty related attainment gap is being reduced.</p> <p>All staff continue to plan using the Literacy and Numeracy pathways to ensure progression.</p> <p>Increased teacher skill in on-going assessment and reflective planning to meet the needs of children</p> <p>Staff across all sectors are increasingly using improvement methodologies to select the right interventions for individuals and specific groups of learners resulting in more positive outcomes for pupils. Small tests of change are integral to a range of professional learning activities identifying interventions which improve learning and teaching and increase attainment. This approach enables and empowers staff to consider and evaluate developments using their own research informed by local and national policy.</p> <p>Staff across all sectors have been involved in high quality training which is impacting on learning, teaching and assessment. Staff continue to engagement with our “Learning, Teaching and Assessment “ policy providing strategic guidance on planning and assessment. This session some school staff have been trained in creating High Quality assessments in numeracy. The Outreach teachers have been closely tracking cohorts of pupils to measure their progress. The findings have been impressive with one school reporting that 96% of the pupils who have received support are now on track or beyond.</p> <p>Increase in parental awareness of children’s learning in literacy and numeracy</p> <p>Inverclyde’s attainment plan sets out an integrated multiagency approach to closing the equity gap.</p> <p>Barnardo’s have been involved in delivering family learning events within Attainment Challenge schools. On average the attendance is 59 families per week.</p> <p>Barnardo’s reports that 94% of parents are indicating improved engagement in their children’s learning. Of the families they work with 169 parents are more engaged in their child’s learning since receiving a bespoke package of support.</p> <p>These include the following activities with some attending various activities</p> <ul style="list-style-type: none"> • 109 parents have attended Team Around the Child Meetings. • 96 have started to attend Parent’s Night. • 99 parents are now attending school reviews. <p>Community Learning and Development continue to support pupils and families living in SIMD 1 & 2 by offering a wider range of interventions to develop and improve softer skills. There has been delivery expansion in some key areas including supporting,volunteering and in building the capacity of parents.</p>
--	--

	<p>As a result parents feel more confident to approach teaching and support staff and are less stressed when carrying out home learning activities. Many establishments have also organised workshops to involve parents in their child's learning.</p> <p>Consistent use of common tracking system to effectively use data to support learning and teaching, and the identification of target cohorts</p> <p>Staff across establishments report on how the common tracking system and quality of data has improved their work, and ultimately outcomes for pupils. The Heads of establishments continue to be supported in collating and providing data as strong evidence to identify specific areas for improvement. Each primary and secondary establishment are provided with a Data pack with strong robust data.</p> <p>Increase in children's reading for pleasure</p> <p>The Libraries Inspire schools programme is being delivered in all Inverclyde libraries and led by YPS team. The Bookbug programme is also fully supported through libraries increasing pupils' enjoyment of reading. An increasing number of sessions in Reading for Pleasure in partnership with schools are planned and delivered with schools reporting positive impact. Tiddlers and Lunch Club Literacy Session Leader training has been identified to involve parent volunteers and is currently being organised by CLD.</p> <p>The Summer Reading Challenge is delivered with the aim of ensuring reading levels do not 'dip' over the long summer holiday period. Library staff inspire children to read six books over the summer holidays to promote reading for pleasure and establish or maintain positive reading habits. The number of children joining Inverclyde Libraries is increasing as a direct result of this initiative. With Inverclyde being one of Scotland's smallest authorities, this success is proof positive that the Summer Reading Challenge plays a key part in increasing access to public services for young people in Inverclyde.</p>
--	---

Cost of Living

What we said we would do in 2018/19	What we did
Reduce cost of school day within Inverclyde's schools and nurseries.	<p>12 teachers have been trained as local champions in raising awareness on reducing the cost of the school day.</p> <p>Training has been offered to school staff with the first training session being a success. Further training dates will be arranged.</p> <p>Cost of the School day is now a standing agenda item on the Parent Council Chairs meeting with ideas from Parent Council Chairs being taken on board.</p> <p>Presentations have been given to some Parent Council meetings within schools, and more will be planned.</p> <p>Feedback from parents on what currently works well and changes they would like to see has been piloted at one Primary School as well as during two community events during Challenge Poverty Week. The feedback has been discussed with the Head Teacher who has made changes where relevant. One example being allowing parents more time to save for school trips which has been implemented.</p>
Continue tackling fuel poverty in the area through the Energy Efficiency Scotland Programme: Area Based Scheme (ABS).	<p>Local Councils, COSLA and the Scottish Government are working hard to deal with fuel poverty, and to reduce greenhouse gas emissions in order to tackle the threat of climate change and have developed Energy Efficient Scotland, a 20 year programme aimed at making Scotland's existing buildings near zero carbon wherever feasible by 2050. As part of a range of programmes aimed at achieving these objectives, the Scottish Government has developed and funded the Area Based Scheme (ABS).</p> <p>The new build affordable housing supply programme will similarly reduce household bills through increased energy efficiency.</p>
Free Sanitary Products	<p>Free sanitary products have been available to all primary and secondary school pupils since October 2018 through a variety of discrete delivery methods. The initiative was expanded in January 2019 to include community locations and there are now in excess of 70 community locations throughout Inverclyde offering access to products. These include public toilets, libraries, community centres, GP surgeries and food banks.</p> <p>COVID-19 lockdown measures resulted in the public being unable to access free sanitary products in school or community locations. The first temporary solution implemented was the universal inclusion of sanitary products in food parcels. The second temporary solution was the introduction of an online ordering facility. Inverclyde Council worked with Hey Girls to develop a web link, allowing Inverclyde residents to order the products they required for delivery to their home address. From 1 May 2020 to 3 July 2020 over 700 orders have been sent to Inverclyde residents.</p>

	Online ordering will continue to be promoted through social media, in the local press and by partners.
Holiday Hub Provision	Holiday hubs continued to be a success during 2019 with attendance of over 2640 attendees (children) during summer 2019. Since the schools closed due to COVID-19, school hubs were made available providing childcare for keyworkers children and vulnerable pupils. 10 hubs were available within Inverclyde providing to approximately 192 pupils per day. The hubs continued throughout Easter and Summer holidays
Foodbank - Provision of food to Inverclyde residents in need	Inverclyde Foodbank remains committed to support those most in need in our community by providing emergency food provision and signposting to other agencies when appropriate. They will continue to work in the community to support the people of Inverclyde and by having strong relationships with referral agencies, raise awareness of all services provided by The i58 Project.

Income from Social Security and Benefits in Kind

What we said we would do in 2018/19	What we did
Financial Fitness will continue to support clients through the benefits system's biggest change since its conception, with a host of benefits affected. Clients are being notified of changes and up-to-date advice.	Financial Fitness will continue to support around 2,500 new clients annually through the benefits system's biggest change since its conception, with a host of benefits affected. Of particular significance is the ongoing roll-out of Universal Credit, the transfer from Disability Living Allowance to Personal Independence Payment and the introduction of 6 new benefits administered by Social Security Scotland. Clients are being notified and supported through these changes and given up-to-date advice, benefit checks, form filling assistance and advocacy support. Clients are also entitled to receive money advice from our in-house Money Adviser.
Ensure eligible families receive appropriate Kinship Payments	Income, benefits and allowance are reviewed on an annual basis to ensure payment is maximised. If changes are known between reviews, Kinship allowance will be reassessed. There are (as at 25 th February 2020) 119 Kinship children living in 79 households. This is an increase from 2018 figures (100 Kinship Children living in 64 households).
Change in eligibility criteria for free school meals, school clothing grants to allow more families to qualify	The income threshold for the locally enhanced Free School Meals and School Clothing Grant scheme has been increased in line with the increase to the Scottish Living Wage for 2020/21 applications. The result of the increased earnings threshold is that by 30 September 2019, 309 additional families qualified. 464 additional pupils received a school clothing grant of £145 and 333 children in Primary 5 and above now have free school meals as a result of the enhanced policy.

Appendix 1

Inverclyde Child Poverty Action Report Delivery Plan

August 2020

INCOME FROM EMPLOYMENT

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans
Apprenticeship programme for young people who are disengaged with learning or at risk of leaving school without qualifications	Head of Regeneration and Planning	£250,000	<p>The programme would combine on-site training with local employers and desktop learning between school and with West College Scotland, to build confidence and self-esteem, increase learning and enable the young people to be ready for employment and have the skills to apply for jobs when the opportunity arises. The scheme would also include creating and maintaining employment for the young people who came through this pipeline for a 2 year period. Initially 12 young people would be selected from across the 6 secondary schools, this would build on the learning and experience of the pre-apprentice programme that commenced in August 2019.</p> <p>Inverclyde Council will develop a bridge between school and the success of the Councils existing modern apprenticeship programme. It is proposed to offer the pre-apprenticeship programme for a second cohort of twelve pupils from across Inverclyde between August 20 and June 21. In addition it is proposed to offer a level 2 apprenticeship to the year 1 cohort in the area of last year's development over a period of 18 months from August 2020. Finally it is proposed to offer the five modern apprentices who are due to finish on the Councils existing modern apprenticeship programme a two year contract at an entry level post to allow them time to gain further experience and enhance their job prospects.</p>	August 2020 to June 2022		Inverclyde Council Corporate Plan, Inverclyde Outcomes Improvement Plan, Inverclyde Children Services Plan
The Care Experienced Young People Attainment Fund maximises learner	Chief Education Officer and Chief Social Work Officer	£163,200	Increase the number of care experienced young people gaining Nat 4 and Nat 5's; particularly those looked after at home.	3, 6 monthly after starting these activities	This action covers all priority groups as the Scottish	Attainment Challenge Plan, Inverclyde Council Corporate

INCOME FROM EMPLOYMENT

<p>participation by providing opportunities for personal achievements</p>			<p>Increase the number of care experienced children and young people involved in community activities.</p> <p>Increase the number of care experience children and young people expressing satisfaction in being involved in these new activities.</p>		<p>Attainment Challenge covers all young people living in SIMD 1 & 2 areas within Inverclyde .</p>	<p>Plan, Education , Standards and Quality Report, Inverclyde Outcomes Improvement Plan, Corporate Parenting Strategy</p>
<p>Care experienced young people between the ages of 16 – 24 years remain in positive destinations</p>			<p>Increase the number of care experienced young people accessing modern apprenticeships.</p> <p>Track the supports that work to promote sustainability and learn what works. Promote professional and peer networks, inclusive of Proud2Care to support this.</p>			<p>Corporate parenting strategy</p>
<p>Positive destinations for school leavers</p>			<p>A record number of school leavers in Inverclyde are moving into employment, education or training, according to official figures.</p> <p>Inverclyde is eighth in the school leavers league table with 95.8 per cent of pupils securing a job, training or a place at university or college.</p> <p>There are also no ‘unknowns’ – students whose destinations are unaccounted for when they leave school – for the tenth consecutive year.</p> <p>Inverclyde is 0.8 per cent above the Scottish average of 95 per cent for pupils moving into positive destinations - a new record best for the area.</p>			

INCOME FROM EMPLOYMENT

			<p>The council has jumped from number 26 in the positive destinations table in 2017/18 to the eighth position in 2018/19.</p> <p>There were 694 school leavers locally during 2018/19.</p> <div style="text-align: center;"> <table border="1" style="margin: 10px auto; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th></th> <th>% Activity Agreement</th> <th>% Employed</th> <th>% Further Education</th> <th>% Higher Education</th> <th>% Not known</th> <th>% Personal Skills Development</th> <th>% Training</th> <th>% Unemployed Not Seeking</th> <th>% Unemployed Seeking</th> <th>% Voluntary</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>0.77</td> <td>17.86</td> <td>27.3</td> <td>44.01</td> <td>0</td> <td>0</td> <td>2.93</td> <td>1.53</td> <td>5.48</td> <td>0</td> </tr> <tr> <td>2017/18</td> <td>0.84</td> <td>17.25</td> <td>31.14</td> <td>41.94</td> <td>0</td> <td>0</td> <td>1.4</td> <td>1.68</td> <td>5.05</td> <td>0</td> </tr> <tr> <td>2018/19</td> <td>0</td> <td>17.29</td> <td>29.25</td> <td>45.1</td> <td>0</td> <td>0.58</td> <td>3.46</td> <td>0.72</td> <td>3.46</td> <td>0</td> </tr> </tbody> </table> </div>		% Activity Agreement	% Employed	% Further Education	% Higher Education	% Not known	% Personal Skills Development	% Training	% Unemployed Not Seeking	% Unemployed Seeking	% Voluntary	2016/17	0.77	17.86	27.3	44.01	0	0	2.93	1.53	5.48	0	2017/18	0.84	17.25	31.14	41.94	0	0	1.4	1.68	5.05	0	2018/19	0	17.29	29.25	45.1	0	0.58	3.46	0.72	3.46	0		
	% Activity Agreement	% Employed	% Further Education	% Higher Education	% Not known	% Personal Skills Development	% Training	% Unemployed Not Seeking	% Unemployed Seeking	% Voluntary																																							
2016/17	0.77	17.86	27.3	44.01	0	0	2.93	1.53	5.48	0																																							
2017/18	0.84	17.25	31.14	41.94	0	0	1.4	1.68	5.05	0																																							
2018/19	0	17.29	29.25	45.1	0	0.58	3.46	0.72	3.46	0																																							
<p>Explore a workforce refresh scheme to free up opportunities for advancement for existing employees</p>	<p>Head of ODHR</p>	<p>£0</p>	<p>Explore the need to create job opportunities for people in the SIMD areas as a route to get individuals and families out of poverty with all the benefits that brings. Covid has made the need even greater with large increases in unemployment already and more forecast. Most commentators cite the young as being the ones who will find it hardest to gain employment whilst those who work in the “casual” sector have largely fallen through the cracks of the various support schemes. In addition Covid will cause a proportion of the Council workforce to evaluate their work/life balance and whether the time has come to leave the Council/reduce hours.</p>	<p>March 2021 to June 2022</p>																																													

INCOME FROM EMPLOYMENT

and ultimately create "entry level" vacancies which we would aim to fill from the target demographic.			Various initiatives will be explored and assessed to create job opportunities and traineeships aimed at the targeted demographic			
---	--	--	--	--	--	--

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)																
Housing	Starterpacks	£37k	<p>Starterpacks is a charity run organisation providing household goods to homeless people entering a tenancy and families living in poverty.</p> <p>The charity relies on public support to continue its work within the community. Referrals are received from Services such as Barnardo's, Housing Associations, HSCP, Health Visitors, Womens Aid and Refugee Resettlement.</p> <p>In April 2019, the referral form was modified to include priority groups noted within Every Child Every Chance, Tackling Child Poverty Delivery Plan. This gives an indication (when relevant section is filled in by referrer) of the priority groups being supported by Starter Packs with over 50% being Lone Parents. Note, some of the families being referred fall into more than one priority group.</p> <p>The number of Starterpacks provided from January 2017 to December 2019:-</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2017</th> <th>2018</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td>Starterpacks</td> <td>414</td> <td>464</td> <td>403</td> </tr> <tr> <td>Families</td> <td>144</td> <td>137</td> <td>130</td> </tr> <tr> <td>Children</td> <td>237</td> <td>226</td> <td>227</td> </tr> </tbody> </table>		2017	2018	2019	Starterpacks	414	464	403	Families	144	137	130	Children	237	226	227	Ongoing	Changes to the referral form in April has allowed priority groups to be captured (where filled in). Please see graph below.		
	2017	2018	2019																				
Starterpacks	414	464	403																				
Families	144	137	130																				
Children	237	226	227																				

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)														
			<p>There has been a significant reduction in number of packs going out, due to reduction in properties being let during COVID19. Packs are being given out to those struggling with poverty and entering private tenancies. This will increase with changes to lockdown measures and Starterpacks will continue provide to service users</p> <div data-bbox="734 624 1543 1038" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Priority group receiving Starter Packs*</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr> <th>Priority Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>3+ children</td> <td>10%</td> </tr> <tr> <td>Disabled</td> <td>8%</td> </tr> <tr> <td>Lone parents</td> <td>52%</td> </tr> <tr> <td>Minority Ethnic</td> <td>2%</td> </tr> <tr> <td>Mother under 25</td> <td>12%</td> </tr> <tr> <td>Youngest child under 1</td> <td>18%</td> </tr> </tbody> </table> </div> <p>*This information is taken from referrals from April 2019 – December 2019 when the referral form was adapted to include Priority Groups.</p>	Priority Group	Percentage	3+ children	10%	Disabled	8%	Lone parents	52%	Minority Ethnic	2%	Mother under 25	12%	Youngest child under 1	18%				
Priority Group	Percentage																				
3+ children	10%																				
Disabled	8%																				
Lone parents	52%																				
Minority Ethnic	2%																				
Mother under 25	12%																				
Youngest child under 1	18%																				

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
Housing Regeneration	Housing Strategy		Following the SIMD report Planning and Housing Strategy have commissioned consultants to examine the Eastern Gateway area of Inverclyde as a strategic housing priority to look at the options around housing led regeneration of that area looking at Greenock Town Centre (the most deprived area in Inverclyde) will be next to be examined.		All priority groups	Local Outcome Improvement Plan, Local Housing Strategy	

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
Digital Inequalities	Inverclyde Council/HSCP	£24,000 HSCP attainment fund, £653,000 Inverclyde Council/Scottish Government	<p>People within Inverclyde who do not have internet access are socially and economically isolated in a range of ways. Having access online helps with improved employment opportunities, higher levels of educational attainment and cheaper products. Inverclyde are working with partners to ensure the following groups receive digital access where they do not have at present:-</p> <ul style="list-style-type: none"> Members of the community who are currently shielding Members of the community who are actively seeking employment School pupils who require digital access in order to support blended learning due to Covid-19. <p>The Council has received an allocation of £433,000 from the Scottish Government to ensure that all secondary school pupils in receipt of free school meals have access to an appropriate device and connectivity. This makes significant inroads into many households suffering from digital exclusion.</p> <p>The Council has previously approved an £80,000 investment to provide free Wi-Fi for a five year period in 8 Community Centres in addition to the</p>	Ongoing	All Priority Groups		Income from Employment

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
			<p>existing infrastructure within the Council Libraries estate.</p> <p>The Council will support the young people who received a device sourced by Belville Community Gardens will receive connectivity (WIFI) be provided by the Council for a 12 month period.</p>				
Food Insecurity	3 rd Sector Organisations	<p>£30,000 to Trussell Trust, £20,000 to Belville Community Gardens from Inverclyde Council, Funding from Scottish Government to Fareshare.</p> <p>Fareshare membership £16,000 per year</p>	<p>Food insecurity within Inverclyde has been a concern pre-Covid-19, however, has been exasperated with the current pandemic and families losing income with very little money to afford food. Approximately two tonnes of food per week is distributed to 10 local organisations who either redistribute within the community and/or make hot meals. As at 27th May 2020, Fareshare provided Inverclyde with the following:-</p> <p>25 tonnes of food which is 59,525 meal portions. £89,287 value of stock distributed. Fareshare will continue to provide food to Inverclyde until end of September 2020.</p> <p>Food insecurity will remain a priority within Inverclyde due to the need pre-Covid-19 and the long term effect Covid-19 presents to families losing income.</p> <p>It is therefore proposed that Inverclyde establish a membership with FareShare Glasgow to provide Inverclyde with approx. 40.8 tonnes of</p>		All priority groups across the Inverclyde community identified by the Community Organisations.		

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
	Inverclyde Council		<p>food on an annual basis which will be distributed to families via local community organisations.</p> <p>Inverclyde Council has provided a £25 per fortnight payment to every child/young person entitled to receive free school meals throughout the Covid period. The current scheme costs approximately £80,000 per fortnight and is due to end on the 28th August and has benefited approximately 3700 children.</p> <p>It is recognised that the Christmas period puts a major financial strain on families with limited income and would propose that a one off payment made in the middle of December to each child/young person in receipt of free school meals and would allow qualifying families to buy healthier food over the Christmas period. On the basis of a one off payment of £40 this would cost approximately £150,000.</p>	By December 2020	Families entitled to Free Clothing Grant and Free School Meals		
Establish local food pantries	Inverclyde Council / 3 rd Sector	£60,000	In addition to the FareShare community food there is an opportunity to establish local Food Pantries across the 3 localities with the greatest inequalities. The Food Pantry organisation is offering to support local authorities and third		All priority groups		

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
			<p>sector organisations develop a concept and build on their framework of good practice. The Food Panty is set out as a shop and displays a variety of good quality food, sourced from FareShare Glasgow, where members of the community can choose from a subscription and/or membership fee. The pantry model targets those on a low income and/or recovering from crisis providing fresh, healthy and ambient food at a price that is affordable.</p> <p>Currently action is being taken to research and develop the concept of having Food Pantry shops in Inverclyde.</p>				
Cost of School Day			<p>12 teachers have been trained as local champions in raising awareness on reducing the cost of the school day.</p> <p>Training has been offered to school staff with the first training session being a success.</p> <p>Cost of the School day is now a standing agenda item on the Parent Council Chairs meeting with ideas from Parent Council Chairs being taken on board.</p> <p>Presentations have been given to some Parent Council meetings within schools, and more will be planned.</p>	Ongoing	All priority groups		

COSTS OF LIVING

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
			<p>Feedback from parents on what currently works well and changes they would like to see has been piloted at one Primary School as well as during two community events during Challenge Poverty Week. The feedback has been discussed with the Head Teacher who has made changes where relevant. One example being allowing parents more time to save for school trips which has been implemented.</p> <p>Going forward it is anticipated to raise awareness to parents/carers through engagement at school events. This will allow their views to be taken on board.</p> <p>Further training will be offered to staff within educational establishments.</p>				

INCOME FROM SOCIAL SECURITY AND BENEFITS IN KIND

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
Expand Welfare Support	Inverclyde Council	£150k DHP £220k SWF	<p>Following analysis of the current Housing Benefit and DHP data it is proposed to award DHP up to 100% of the difference between Universal Credit Housing costs or Housing Benefit entitlement capped at £200 per month with the payment being made for a period of no more than 6 months. This will provide short term help which is in line with the purpose of DHP and would allow households time to improve their circumstances by finding employment or moving to more affordable homes. This payment would be applicable in the Private Rented Sector. The estimated cost of this scheme would be capped at £150,000 with the balance of £80,000 coming from the existing DHP budget.</p> <p>The Council maintained the payment of Crisis Grants throughout the Covid period and took the decision in March to increase payments by 20% to provide greater financial support to those in most need. It is recommended that the 20% enhanced payment is continued for the remainder of 2020/21.</p> <p>In addition it is proposed that the Community Care Grant which assists with individuals setting up home be paid to not only high priority cases but also medium priority cases. This will allow payment to be made to more individuals and for additional items for the home including washing machines, floor coverings and additional furniture. The cost of the 2 proposal together for the period to 30 June, 2021 is approximately £220,000 and would be contained in the one off extra funding allocation by the Scottish Government for Crisis Grants.</p>	2020/2021	People including families living in private tenancies, lone parents and families with disabilities who are more likely to be on low incomes.		

INCOME FROM SOCIAL SECURITY AND BENEFITS IN KIND

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)																
HSCP staff contribute to reducing child poverty	Chief Officer and Head of Service, Children & Families and Criminal Justice	Staff resources to provided training / to attend training / audit EMIS data	<p>All health staff will offer income maximisation advice at home visits, and this will be recorded on EMIS.</p> <p>All health staff have been issued with the GG&C money advice service leaflet.</p> <p>Health Visitors will refer people on to a number of nationally led and established initiatives which provide free, safe and consistent access to formula milk.</p> <p>Health visitors will sign post families to local resources; 3rd sector provisions, food banks and income maximisation services. Social workers will also do this and section 22 payments are available for immediate needs.</p>	Flash Reports to the Joint Children Services Partnership (3 monthly)	This action covers all priority groups for families living in Inverclyde	HSCP Strategic Plan, Inverclyde Children's Service Plan, Mental Health Strategy, Parenting Strategy, Inverclyde Alliance Local Outcome Improvement Plan	Cost of Living																
Best Start Grant – Local Roll Out	Social Security Scotland		<p>The following grants are now available:-</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e91e63; color: white;">Benefit Name</th> <th style="background-color: #e91e63; color: white;">Launch Date</th> </tr> </thead> <tbody> <tr> <td>Carer Allowance Supplement</td> <td>August 2018</td> </tr> <tr> <td>Best Start Grant Pregnancy and Baby Payment</td> <td>December 2018</td> </tr> <tr> <td>Best Start Grant Early Learning Payment</td> <td>April 2019</td> </tr> <tr> <td>Best Start Grant School Age Payment</td> <td>June 2019</td> </tr> <tr> <td>Best Start Foods</td> <td>August 2019</td> </tr> <tr> <td>Funeral Support Payment</td> <td>September 2019</td> </tr> <tr> <td>Young Carer Grant</td> <td>October 2019</td> </tr> </tbody> </table> <p>Job Start Payment - Launched on 17th August 2020 to support 16 to 24 year olds, or up to 25 years old for care leavers, into work after being unemployed for six months or more. Further information can be found on the Social Security Scotland site.</p>	Benefit Name	Launch Date	Carer Allowance Supplement	August 2018	Best Start Grant Pregnancy and Baby Payment	December 2018	Best Start Grant Early Learning Payment	April 2019	Best Start Grant School Age Payment	June 2019	Best Start Foods	August 2019	Funeral Support Payment	September 2019	Young Carer Grant	October 2019		This action will benefit all priority groups.	Inverclyde Corporate Plan, Inverclyde Outcomes Improvement Plan, HSCP Strategic Plan	
Benefit Name	Launch Date																						
Carer Allowance Supplement	August 2018																						
Best Start Grant Pregnancy and Baby Payment	December 2018																						
Best Start Grant Early Learning Payment	April 2019																						
Best Start Grant School Age Payment	June 2019																						
Best Start Foods	August 2019																						
Funeral Support Payment	September 2019																						
Young Carer Grant	October 2019																						

INCOME FROM SOCIAL SECURITY AND BENEFITS IN KIND

Action	Who action is carried out by	Resources allocated	Summary and how impact has/will be assessed	Timescale for action	Group(s) the action is intended to reduce poverty amongst	Link to other plans	Links to other Poverty Driver(s)
			<p>Going Forward During 2020/2021 Social Security Scotland will launch Child Winter Heating Allowance and Scottish Child Payment.</p> <p>These benefits will have a huge impact to families on low incomes.</p>				

Contact us

For further information please contact:



e-mail:

Corporate.policy@inverclyde.gov.uk



write to:

Corporate Policy Team
Education, Communities and
Organisational Development
Inverclyde Council
Municipal Buildings
Greenock
Inverclyde PA15 1 LY



telephone:

01475 717171



follow us on:



[@inverclyde](https://twitter.com/inverclyde)



www.inverclyde.gov.uk

We are committed to using our website and a range of social media to communicate with people, communities and businesses across Inverclyde and beyond.

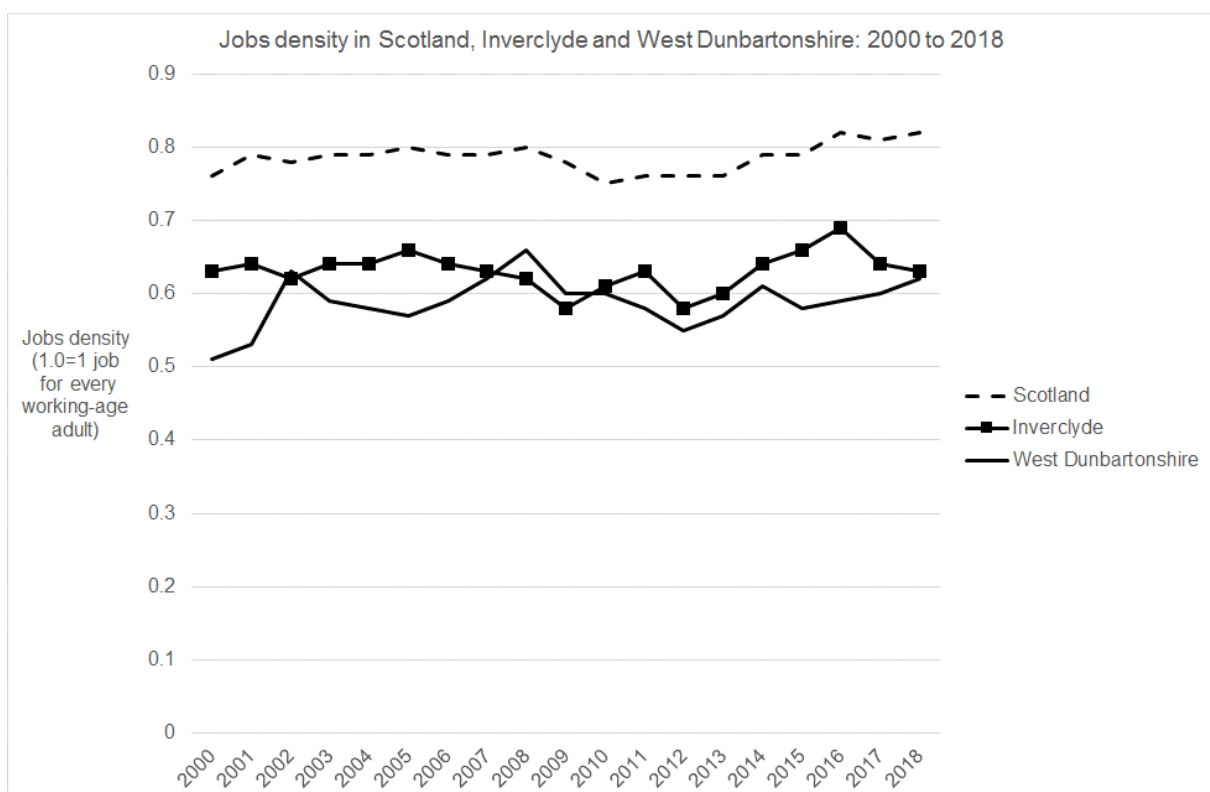
This document is available in other formats. Please contact us to request this.

What can existing information sources tell us about the drivers of child poverty in Inverclyde?

Income from employment

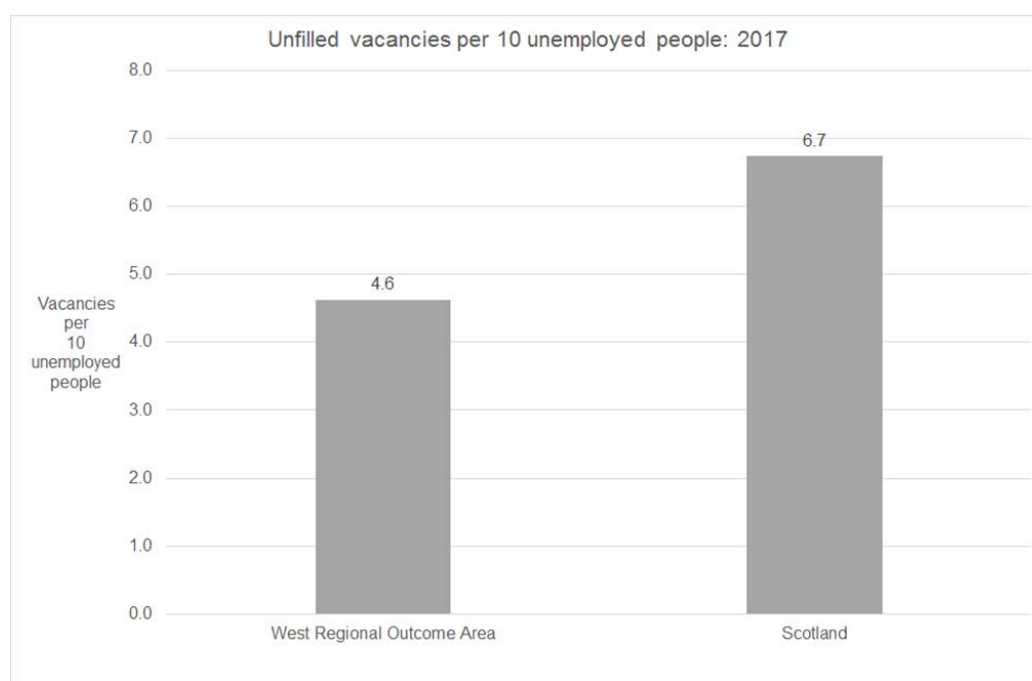
Labour market demand: Employment opportunities in Inverclyde, whether measured by vacancies or jobs, are scarce compared to Scotland. In 2018, there were 63 filled jobs for every 100 working-age people in Inverclyde, compared to 82 per 100 in Scotland. Labour market demand as measured by jobs density increased steadily in Inverclyde between 2012 and 2016 but fell slightly between 2016 and 2018 (Figure 1).

Figure 1



A second measure of labour market demand is unfilled vacancies, shown as a rate per 10 unemployed people. In the West area (including East Renfrewshire, Inverclyde, Renfrewshire, and West Dunbartonshire), there were 4.6 vacancies for every 10 unemployed people, compared to 6.7 for every 10 unemployed people in Scotland as a whole (Figure 2). The latest vacancy data is for 2017: the next update will show the position in 2019.

Figure 2



Wages: The latest wage data suggests a higher proportion of Inverclyde employees are low paid, compared to both Scotland and West Dunbartonshire. In 2018, 74% of employees in Inverclyde were paid the Real Living Wage or above, compared to 81% in Scotland and West Dunbartonshire. The proportion of Inverclyde employees paid the Real Living Wage or above decreased between 2016 and 2019 (Figure 3).

In 2019, 9% of employees who work in Inverclyde are paid the National Minimum Wage, compared to 6% in Scotland and 5% in West Dunbartonshire. Between 2017 and 2019, the proportion of Inverclyde workers who were low-paid appears to have increased, while remaining stable in both West Dunbartonshire and Scotland (Figure 4).

Figure 3

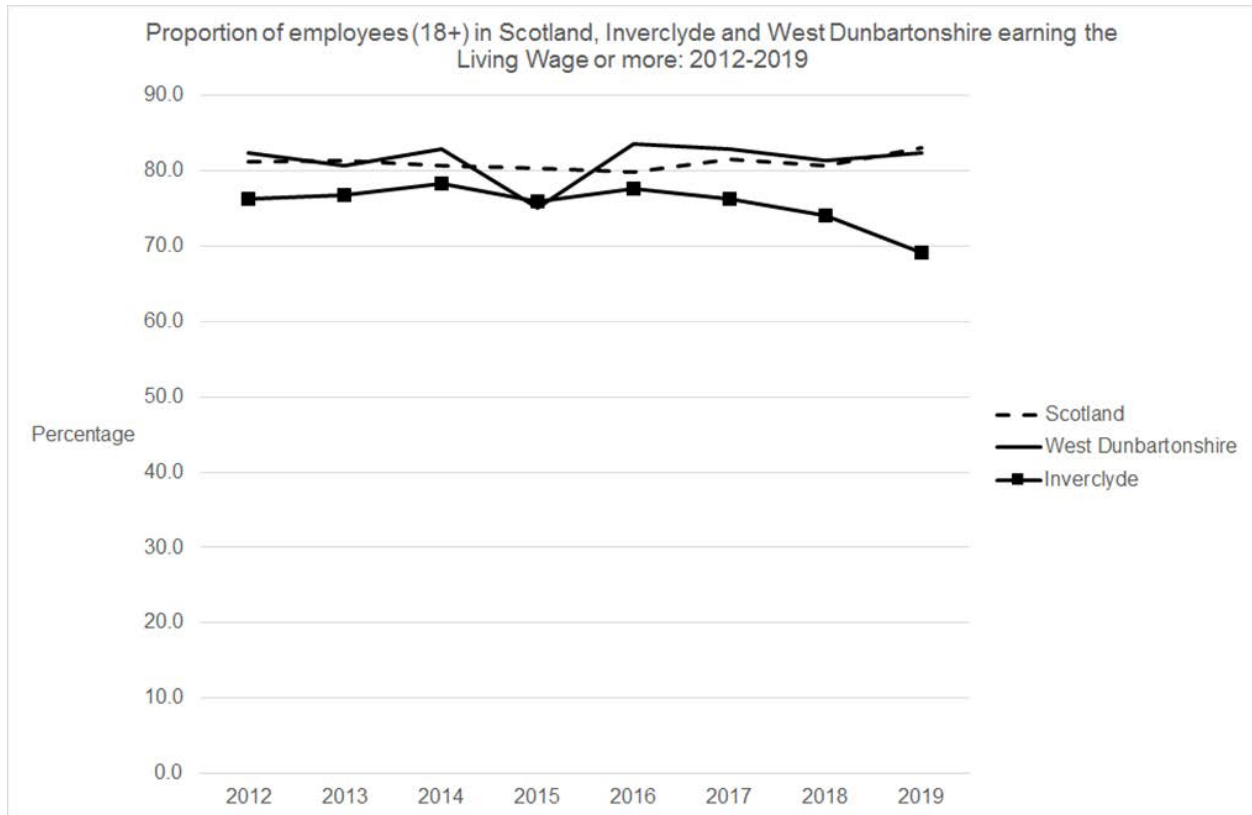
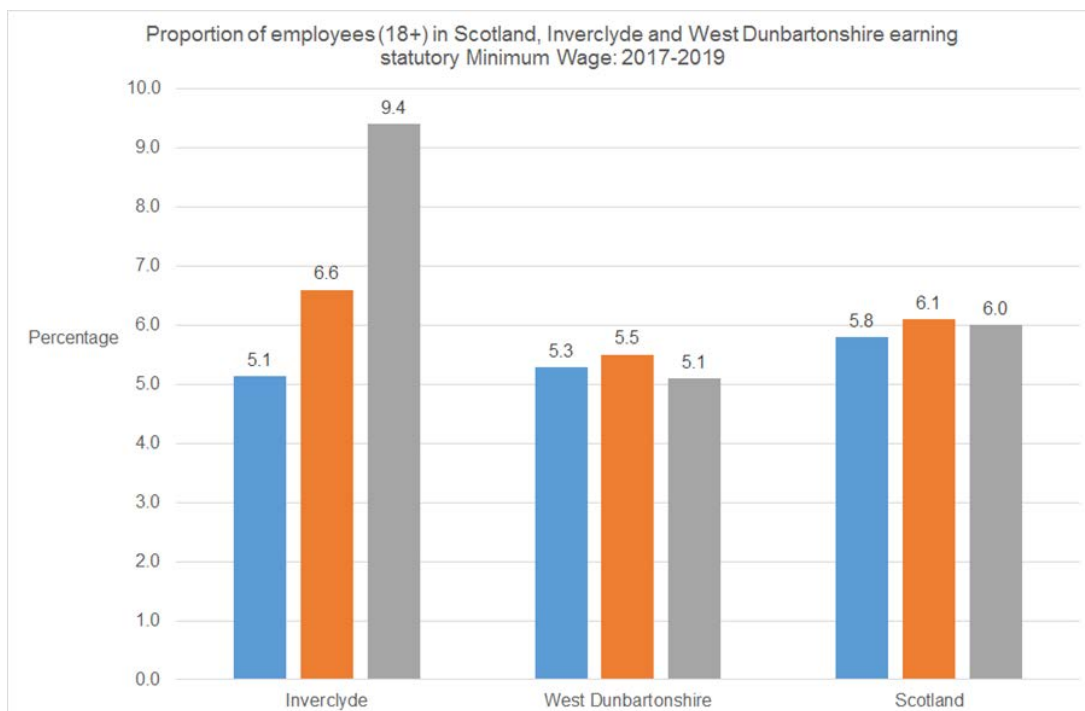


Figure 4

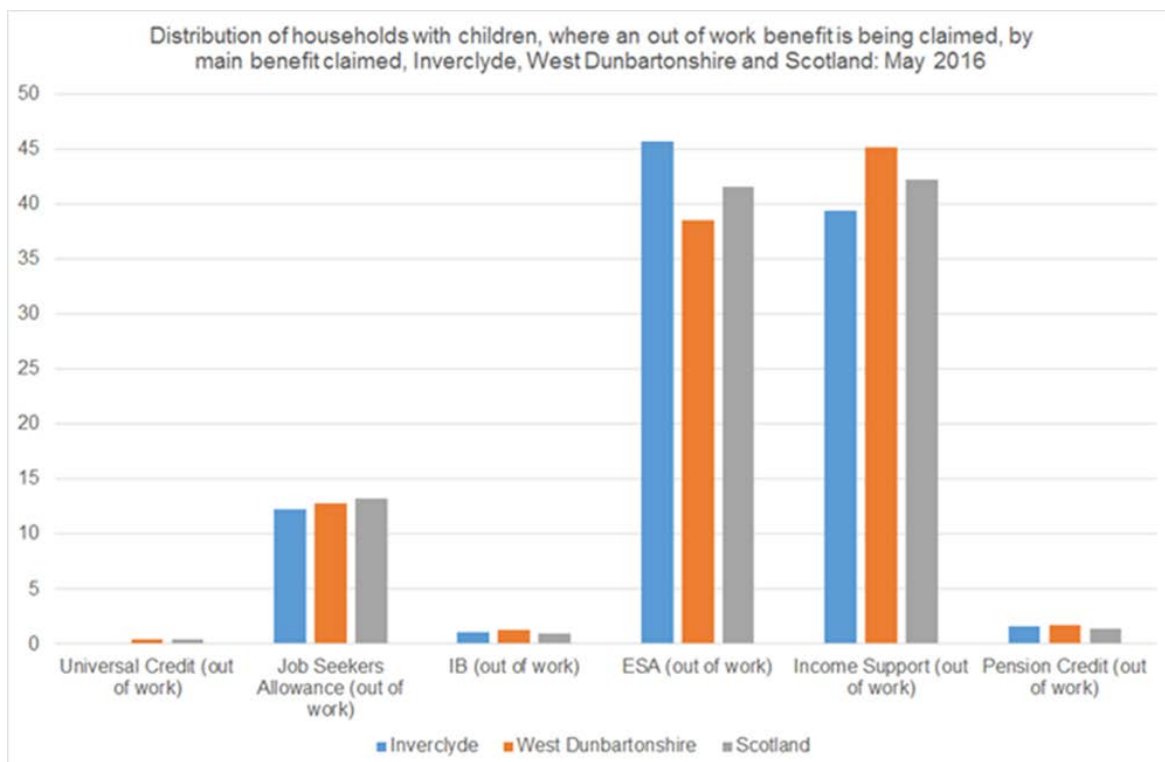


Discussion points

- What was happening in Inverclyde between 2011 and 2016 when jobs density was increasing?
- Is the difference in wage levels in West Dunbartonshire compared to Inverclyde real, and what might explain it? What are the implications for child poverty?

Barriers to employment: Many parents not in work in Inverclyde are claiming benefits related to long-term health problems. In 2016, before the roll-out of Universal Credit made reasons for claiming more difficult to interpret, almost half (47%) of households with children in Inverclyde claiming an out of work benefit were receiving incapacity benefits, compared to 38% in Scotland. Only 13% of households with children claiming an out of work benefit were claiming Job Seeker's Allowance or its Universal Credit equivalent (Figure 5).

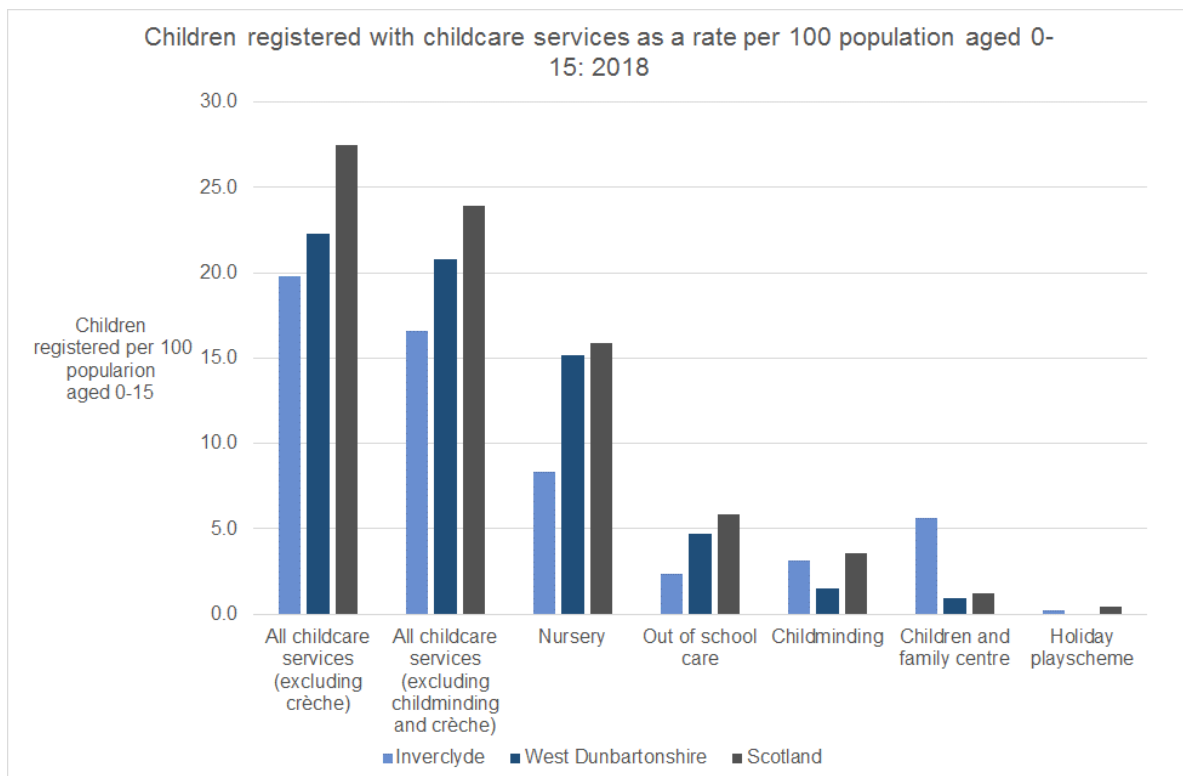
Figure 5



Childcare: There are fewer children registered with all childcare services (excluding crèches) in Inverclyde, compared to Scotland and West Dunbartonshire. In 2018, there were 19.8 children per 100 registered with childcare providers in Inverclyde, compared to 22.3 in West Dunbartonshire and 27.5 in Scotland. However, family and child centre provision is much more important in Inverclyde (Figure 6).

Relatively few families with children in Inverclyde claim childcare costs through Tax Credit or UC.

Figure 6

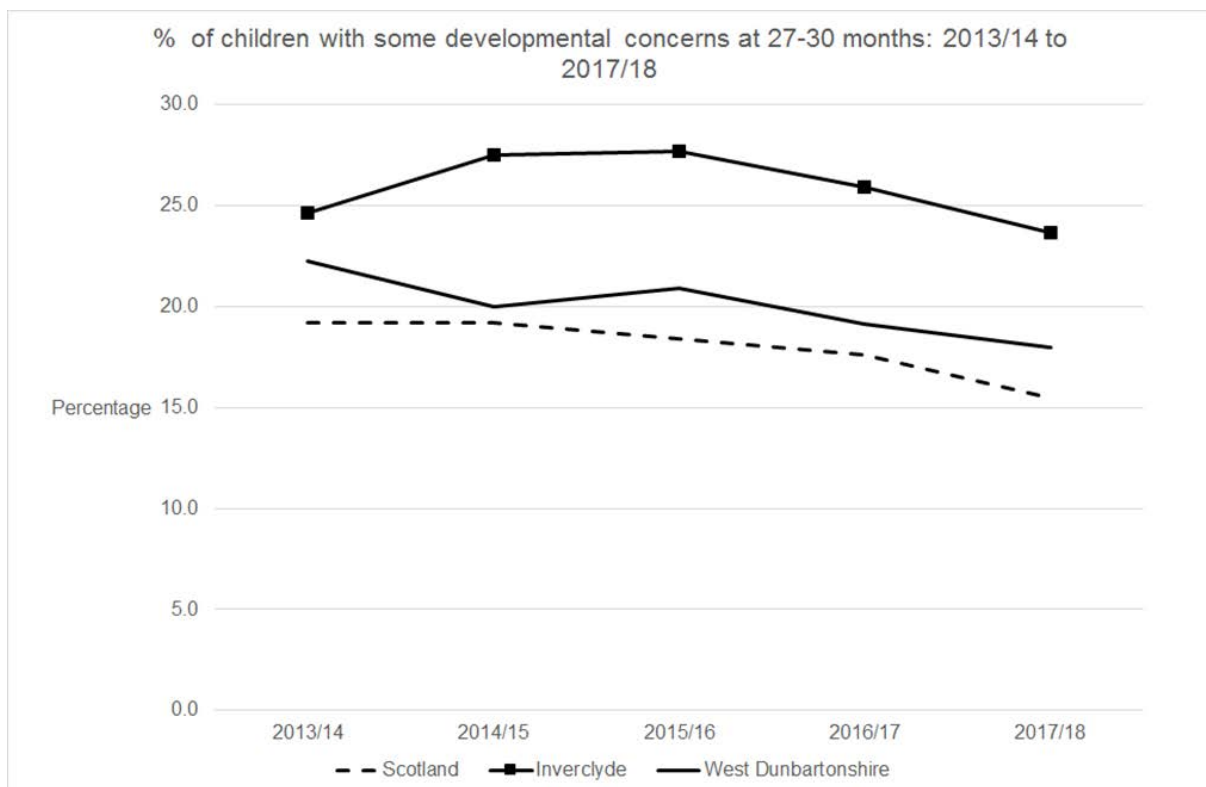


Discussion points

- How can anchor institutions protect the health of parents and prevent their health from deteriorating in the first place?
- What services are available to promote sustainable employment for parents with health problems?
- Does the current quantity and mix of childcare meets local need? Would local measures of capacity be more meaningful?

Children with developmental concerns: In 2018/19, 1 in 4 children in Inverclyde were identified as having a potential concern with their emotional/social wellbeing and cognitive development at 27-30 months. This was higher than West Dunbartonshire and much higher than Scotland (Figure 7).

Figure 7



Young adults' participation in education, employment and training: Young adults in Inverclyde are less likely have a Modern Apprenticeship compared to Scotland and (especially) West Dunbartonshire (Figure 8). Overall participation rates for 16-19 year olds are comparable to other parts of Scotland, but young people in Inverclyde are less likely to be in employment and more likely to be in education (Figure 9).

Figure 8

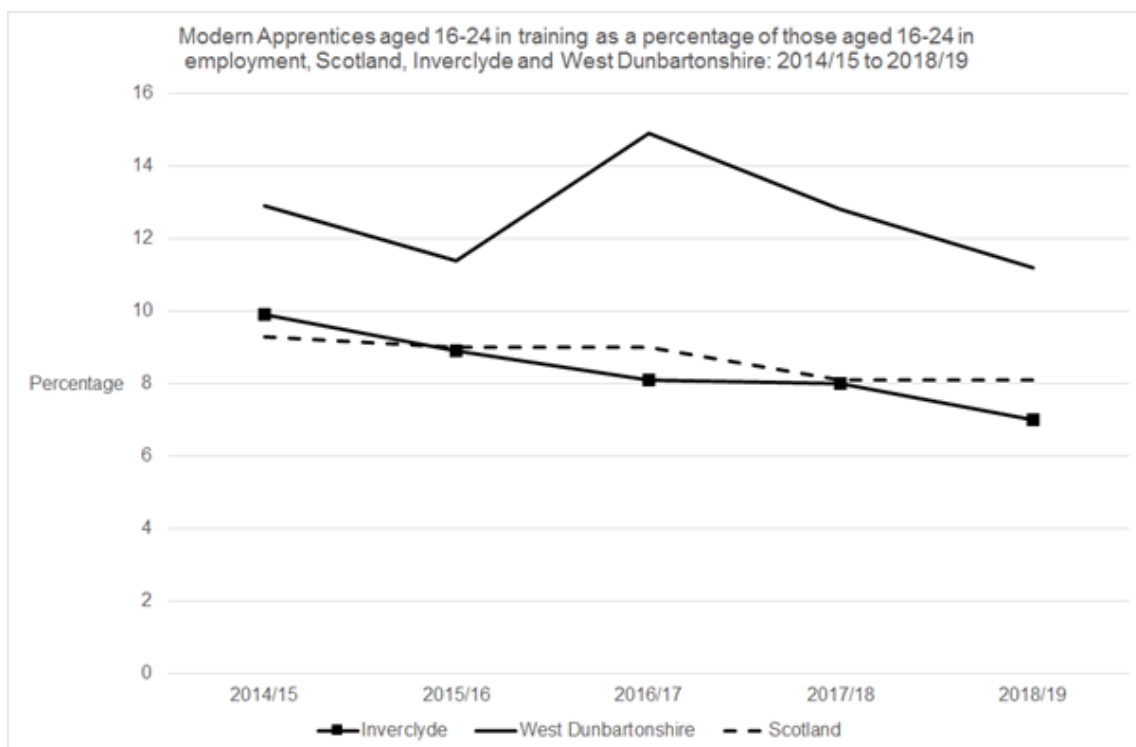
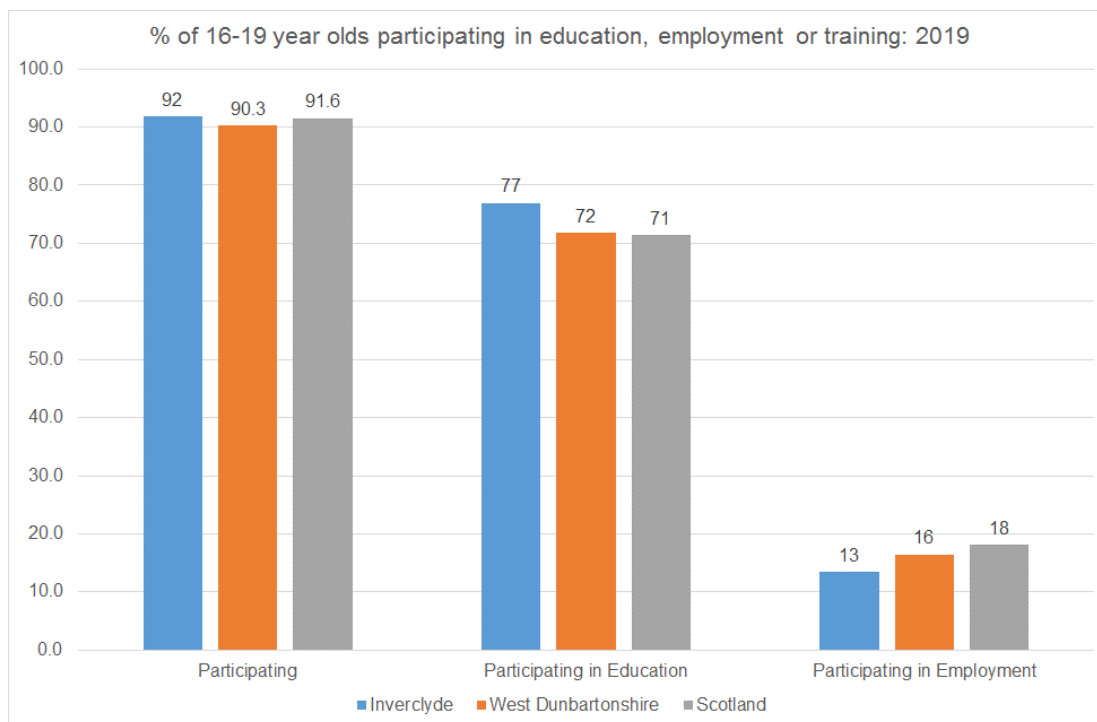


Figure 9

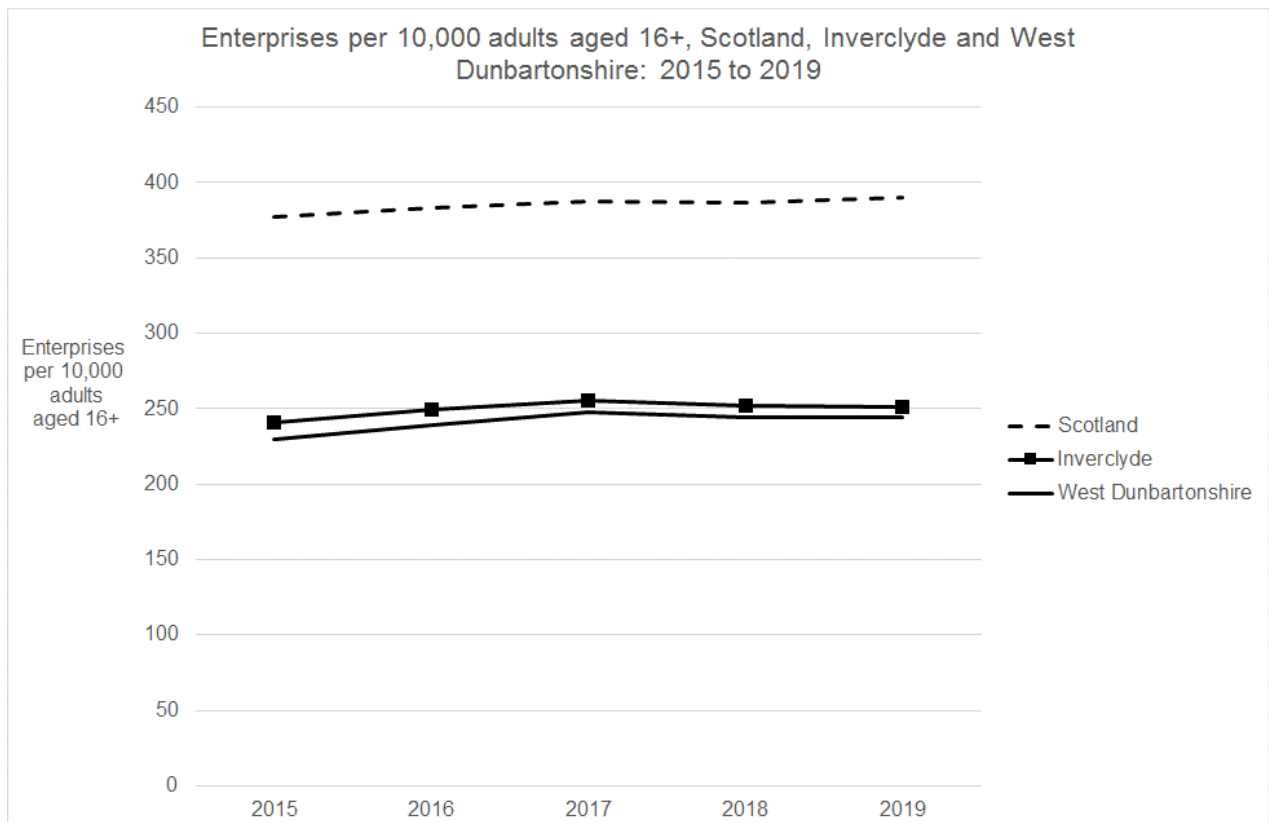


Discussion points

- Does this suggest that the priority for Inverclyde could be pre-school children and young adults aged 16+ not in education?

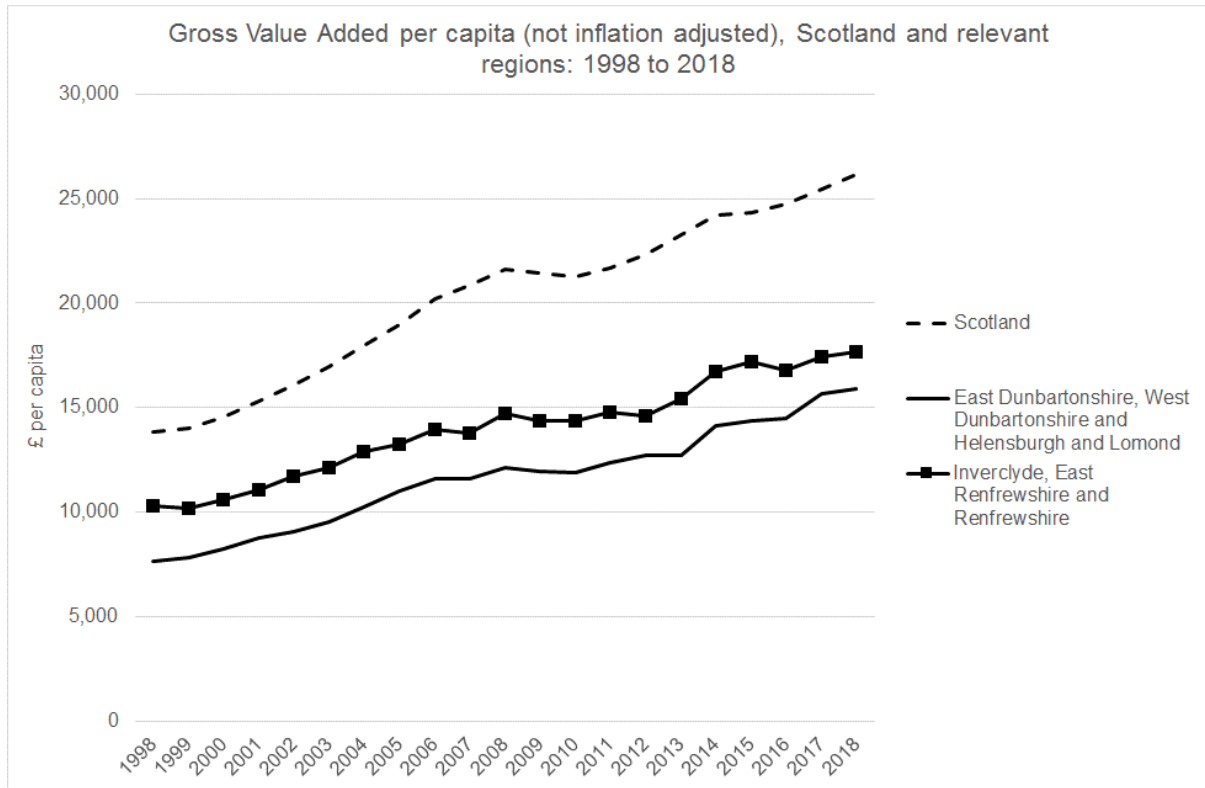
Economic development: Inverclyde has relatively few enterprises per head of population compared to other local authorities, though a slightly higher rate than West Dunbartonshire (Figure 10).

Figure 10



Gross Value Added per capita in Inverclyde, East Renfrewshire and Renfrewshire was low compared to Scotland but slightly higher than East Dunbartonshire, West Dunbartonshire and Helens burgh and Lomond (Figure 11).

Figure 11



Discussion points

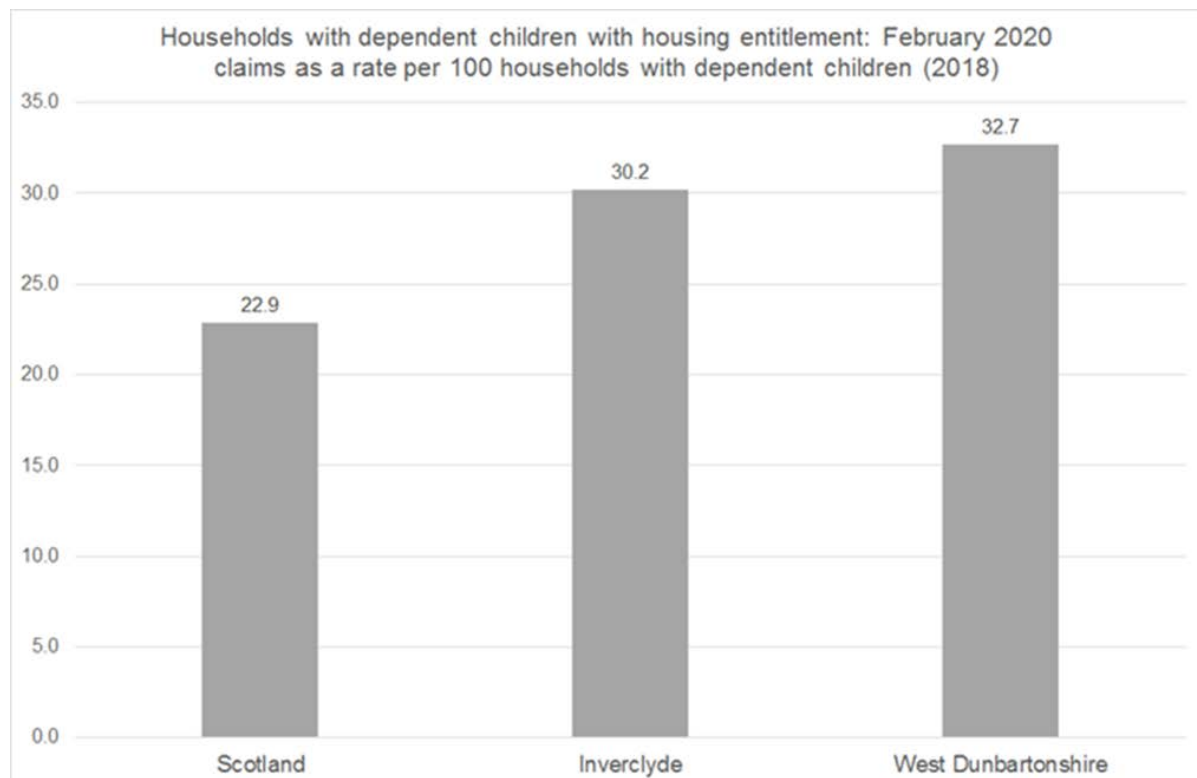
- Given that Inverclyde’s economic performance is comparable to (or perhaps slightly more favourable than) West Dunbartonshire’s, what explains the lower wage levels in Inverclyde at the bottom of the labour market?

Income from social security

In February 2020, there were 2,505 households with dependent children claiming housing support in Inverclyde, 69% on Universal Credit and the rest on Housing Benefit.

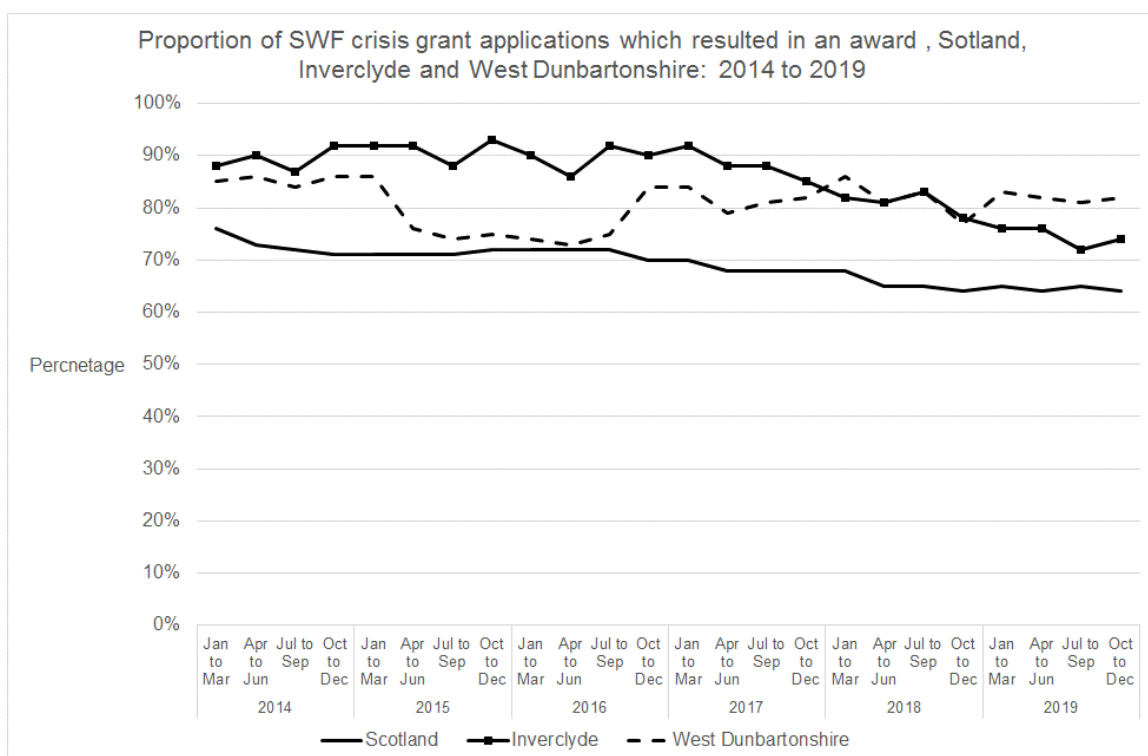
For every 100 households with dependent children in Inverclyde, 30 claimed housing support, slightly lower than the figure reported for West Dunbartonshire (33 per 100) but higher than for Scotland (23 per 100). In February 2015 (before the national roll-out of UC), the rates were 28 per 100 in Inverclyde, 34 per 100 in West Dunbartonshire and 22 per 100 in Scotland (Figure 12).

Figure 12



In the latest time period (October to December 2019), 74% of crisis grants applications to the Scottish Welfare Fund in Inverclyde were successful. This was a high proportion compared to Scotland (64%) but below that observed for West Dunbartonshire (82%). Award rates from the SWF in Inverclyde remained consistently higher than both Scotland and West Dunbartonshire until 2017 but declined steadily until July-September 2019 before levelling off (Figure 12).

Figure 12



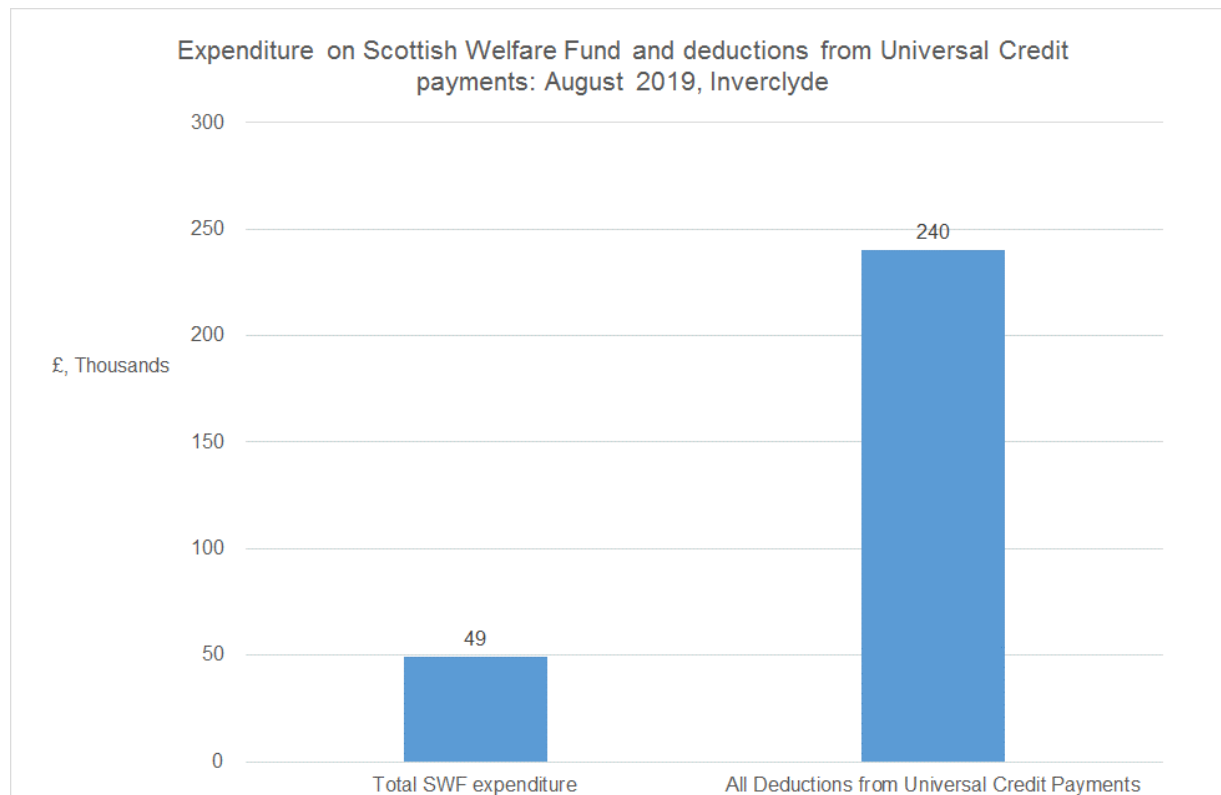
* Inverclyde shifted from underspending to overspending the SWF in 2017/18, so unlikely to reflect reduced need.

Altogether, just under 4050 families in Inverclyde were receiving support from UC or tax credit system in December 2019. In Inverclyde, UC is more important to low-income families than elsewhere in Scotland (in West Dunbartonshire, 34% of low-income families are on UC, while in Inverclyde, it's just over half).

Appendix 2 Child Poverty in Inverclyde

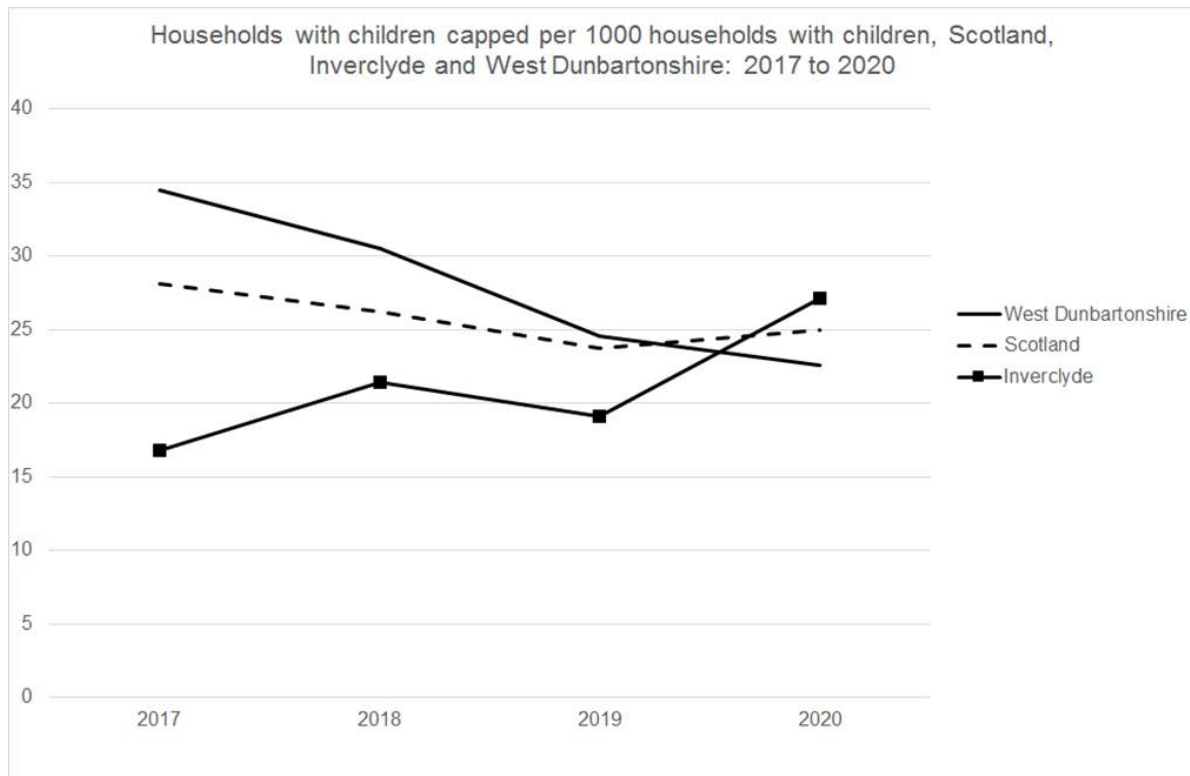
In August 2019, £49,000 was paid out by the Scottish Welfare Fund to households in Inverclyde. In the same month, £240,000 was deducted from households claiming Universal Credit in Inverclyde (Figure 13).

Figure 13



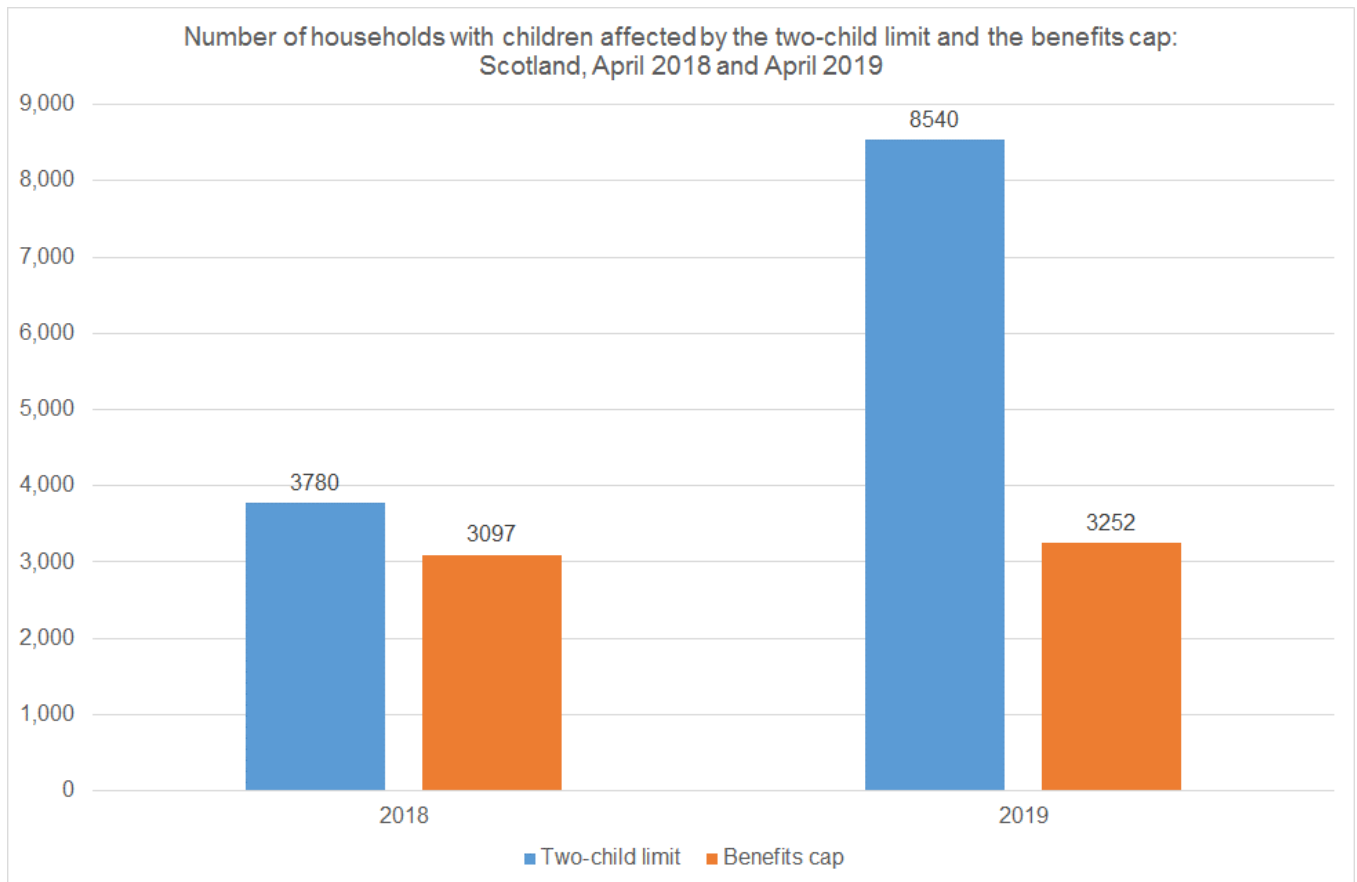
In February 2020, 68 families with dependent children were capped in Inverclyde (point in time estimates), a rate of 27 per 1000 families claiming housing benefit or UC with housing entitlement. This was a slightly higher rate than the Scottish average (25 per 1000) and higher than the rate for West Dunbartonshire (23 per 1000). There is some evidence that Inverclyde's position has deteriorated over time (Figure 14).

Figure 14



Many more families in Scotland are affected by the two child limit than by the benefits cap (8,500 versus 3,200 in April 2019) – see Figure 15. Families in employment are not exempt from the two child limit. We don't know what the picture is locally.

Figure 15



Discussion points

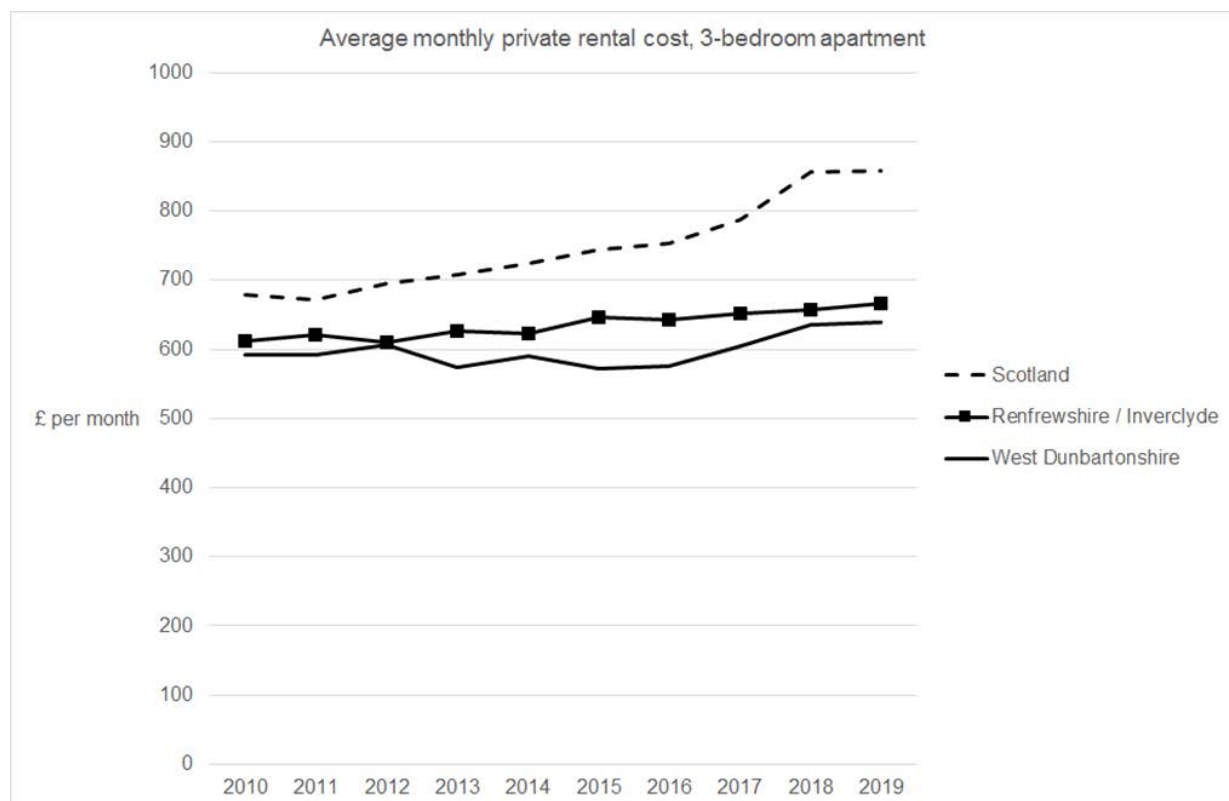
- What explains the decline in SWF award rates in Inverclyde since 2017?
- What is the balance between deductions and support for families with children?
- How many families in Inverclyde benefit from the SWF? Why are they accessing the fund?
- How many families with children in Inverclyde are affected by the two-child limit? What is the impact of the two-child limit on children in these families?

Appendix 2 Child Poverty in Inverclyde

Costs of living

Private rental costs in Inverclyde/Renfrewshire are higher than West Dunbartonshire but lower than Scotland. In Renfrewshire/Inverclyde, average monthly rent of a 3-bedroom property was £666 pm, compared to £639 pm in West Dunbartonshire and £857 pm in Scotland (Figure 16).

Figure 16



Social rental costs in Inverclyde tend to be higher than both West Dunbartonshire and Scotland (Figure 17). Weekly rents for 3 bedroom properties for the largest social landlords were £93 per week in Inverclyde (River Clyde Homes) and £82 per week in West Dunbartonshire (West Dunbartonshire Council).

The rate of discretionary housing payment awards was lower in Inverclyde compared to West Dunbartonshire and Scotland (Figure 18). However, the average discretionary housing payment made in Inverclyde was higher than both areas (Figure 19).

Appendix 2 Child Poverty in Inverclyde

Figure 17

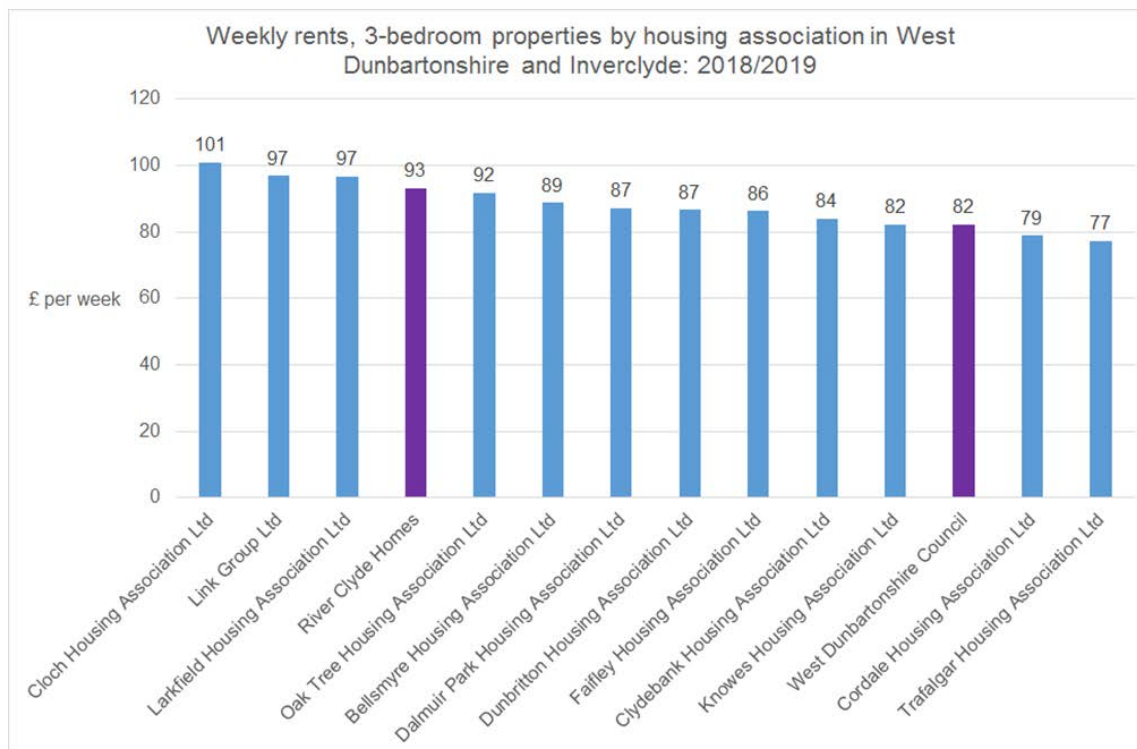
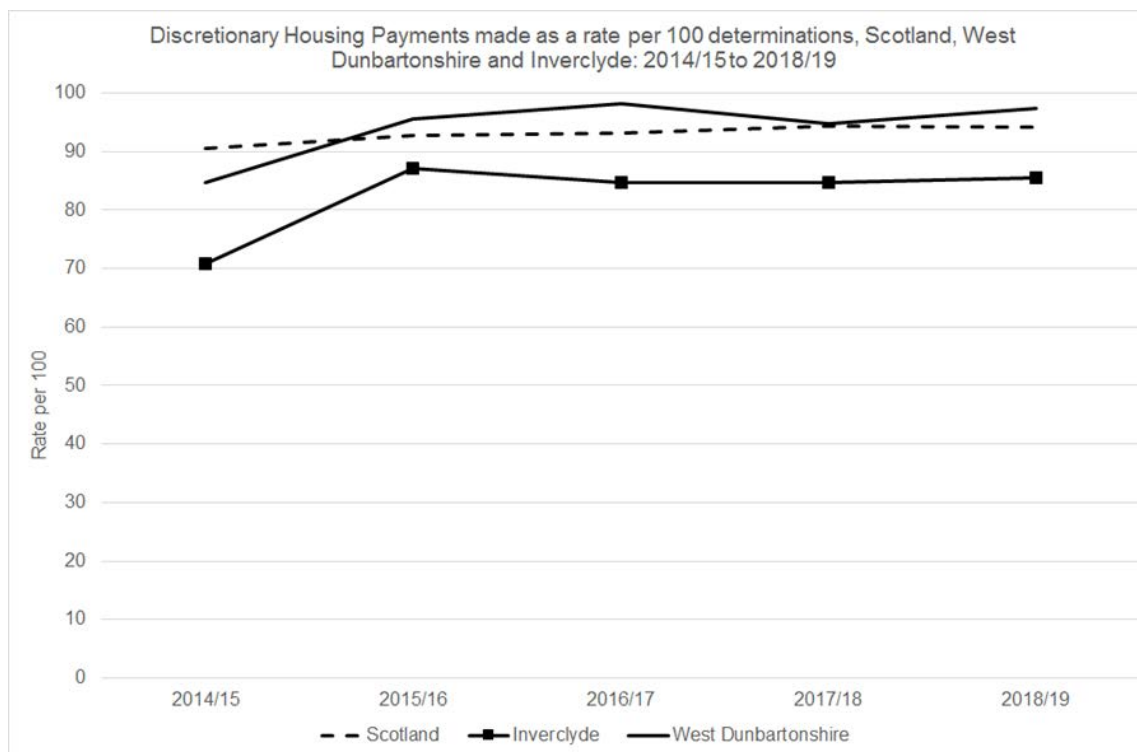
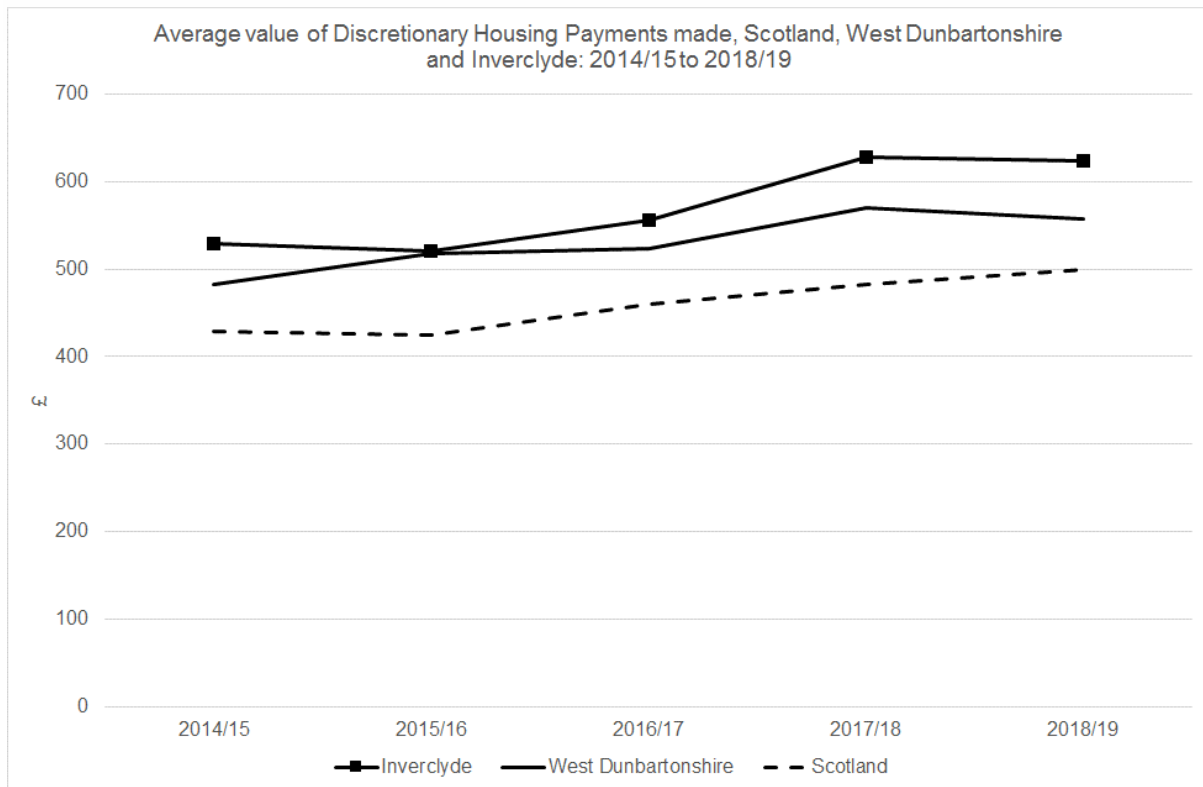


Figure 18



Appendix 2 Child Poverty in Inverclyde

Figure 19



Discussion points

- Are housing costs for families higher in Inverclyde compared to West Dunbartonshire?
- To what extent is this offset by higher discretionary housing payments in Inverclyde?
- Are higher social rents in Inverclyde accompanied by higher levels of tenant satisfaction?

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

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/60/2020/LMcV

Contact Officer: Louise McVey **Contact No:** 01475 712042

Subject: Anti-Poverty Initiatives

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the IJB with an update on the proposals on the Anti-Poverty initiatives to be progressed in the current financial year.

2.0 SUMMARY

- 2.1 As part of the 2020/21, Budget the Council and IJB allocated £1 million for Anti-Poverty initiatives and in March 2020 a process was agreed through the Alliance Board and the Policy & Resources Committee as to how the sum was to be allocated and the use determined. The new funding would reinvest £750,000 funding from Inverclyde Council, supplemented by £250,000 from the Integration Joint Board (IJB), to create a £1million investment in our communities living in poverty. The intervention of the Covid pandemic changed matters and made progression of the process to identify the use of the originally approved £1 million impossible. Additionally, extra funding from the Council and Scottish Government has supported a number of interventions during the Covid period to those most vulnerable within the community.
- 2.2 Considerations have been given to a range of options to deliver proposals to help drive a real reduction of levels of poverty and deprivation within Inverclyde totalling £1.5million and would largely be delivered over the next 12 months.
- 2.3 Throughout the Covid period, the Council and partners have been delivering a wide range of support to vulnerable individuals and families around food, direct financial, digital and humanitarian aid. The funding for these initiatives has come from a cocktail of sources including the Scottish Government, Council and IJB and has been significantly enhanced by the involvement of Community Groups and a large number of volunteers.
- 2.4 The key proposals are:
- Employment opportunities and Employability £657,000
 - Food Insecurity £210,000
 - Welfare Support £370,000
 - Digital Connectivity £60,000
 - Strengthening the Community/3rd Sector Base £200,000

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

- I. Notes the proposals in the report for the utilisation of the Anti-Poverty £1million and other funding received from the Scottish Government.
- II. Notes that further progress reports providing more detail around the proposals will be brought back to a future meeting of the Alliance Board and thereafter to the IJB.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 A report was presented to the Inverclyde Alliance, the Integration Joint Board (IJB) and the Policy & Resources Committee in Spring 2020 which proposed a timescale and methodology for identifying projects on both a locality and Council-wide basis but unfortunately due to the impact of Covid this timetable and process were unable to be progressed.
- 4.2 Throughout the Covid period, the Council and partners have been delivering a wide range of supports to vulnerable individuals and families around food, direct financial, digital and humanitarian aid. The funding for these initiatives has come from a cocktail of sources including the Scottish Government, Council and IJB and has been significantly enhanced by the involvement of Community Groups and a large number of volunteers.
- 4.3 Whilst the number of Covid cases has greatly reduced within the population, the impact of the 4 month lockdown and the gradual withdrawal of Government funding will result in a high level of need within the Inverclyde Community for some time to come.

5.0 PROPOSALS

- 5.1 It is recognised the current need to get a balance between proposals which provide a sustainable improvement in the lives of those impacted by poverty and deprivation whilst also recognising that the need for many is immediate and therefore short term interventions will also have a significant part to play. The proposals which will utilise the £1 million from Inverclyde Council and IJB are included in the following paragraphs.

Employment Opportunities and Employability £657,000

- Offer the pre-apprenticeship programme for a second cohort of twelve pupils from across Inverclyde and offer a level 2 apprenticeship to the year 1 cohort in the area of last year's development over a period of 18 months from August 2020.
- Offer the five modern apprentices who are due to finish on the Council's existing modern apprenticeship programme a two year contract at an entry level post to allow them time to gain further experience and enhance their job prospects.
- Create an Inverclyde Furlough Scheme which would support 20 employees with 50% of their wages for 6 months in those sectors where jobs are most at risk.
-

Food Insecurity £210,000

- In addition to the £25 per fortnight payment to every child/young person entitled to receive free school meals throughout the Covid period until 28th August, a one-off payment be made in the middle of December to each child/young person in receipt of free school meals and would allow qualifying families to buy healthier food over the Christmas period.
- Continue the Fare Share Community Food initiative for a further 12 months with an annual membership. This will continue to provide food aid through local community organisations to people living in communities and localities that need it.
- Establish a local Food Pantry within one location in Inverclyde working closely with the Scottish Food Pantry to develop a local community shop which displays a variety of good quality food, sourced from FareShare Glasgow, where members of the community can choose from a

subscription and/or membership fee. The pantry model targets those on a low income and/or recovering from crisis, providing fresh and healthy food at a price that is affordable.

Welfare Support £370,000

- It is proposed to award DHP up to 100% of the difference between Universal Credit Housing costs or Housing Benefit entitlement capped at £200 per month with the payment being made for a period of no more than 6 months.
- The Council maintained the payment of Crisis Grants throughout the Covid period and took the decision in March to increase payments by 20% to provide greater financial support to those in most need. It is recommended that the 20% enhanced payment is continued for the remainder of 2020/21.
- In addition, it is proposed that the Community Care Grant which assists with individuals setting up home be paid to not only high priority cases but also medium priority cases. This will allow payment to be made to more individuals and for additional items for the home including washing machines, floor coverings and additional furniture.

Digital Connectivity £60,000

- The Council has received an allocation of £433,000 from the Scottish Government to ensure that all secondary school pupils in receipt of free school meals have access to an appropriate device and connectivity. This makes significant inroads into many households suffering from digital exclusion.
- The Council has previously approved an £80,000 investment from the Anti-Poverty earmarked reserves to provide free Wi-Fi for a five year period in 8 Community Centres in addition to the existing infrastructure within the Council Libraries estate.
- Provide individuals who are engaging in learning, development and training with an opportunity to receive a device to complete their learning.

Strengthening the Community/3rd Sector Base £200,000

- It is proposed to build on the excellent Community response to the Covid pandemic to improve capacity and resilience and creates a fund to receive applications for support to allow projects which support the vulnerable and isolated to continue.

5.2 A report on the development of a Food Pantry and 3rd Sector will be brought to a future meeting

6.0 IMPLICATIONS

FINANCE

6.1 It would be proposed that any unspent sums from the £1million allocated to Anti-Poverty initiatives in 2020/21 at 31 March, 2020 be added to the Anti-Poverty Earmarked reserves and would sit within the Inverclyde Council budgets.

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 None at present

HUMAN RESOURCES

6.3 None at present

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.	This allocated funding will have a positive impact on poverty and people living on low income.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	This allocated funding will have a positive impact on poverty and people living on low income.
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	Discussion has taken place with communities through locality planning processes.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

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 initiative will have a positive impact on poverty and people living on low income.
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.	This initiative will have a positive impact on poverty and people living on low income.
Health and social care services contribute to reducing health inequalities.	This initiative will have a positive impact on poverty and people living on low income.
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.	
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care services.	The funding will impact on early interventions and health inequalities.

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 N/A.

9.0 BACKGROUND PAPERS

9.1 N/A.

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

Report By: Louise Long
Chief Officer
Inverclyde Health & Social Care Partnership (HSCP) **Report No:** IJB/61/2020/AS

Contact Officer: Allen Stevenson
Head of Health and Community Care
Inverclyde Health and Social Care Partnership (HSCP) **Contact No:** 01475 715212

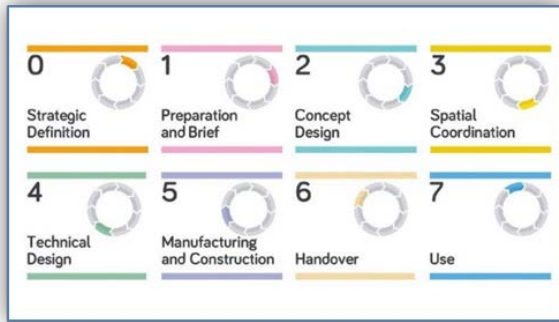
Subject: LEARNING DISABILITY REDESIGN – LD COMMUNITY HUB

1.0 PURPOSE

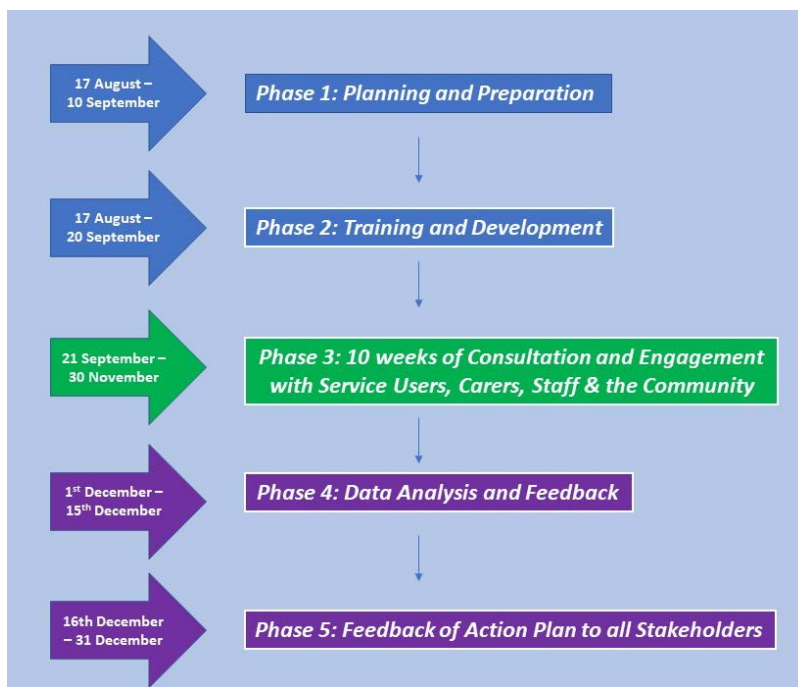
- 1.1 The purpose of this report is to advise the Integration Joint Board of the decision by Inverclyde Council in early 2020 of the inclusion of £7.4 million funding for the new Learning Disability Hub at the former Hector McNeil Baths site within the 2020/23 Capital Programme and to advise of ongoing development work in the design of the Learning Disability Community Hub.

2.0 SUMMARY

- 2.1 The Outline Business Case was presented to the Corporate Management Team in July 2019 outlining the work undertaken to date in progressing with the LD Redesign. The Outline Business Case was presented to the Corporate Management Team in July 2019.
- 2.2 The former Hector McNeil Baths site was agreed by Inverclyde Council in early 2020 for the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme and giving the go ahead for the development of the site to be progressed by the HSCP and Property Services.
- 2.3 In mid-March 2020 the continuous community transmission of COVID-19 and the resultant cessation of non-critical Health and Social Care services resulted in staff resources being focused on critical health and social care service support, including the learning disability service. Despite services being diverted to respond to COVID, virtual work continues with the LD Community Hub design to develop the former site in terms of the early building and open space concept and online consultation with service users facilitated by The Advisory Group (TAG).
- 2.4 The HSCP LD Redesign Programme has to this point, demonstrated the importance of involving people at as early a stage as possible, to ensure the voice of people with LD and /or Autism and their families, have been fully involved and engaged in any changes and developments thus far. There are eight stages which require consideration in the development of the Learning Disability Hub.



- 2.5 The HSCP remain committed to continuing this engagement process in the development of the new LD Community Hub throughout each phase of the programme, and crucially in the *‘Developing the Design’* phase scheduled at this time, from August 2020 through to March 2021
- 2.6 In partnership with our Lead LD independent organisation, The Advisory Group, and the Carers Centre, the HSCP has developed a Communication and Engagement Strategy with timelines for involving people throughout the programme of works, indicatively scheduled from August 2020 through to construction and completion in Winter 2022. Each milestone and phase of the programme will have its own activity timeline.



- 2.7 By developing and engaging with networks we aim to foster a participatory and collaborative environment to achieve the best possible outcomes for people with LD and /or Autism and their families in Inverclyde. By adhering to these principles, we will also be complying with the National Standards for Community Engagement for planning, (*Voice Scotland, National Standards for Community Engagement, 2015*).

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the former Hector McNeil Baths site being agreed by Inverclyde Council in early 2020 with the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme.
- 3.2 The Integration Joint Board is asked to note that, despite services being diverted to respond to COVID-19, virtual work continues with Property Services to develop the former site in terms of the early building concept and online consultation with service

users facilitated by The Advisory Group.

- 3.3 The Integration Joint Board is advised that service user, carer and staff consultation will be a key consideration in the development of the LD Community Hub.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Following the Strategic Review which set out the case for change, the Learning Disability Redesign was progressed to:-

- Develop a new model of day opportunities for adults with LD, with clear service access criteria.
- Merge two LD day centres on an interim basis, into one service on the Fitzgerald Centre site.
- Seek a longer term development to create a new community hub to accommodate day opportunities resources for people with LD and Autism with more complex needs, requiring building based support.
- Ensure ongoing, significant review of all LD packages of care to ensure that packages are delivering high quality support to people in achieving their personal needs and outcomes and are financially sustainable.

4.2 An original list confirmed 28 potential sites identified across Inverclyde. Following option appraisal work this reduced to 8 and then 4 and then 2 sites which were considered within the Feasibility Study.

4.3 The Integration Joint Board of 10th September 2019 approved the creation of a £526k Earmarked Reserve to meet one-off costs associated with the project. £100k was allocated for site investigation works on the two emerging sites, with the balance set aside to meet any one-off costs associated with the project, out with any funding approved by the Council. Both sites were subject to more detailed site investigation work in order to reach a preferred site. This concluded in December 2019.

4.4 The Health and Social Care Committee recommended the former Hector McNeil Baths site which was subsequently agreed by Inverclyde Council in February 2020 for the inclusion of funding for the new Learning Disability Hub within the 2020/23 Capital Programme.

5.0 IMPLICATIONS

FINANCE

5.1 One off Costs

It is proposed that the development be funded by Prudential Borrowing. A £360,000 allowance was factored into the December 2019 Financial Strategy.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Capital	Learning Disability	2020/23	7300-7400		Estimated Capital Cost of the range of the development.
CFCR	Learning Disability	2020/23	265		Estimated kit out and ICT costs funded from EMR.

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
General Fund	Loans Charges	2022/23	360		Estimated loans, charges to deliver the £7.3-7.4m investment.
Learning Disabilities	Running Costs	2022/23	1,327		Estimated sum available for the running costs of the new facility

LEGAL

- 5.2 Hector McNeil Baths site is Common Good land which requires to be re-appropriated through legal processes, potentially taking over one year, depending on any objections. This will also incur legal costs which have not been included in the report. A similar exercise was recently concluded in respect of Lady Alice Bowling Club which occupies part of the same site.

HUMAN RESOURCES

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

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

√

YES

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

- 5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improved Community Access to new build
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	New Build will be compliant
People with protected characteristics feel safe within their communities.	Will provide a safe environment for LD service users
People with protected characteristics feel included in the planning and developing of services.	Ongoing consultation with service users
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff undertake equality training

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	CLDT will work in integrated way with day opportunities to support GBV.
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.	Will maximise opportunities for people with an LD
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	Will maximise community day opportunities
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Service user consultation group established.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Will maximise opportunities for people with an LD
Health and social care services contribute to reducing health inequalities.	Will maximise community day opportunities
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.	Services will provide respite for unpaid carers.
People using health and social care services are safe from harm.	Will provide a safe environment
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.	Ongoing consultation with service users
Resources are used effectively in the provision of health and social care services.	Project maximises the best use of LD capacity and resources.

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 Learning Disability News Letter

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 21 SEPTEMBER 2020**Inverclyde Integration Joint Board Audit Committee****Monday 21 September 2020 at 1pm**

Present: Councillors E Robertson and L Rebecchi, Mr A Cowan, Ms P Speirs and Mr S McLachlan.

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 and Interim Head of Strategy & Support Services, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang and Ms D Sweeney (Legal & Property Services).

The meeting was held by video conference.

Prior to the commencement of business, the Chair welcomed Paula Speirs who had recently been appointed as a Voting Member of the Committee.

12 Apologies, Substitutions and Declarations of Interest 12

No apologies for absence or declarations of interest were intimated.

13 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 17 March 2020 13

There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 17 March 2020.

Decided: that the minute be agreed.

14 Rolling Action List 14

There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.

During discussion on this item, the Chief Financial Officer confirmed in response to a question that at the present time, there were no particular concerns as to sustainability as the Integration Joint Board had a very healthy reserves position and a number of the offsets were also coming into effect. If this position changed, however, this would be reported at the earliest opportunity.

Decided:

(1) that an additional meeting of the IJB Audit Committee be scheduled for 1pm on Monday 2 November 2020, prior to the IJB at 2pm, the items of business to include the External Audit Report and Annual Accounts 2019/20 and a report on earmarked and free reserves linked to COVID-19;

(2) that the development day focusing on risk management, referred to at the March meeting of the Committee, be added to the Rolling Action List and that it be remitted to the Chief Officer to develop a programme for this to be undertaken as a virtual session in conjunction with CIPFA, if possible prior to Christmas 2020 but in any event by January 2021.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 21 SEPTEMBER 2020

15 Draft IJB Audit Committee Workplan 2020/21 15

There was submitted a draft workplan for the IJB Audit Committee for 2020/21. During the course of discussion on this item, reference was made to the COVID-19 Guide for Audit and Risk Committees recently issued by Audit Scotland which sets out suggested questions for Audit Committee Members to help them to scrutinise effectively and challenge in key areas.

Decided: that the draft IJB Audit Committee workplan 2020/21 be expanded to incorporate the November 2020 meeting agreed earlier with reports on (1) the External Audit Report and Annual Accounts 2019/20, (2) the review of reserves and (3) an update on the Audit Scotland COVID-19 Guide for Audit and Risk Committees.

16 Internal Audit Progress Report – 24 February to 28 August 2020 16

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 24 February to 20 August 2020.

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

(1) Two Audit reviews had been finalised since the last IJB Audit Committee in March:

Budgetary Control

This Audit was carried out as part of the 2019/20 plan and the overall control environment opinion was satisfactory. Two amber issues were identified including:

(a) Managing a single person dependency. This related to the Chief Financial Officer and the remit of the role which includes the preparation of budget monitoring reports and the Board's annual accounts;

(b) An issue in relation to how the IJB uses its budget to deliver its strategic plan.

The audit identified three issues, two of which were considered to be individually significant and an action plan was in place to address all issues by 30 September 2020. In relation to the single person dependency, this issue had now been addressed through contingency arrangements being provided by Inverclyde Council's Finance Management Team.

IJB Directions – Advisory Review

As part of the 2018/19 Internal Audit Plan, a review of the IJB's arrangements for managing directions was undertaken. The resulting action plan could not be fully implemented as the final statutory guidance had not been published.

In January 2020, however, the Scottish Government issued new statutory guidance regarding directions and as part of the Annual Audit Plan for 2020/21, Internal Audit carried out an advisory review to provide advice to IJB Officers in reviewing and updating the current policy in line with the new guidance.

There were no material issues identified and IJB Officers incorporated recommendations where appropriate into the draft IJB Directions Policy to be considered by the IJB later in the day.

(c) In relation to Internal Audit follow-up, three actions were due for completion by 31 August 2020, two of which were complete, with the completion date in relation to the third action (approval of IJB Directions Policy) being revised. There were five current actions being progressed by Officers.

(d) With regard to updates from partner organisations, no meetings of the Inverclyde Council Audit Committee had taken place since March. In relation to NHS Greater Glasgow and Clyde, a number of audit reports had been issued and approved by the Board since the last update in March.

During the course of discussion on this item, the Chair suggested that the IJB Integration Scheme Update – Readiness Review, for which an interim report was due by 31 March 2021, should be recorded in either the workplan or the rolling action list. The Chief Officer confirmed that she would discuss this suggestion with the Chief Internal Auditor and revert back to the Chair.

Decided: that the progress made by Internal Audit in the period from 24 February to 28 August 2020 be noted.

17 Internal Audit Annual Report and Assurance Statement 2019/20

17

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Internal Audit Annual Report and Assurance Statement for 2019/2020 which forms part of the IJB's Annual Governance Statement.

The Chief Internal Auditor advised the Committee that the conclusion of the report was that the majority of the IJB's established internal control procedures operated as intended to meet management's control requirements for each area reviewed by Internal Audit and that the overall audit opinion was satisfactory.

However, the report also highlighted the fact that the COVID-19 incident in late March had tested how well the IJB's governance, risk management and internal controls framework was operating, and continued to operate, and that it would be important for the IJB at the appropriate time to carry out a post-incident review and highlight any lessons learned.

The Chief Internal Auditor referred also to the COVID-19 guidance for Audit and Risk Committees issued by Audit Scotland and she suggested that as part of the Annual Audit Plan for 2020/21, Internal Audit could carry out an exercise to co-ordinate an update on the IJB's position for a future meeting of the Committee if required.

The Chair asked for clarification as to the appropriate time to carry out such a post-incident review and the Chief Officer indicated that she was comfortable to review this at any time as an opportunity existed to reflect, particularly given the Audit Scotland report referred to above. The most pressing issue, however, was the Local Mobilisation Plan.

In this regard, the Chief Internal Auditor indicated that she would be happy to work with the Chief Financial Officer on using the guide as a tool to provide assurance to Members and that this could be included in the report to the November meeting of the Committee.

Decided: that the Internal Audit Annual Report and Assurance Statement be approved.