

A meeting of the Inverclyde Integration Joint Board will be held on Monday 25 January 2021 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

<b>BUSINESS</b>		
<b>**Copy to follow</b>		
1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>ITEMS FOR ACTION:</b>		
2.	<b>Chief Officer's Report</b>	
**	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
3.	<b>Inverclyde Integration Joint Board Decision-Making Arrangements</b>	
	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4.	<b>Minute of Meeting of Inverclyde Integration Joint Board of 2 November 2020</b>	<b>p</b>
5.	<b>Rolling Action List</b>	<b>p</b>
6.	<b>Financial Monitoring Report 2020/21 – Period to 31 October 2020, Period 7</b>	
	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
7.	<b>Infant Feeding Collective Impact: Sustainability Report</b>	
	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

<b>ITEMS FOR NOTING:</b>		
8.	<b>Model Code of Conduct – Scottish Government Consultation</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
9.	<b>Chief Social Work Officer Annual Report 2019/20</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
10.	<b>Minute of Meeting of IJB Audit Committee of 2 November 2020</b>	<b>p</b>
<b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</b>		
11.	<b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b> 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	<b>p</b>
12.	<b>Update on Mental Health Activity</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership making recommendations relative to mental health activity in Inverclyde including a number of staffing issues.	<b>p</b>

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      **Date:** 25 January 2021

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/08/2021/LL

**Contact Officer:**      **Contact No:** 01475 712722

**Subject:** **INVERCLYDE INTEGRATION JOINT BOARD DECISION-MAKING ARRANGEMENTS**

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to review the current governance arrangements for the Inverclyde Integration Joint Board (IJB) during the current COVID-19 pandemic.

## **2.0 SUMMARY**

- 2.1 In light of the demands caused by the COVID-19 pandemic and following the First Minister's statement to the Scottish Parliament on 4 January 2021 it is appropriate for the IJB to review its meeting format and decision-making arrangements to enable the essential and critical business of the IJB to continue in the current circumstances
- 2.2 This report sets out these arrangements, which will be subject to ongoing review in line with Scottish Government advice.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
- a. notes the contents of this report;
  - b. agrees that the current cycle of IJB and IJB Audit Meetings will continue on the basis of consideration of business critical items only;
  - c. agrees the suspension of meetings of the Strategic Planning Group.

## **4.0 BACKGROUND**

- 4.1 The IJB on 17<sup>th</sup> March 2020 reviewed the governance arrangements for future meetings. It was agreed that the Chief Officer would utilise her delegated powers as set out in the Scheme of Delegation to Officers, in consultation with the Chair and Vice Chair, to deal with matters of an urgent nature.
- 4.2 On 12<sup>th</sup> May 2020 interim arrangements were in place, including reduced membership and agreement that all future meetings would use tele conference/virtual facilities in line with IJB Standing Orders which allow for remote participation. It was also agreed that the number of agenda items would be significantly reduced to focus on COVID-19 and items requiring a decision by the IJB.
- 4.3 Meetings continue to be closed to the public in accordance with section 50(A) 3A of the Local Government (Scotland) Act 1973.
- 4.4 On 23<sup>rd</sup> June 2020 normal IJB meeting arrangements were reintroduced using Web-Ex to facilitate virtual meetings. The full membership was able to participate.
- 4.5 On 4<sup>th</sup> January 2021 the First Minister announced that mainland Scotland was entering a second period of lockdown. As such, it is appropriate that the IJB considers its governance procedures for the duration of the current situation.
- 4.6 It is therefore proposed that the normal schedule of IJB and IJB Audit meetings remains in place with full membership. However the agenda will be significantly reduced to focus on COVID-19 (including vaccination programmes) and business critical items requiring a decision by the IJB.
- 4.7 It is also proposed to suspend meetings of the Strategic Planning Group (SPG) to allow officers to focus on COVID-19 and the associated vaccination programme.
- 4.8 The Chief Officer will continue to have weekly briefings with the IJB Chair and Vice-Chair and these arrangements will be reviewed monthly by the Chief Officer, Chair and Vice-Chair as matters continue to develop.
- 4.9 **Delegation of Authority to Chief Officer**  
Operationally, Officers of the HSCP have delegated powers through the Council and the Health Board and decisions are being taken by the Chief Officer, in consultation with both the Chief Executives of the Council and Health Board, in response to the current crisis on a daily basis.
- 4.10 In relation to urgent strategic matters which usually require a decision of the IJB, there are provisions within IJB's Scheme of Delegation that allow the Chief Officer, in consultation with the Chair and Vice Chair, to take a decision outwith the IJB, as long as it is urgent and cannot wait for the next IJB meeting and that it is reported to the next available IJB meeting. These powers will only be used by the Chief Officer in an emergency, where it is not possible or practicable for the matter to be dealt with through an IJB meeting. A record of all actions taken under the delegated powers will be kept and reported to the next available meeting of the IJB.

## **5.0 PROPOSAL**

- 5.1 It is proposed that the IJB notes the temporary changes to decision-making arrangements put in place which allow officers to focus time and resources on responding to the COVID-19 pandemic, while facilitating essential decision-making.

## 6.0 IMPLICATIONS

### FINANCE

#### 5.1

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

Annually Recurring Costs / (Savings)

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

### LEGAL

5.2 There are no specific legal implications arising from the content 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
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

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

maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 5.6 NATIONAL WELLBEING OUTCOMES

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

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

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	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.

## INVERCLYDE INTEGRATION JOINT BOARD – 2 NOVEMBER 2020

---

### Inverclyde Integration Joint Board

Monday 2 November 2020 at 2pm

**Present:** Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Mr A Cowan, Ms D McErlean, Dr D McCormick, Dr C Jones, Ms L Long, Ms S McAlees, Ms L Aird, Ms G Eardley, Mr H MacLeod, 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 E Cummings, Project Manager Innovation & Primary Care, Ms D Maloney, Service Manager Innovation & Independent Living, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang and Ms D Sweeney (Legal & Property Services).

The meeting took place via video-conference.

#### 94 **Apologies, Substitutions and Declarations of Interest** 94

An apology for absence was intimated on behalf of Dr H MacDonald.

Ms C Boyd declared an interest in agenda item 17 (Reporting by Exception – Governance of HSCP Commissioned External Organisations).

#### 95 **Membership of the Inverclyde Integration Joint Board** 95

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership requesting confirmation of the reappointment of members to the Inverclyde Integration Joint Board (IJB).

**Decided:**

- (1) that the contents of the report be noted;
- (2) that it be agreed to confirm the reappointment for a further term of the following non-voting professional advisory members:
  - (a) Dr Hector MacDonald
  - (b) Dr Deirdre McCormick
  - (c) Dr Chris Jones
- (3) that agreement be given to the reappointment of the non-voting stakeholder representative members set out in Appendix 1, Section C of the report; and
- (4) that agreement be given to the reappointment of the additional non-voting members set out in Appendix 1, Section D of the report.

#### 96 **Minute of Meeting of Inverclyde Integration Joint Board of 21 September 2020** 96

There was submitted the minute of the Inverclyde Integration Joint Board of 21 September 2020.

**Decided:** that the minute be agreed.



**INVERCLYDE INTEGRATION JOINT BOARD – 2 NOVEMBER 2020**

---

**97 Annual Report to the IJB and the Controller of Audit for the Financial Year ended 31 March 2020 97**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' Letter to the Inverclyde Integration Joint Board for the financial year ended 31 March 2020 which had been prepared by the IJB's External Auditors, Audit Scotland.

(Ms McAlees joined the meeting during consideration of this item of business).

During consideration of this item, reference was made to the fact that written reports to the IJB on financial management continued to be out of date because of the reporting arrangements, it being noted that this issue was now mitigated by the Chief Financial Officer verbally reporting any significant changes to financial forecasts which had occurred since the date of the last written report to each meeting from the October report onwards. Audit Scotland had accepted this verbal update mitigation as part of the previous audit. It was explained that this issue did not simply relate to the timetabled dates of the Integration Joint Board meetings but was also impacted by the differences in reporting periods within the Council and Health Board.

**Decided:**

- (1) that the contents of the Annual Report to the Integration Joint Board and Controller of Audit for the financial year ended 31 March 2020 be endorsed;
- (2) that the Chair, Chief Officer and Chief Financial Officer be authorised to accept and sign the final 2019/20 Accounts on behalf of the IJB; and
- (3) that the Letter of Representation set out in Appendix 2 of the Annual Report be endorsed and that approval be given to the signing of this by the Chief Financial Officer.

**98 Rolling Action List 98**

There was submitted a new format Rolling Action List of items arising from previous decisions of the Integration Joint Board, taking account of the decision made by the IJB at its last meeting to establish a Directions Register.

During consideration of this item, reference was made to the three actions relating to (a) Locality Planning Groups, (b) Living Well and (c) GP Out-of-Hours Service, which it was proposed to remove from the Rolling Action List until the end of the current COVID-19 emergency.

In this regard, the Chief Officer explained the reporting arrangements relative to the Living Well and GP Out-of-Hours items which would ensure that the issues were progressed. She also confirmed that she would arrange for the action relative to the review of support to Locality Planning Groups to be included in the Directions Register.

**Decided:** that the Rolling Action List be noted.

**99 Financial Monitoring Report 2020/21 – Period to 31 August 2020, Period 5 99**

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 5 to 31 August 2020.

The IJB Chief Financial Officer advised the Board that to date, projected full year COVID costs were now £8.502m and funding received amounted to £1.799m. Since finalisation of the report, a further £3.846m funding had been confirmed (£3.021m for Social Care and £0.825m for Health). This left a current balance of £1.058m of projected costs for which there was no confirmed funding. Some of these estimated costs would reduce, some costs will be covered by other funding streams and further

## INVERCLYDE INTEGRATION JOINT BOARD – 2 NOVEMBER 2020

---

funding announcements for other elements and further funding are anticipated. The IJB asked for additional information about the Board-wide Mental Health Assessment Units. The Interim Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services explained that the units were set up in line with ministerial direction as a result of COVID. These units would provide additional support to people in crisis, Police and other agencies by providing a direct route to assessment outwith Emergency Departments.

**Decided:**

- (1) that the current Period 5 forecast position for 2020/21 and the Period 5 detailed report contained in appendices 1 to 3 of the report be noted;
- (2) that the projected COVID-19 costs and anticipated COVID-19 funding as updated by the IJB Chief Financial Officer be noted;
- (3) that it be noted that in the event of any gap in funding, Officers would seek to address this in-year and would review options for using IJB Reserves if required;
- (4) that approval be given to the proposed budget realignments and virement in Appendix 4 and that Officers be authorised to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures set out in Appendix 5;
- (5) that approval be given to the planned use of the Transformation Fund as set out in Appendix 6;
- (6) that the current Capital position in Appendix 7 be noted; and
- (7) that the current Earmarked Reserves position in Appendix 8 be noted.

### 100 Progress Update on Criminal Justice Social Work Inspection Improvement Action Plan 100

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising of the outcome of the Care Inspectorate inspection of Criminal Justice Social Work in 2019 for which the Service had received scores of Very Good for Quality Indicators 1.1 (Improving the life chances and outcomes for people subject to a community payback order), 2.1 (Impact on people who have committed offences) and 9.4 (Leadership of improvement and change) and Good for Quality Indicators 5.2 (Assessing and responding to risk and need) and 5.3 (planning and providing effective intervention) and (2) providing an update on progress made in taking forward the two areas of improvement identified.

**Decided:**

- (1) that the content of the report, including the progress made in taking forward the identified improvement actions, be noted; and
- (2) that a further update on the Improvement Action Plan be submitted to the IJB.

### 101 Update on Delivery of 2020/21 Adult Influenza Vaccination Campaign 101

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the expected scale and challenges of the 2020/21 Adult Influenza vaccination campaign together with an early indication of progress.

**Decided:** that the challenges associated with the delivery of the 2020/21 Adult Influenza vaccination campaign be noted and agreement be given to support the campaign and facilitate the use of resources as outlined in the report.

---

**INVERCLYDE INTEGRATION JOINT BOARD – 2 NOVEMBER 2020**


---

- 102 Workplace Wellbeing Matters 102**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update on the progress made in the development of an area-wide wellbeing and resilience delivery plan and (2) requesting approval of the direction of travel as set out in the report.
- The IJB heard a presentation by Debbie Maloney, Inverclyde HSCP Wellbeing Champion, and Gemma Eardley of Unison on the Workplace Wellbeing Matters, the wellbeing and resilience delivery plan for Inverclyde's Health and Social Care staff.
- Decided:**
- (1) that the progress to date to support workforce wellbeing and resilience within the HSCP be endorsed;
  - (2) that approval be given to the inclusive and integrated approach of the wider workforce, third and independent sector colleagues as set out in the report;
  - (3) that the direction of travel and implementation of the delivery plan as described in the report be approved; and
  - (4) that the use of Chief Social Work Officer funding to support initiatives associated with the plan be noted.
- 103 Inverclyde Integration Joint Board Audit Committee – Terms of Reference 103**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of a proposed change to the terms of reference of the Inverclyde Integration Joint Board Audit Committee.
- Decided:** that approval be given to the amended terms of reference of the Inverclyde Integration Joint Board Audit Committee as detailed in Appendix 1 of the report.
- 104 Chief Officer's Report 104**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of areas of work underway across the Health & Social Care Partnership.
- Decided:**
- (1) that the report be noted; and
  - (2) that a report be submitted to a future meeting of the Integration Joint Board on Moving Forward Together once an update is available from the NHS Board.
- 105 Reconvening of Inverclyde Joint Adult Support and Protection Inspection 105**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of 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.
- Decided:** that the report be noted.
- 106 Inverclyde Child Poverty Action Report 2019/20 106**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the final Local Child Poverty Action Report 2019/20.
- Decided:**
- (1) that the progress and proposed actions set out in the Inverclyde Local Child

## INVERCLYDE INTEGRATION JOINT BOARD – 2 NOVEMBER 2020

---

Poverty Action Report be noted; and

(2) that a development session on child poverty be arranged for members of the IJB in early 2021.

### 107 Anti-Poverty Initiatives 107

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on proposals relative to anti-poverty initiatives to be progressed in the current financial year.

**Decided:**

(1) that the proposals detailed in the report for the utilisation of the anti-poverty funding of £1m and the other funding received from the Scottish Government be noted; and

(2) that it be noted that further progress reports providing more detail around the proposals would be submitted to future meetings of the Alliance Board and thereafter to the Integration Joint Board.

Mr McLachlan left the meeting at this juncture.

### 108 Learning Disability (LD) Redesign – LD Community Hub 108

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of (1) the decision by Inverclyde Council in early 2020 to include £7.4m funding for the new Learning Disability Community Hub at the former Hector McNeil Baths site within the 2020/23 Capital Programme and (2) ongoing development work on the design of the Learning Disability Community Hub.

**Decided:**

(1) that the decision of Inverclyde Council in early 2020 to include £7.4m funding for the new Learning Disability Community Hub at the former Hector McNeil Baths site within the 2020/23 Capital Programme be noted;

(2) that it be noted that despite services being diverted to respond to COVID-19, virtual work was continuing with Property Services to develop the former site in terms of the early building concept along with online consultation with service users facilitated by The Advisory Group; and

(3) that it be noted that service user, carer and staff consultation would be a key consideration in the development of the LD Community Hub.

### 109 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 21 September 2020 109

There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 21 September 2020.

(Dr McCormick 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 1.00pm that day. These were:

Annual Report to the IJB and Controller of Audit for the financial year ended 31 March 2020

(1) The Audit opinions on the Annual Report and Accounts were all unqualified.

(2) The 2019/20 budget was balanced.

(3) The medium-term financial plan agreed in March 2020 would require revision to account for the impact of COVID-19.

(4) Overall governance and transparency arrangements were effective although the

## INVERCLYDE INTEGRATION JOINT BOARD – 2 NOVEMBER 2020

---

arrangements for demonstrating Best Value required to be formalised.

(5) The COVID-19 pandemic had a significant impact on service demand and delivery models, the review of the Integration Scheme, implementation of Locality Planning Groups and performance reporting.

(6) Recommendations had been made to address these issues.

### IJB Best Value Statement 2019/20

The Audit Committee had noted the report and had agreed that the ten questions detailed in the Best Value statement be issued to all IJB Audit Committee members and also to the wider IJB for comment prior to submission of the Best Value Annual Report in March 2021.

### Audit Scotland COVID-19 Guide for Audit Committees

Of the 46 areas recommended by Audit Scotland for review by Audit Committees, only 2 (Performance of IT Services during the pandemic and the impact of COVID-19 on existing financial risks and the effect on financial planning) were considered low – medium risk and actions were already in place to mitigate these.

### **Decided:**

- (1) that the minute of the IJB Audit Committee of 21 September 2020 be noted; and
- (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.

**It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in Paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.**

## 110 Reporting by Exception – Governance of HSCP Commissioned External Organisations 110

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned Social Care Services.

Ms Boyd declared a non-financial interest in this item as a Director of Inverclyde Carers' Centre. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision-making process.

(Dr McCormick returned to the meeting during consideration of this item of business).

### **Decided:**

- (1) that the governance report for the period 21 July to 25 September 2020 be noted; and
- (2) that Members acknowledge that Officers regard the control mechanisms in place through the governance meetings and Managing Poorly Performing Services Guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

**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
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
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 <b>Delayed</b>	Open put on schedule
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 <b>GG&amp;C wide piece of work which needs to go to IJB once done</b>	Open
24 August 2020 (Para 79(3))	LD Community Hub – Detailed Timeline for Project Build	Head of Health & Community Care	May 2021	Update paper		<b>Open on direction register</b>

2 November 2020 (Para 100(2))	Criminal Justice Social Work Inspection Improvement Action Plan Update	Sharon McAlees	October 2021	Update report		Open
2 November 2020 (Para 104(2))	Moving Forward Together Report	Allen Stevenson	June 2021	Future report		Open
2 November 2020 (Para 106(2))	Development Session on Child Poverty (early 2021)	Sharon McAlees	February 2021	To be added to agenda of February Development Session		Close

### Annual Report Schedule

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

### Directions Register

- Hard Edges
- Care Homes

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 25 January 2021

**Report By:** Louise Long      **Report No:** IJB/07/2020/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  
OCTOBER 2020, PERIOD 7

---

## **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 7 to 31 October 2020.

## **2.0 SUMMARY**

- 2.1 The detailed report outlines the financial position at Period 7 to the end of October 2020. The Covid-19 pandemic has created significant additional cost pressures across the Health & Social Care Partnership (HSCP). The figures presented include projected Covid costs and offset against that is confirmed Covid funding. It is anticipated that the balance of actual additional Covid costs will be received from the Scottish Government and funding has been projected on this basis.
- 2.2 The current year-end operating projection for the Partnership includes £8.491m of net Covid-19 costs for which £6.915m of funding has already been confirmed/received. Funding is anticipated but not yet confirmed for the balance of £1.576m. It is expected that this will be covered by the Scottish Government through local mobilisation plans. In the event that there is a shortfall in Scottish Government funding then this would need to be covered by the IJB reserves. The Senior Management Team have undertaken an exercise to examine all reserves with a view to a paper being presented to the January IJB Audit Committee with options should there be any gaps. This review took into account that at Period 7 there is a projected overspend of £0.371m in Social Care core budgets.

The IJB should note that the Audit Committee have received a report on the reserves position and how any 2021/22 local mobilisation plan costs will be covered.

For Health, initial funding has been received but the allocation methodology to HSCPs is still being finalised.

- 2.3 As in previous years, the IJB has financial commitments in place in relation to a net £2.022m 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 underspends.



- 2.4 The Chief Officer and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that as in previous years, any over or underspend is taken from or added to IJB reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund.
- 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 £0.028m 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 Unearmarked Reserves, giving a total Reserve of £8.450m. The projected year-end position is a carry forward of £7.239m.
- 2.8 The Health Board formally confirmed funding for the IJB for 2020/21 on 2 November. This funding was in line with the indicative funding confirmed in March with the exception of the notional Set Aside funding which has been uplifted in line with the 2019/20 final outturn and has therefore increased by £3.695m to £27.651m.

### **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:
  1. Notes the current Period 7 forecast position for 2020/21 as detailed in the report Appendices 1-3 and notes that the projection assumes that all Covid costs in 2020/21 will be fully funded by the Scottish Government,
  2. Notes that in the event that there are any gaps in funding for Covid costs, then the IJB will review the reserves to meet this shortfall,
  3. Notes that a paper on IJB reserves will be reported to the IJB Audit Committee in January 2021;
  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), and
  8. Accepts the formal 2020/21 funding offer from NHS GG&C which is in line with the indicative budget approved by the IJB in March 2020.

**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 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. On 2 November the NHS confirmed a funding offer for the IJB for the year which was in line with the indicative offer. The only change was in relation to the proposed notional funding for Set Aside which increased by £3.695m to £27.651m linked to the 2019/20 outturn plus agreed 2020/21 uplift; as this is a notional budget, it has no impact on the IJB’s influencable spend this year. The table below summarises the agreed budget and funding together with the projected operating outturn for the year as at 31 October:

	Revised Budget 2020/21 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	70,280	70,651	371
Health Services	80,197	80,197	0
Set Aside	27,651	27,651	0
<b>HSCP NET EXPENDITURE</b>	<b>178,128</b>	<b>178,499</b>	<b>371</b>
<b>FUNDED BY</b>			
Transfer from / (to) Reserves	(1,914)	(1,543)	371
NHS Contribution to the IJB	127,940	127,940	0
Council Contribution to the IJB	52,102	52,102	0
<b>HSCP FUNDING</b>	<b>178,128</b>	<b>178,499</b>	<b>371</b>
Planned Use of Reserves	(2,022)	(1,211)	
<b>Annual Accounts CIES Position (if anticipated Covid costs aren't covered in full)</b>	<b>(2,022)</b>	<b>(1,211)</b>	

### 4.3 Updated Finance Position and Forecasting to Year-end

Timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. 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. Appendix 1a details movements in forecasts since the last report. This year the majority of these are Covid-related as the pandemic response changes.

### 4.4 Covid-19 Mobilisation Plans

Local Mobilisation Plan (LMP) submissions are made regularly through the Health Board to the 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 1B details the current projected Covid costs and confirmed income, this ties back with the latest LMP. Projected costs have increased by £0.364m since the

last report due to rephrasing 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 October submission are £8.491m (£5.980m Social Care, £0.033m decrease since the last report due mainly to rephrasing of costs for the full year and £2.511m Health, £0.397m increase since the last report due to additional flu clinic and Covid vaccination costs now included).
- Funding of £6.915m has been confirmed/received (£5.964m for Social Care and £1.221m for Health).
- £0.396m of the Health funding was for Hospices, this has been received and passed to the hospice.
- Further funding for both Health and Social Care is expected.
- The table at the top of Appendix 1B details the projected spend across Social Care and Health on Employee costs, Supplies and Services etc.
- The second table on Appendix 1a shows a summary of the specific areas this spend is projected across.
- Actual costs to 30 November were £4.439m (£2.705m Social Care, £1.734m Health).

4.6 Funding of costs associated with Covid-19 for services delegated to the IJB, will be routed through NHS GG&C and passed through to the IJB to meet costs. Discussions with the Scottish Government continue in relation to this funding. The IJB has provided the Scottish Government with regular updates in relation to forecasted spend for all services and the cost of responding to the pandemic and this will be used by the Scottish Government in assessing future funding needs.

## **5.0 SOCIAL WORK SERVICES**

5.1 The projected Social Care Covid spend is £5.979m for this year with the biggest elements of that being provider sustainability. It is expected that all Covid costs will be funded by the Scottish Government through the remobilisation plan. Assuming all Covid costs are covered by the Scottish Government there is a £0.371million projected overspend for core Social Work services. In line with previous practice it is expected that any year-end overspend would be covered by the IJB free reserve.

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 the 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 decreased by £0.333m since the last report from a projected overspend of £0.704m to a projected overspend of £0.371m with £0.116m being transferred from reserves for Learning Disabilities.

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:

Main areas of underspend are:

- A projected underspend of £0.558m 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 together with a reduced adjustment of £0.040m, which reflects that service delivery will continue to increase.

- Additional turnover savings being projected across services of £0.240m.

Main areas of overspend are:

- A projected overspend of £0.693m within Learning Disability Client commitments, which is an increase of £0.038m from the position reported to the last Committee, 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 £0.389m in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the smoothing Earmarked Reserve.

## **6.0 HEALTH SERVICES**

6.1 For Health, Covid spend is projected to be £2.511m for the year with the biggest elements of that being additional staffing costs and support agreed nationally for Hospices. Projected costs have increased by £0.397m since the last report mainly due to additional costs now added for an expanded Flu and Covid Vaccination programmes. The projected outturn for health services at 31 October is a breakeven as a result of £1.798m transferring to Earmarked Reserves as detailed in Appendix 3B. There are further offsetting movements within the Health projection as follows:

- Mental Health – £0.552m projected overspend for the year comprised of £0.767m overspend relating to Inpatients linked to additional staffing and locum costs, partially offset by a £0.215m projected underspend on MH community
- Management & Admin - £0.552m underspend, £0.239m of which relates to early savings delivery and the balance to delays in filling vacancies in-year.

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 7, the year to date overspend on Mental Health is £0.322m.

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 with £0.7m transferring to Earmarked Reserves. The final position for the year is still uncertain but is likely to be between £0.7m and £1m underspend which will transfer to reserves. The underspend is due to an increase in tariff swap income for the year and prescribing volumes being lower than anticipated at the start of the year. The projection is based on latest

advice from the prescribing teams. Any overall over or underspend on prescribing will be taken from or transferred to Reserves. It is proposed that £0.4m of the underspend this year is added to the existing Prescribing Smoothing Reserve to cover potential impacts of Brexit on this budget in 2021/22. The prescribing position will continue to 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 have both added to the complexity around forecasting full year prescribing costs.

6.8 GP Prescribing remains a volatile budget; a drug going on short supply and the impacts of Covid and Brexit 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.

#### 6.10 Alcohol & Drug Recovery Service

There is a underspend on ADRS across both Health and Social Care, this is directly linked to the delay in implementing the finalised Addictions Review linked to covid which led to delays in filling posts and commissioning services.

### **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 year-end 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 £0.489m 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, final reports have been collated and documents are currently being prepared for tendering.
- Tender issue is anticipated prior to Christmas with a tender return January 2021.
- 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 and survey work now substantially complete 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.
- Tenders for Design Consultants have been returned and are being evaluated.
- Work through Legal Services in connection with the re-appropriation of the Hector McNeil site is progressing with the public consultation now closed and a report on the responses being prepared for submission to the relevant Committee. Legal Services will now progress the drafting of the court action required for the next stage of the legal process.

### 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 was a delay going out to tender because of a legal challenge against Scotland Excel and the Covid-19 pandemic. The tender process will recommence early 2021 and it is anticipated the project will be complete by 2023.

## 10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked and Unearmarked 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 Unearmarked Reserves, giving a total Reserve of £8.450m. To date at Period 7, £7.796m of new reserves are expected in year, £1.989m has been spent, projected carry forward at the yearend is £7.239m. Appendix 8 shows all reserves under the following categories. The projected movement in reserves for the year is £1.211m:

	Opening Balance	New Funds in Year	Spend to Date	Projected C/fwd
<b>Ear-Marked Reserves</b>				
Scottish Government Funding - funding ringfenced for specific initiatives	749	4,535	749	0
Existing Projects/Commitments - many of these are for projects that span more than 1 year	3,259	1,293	896	2,443
Transformation Projects - non recurring money to deliver transformational change	2,853	0	319	1,989
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	25	523
<b>TOTAL Ear-Marked Reserves</b>	<b>7,709</b>	<b>5,882</b>	<b>1,989</b>	<b>4,955</b>
<b>General Reserves</b>	<b>741</b>	<b>0</b>	<b>0</b>	<b>741</b>
Planned In Year Transfer to Reserves	0	1,914	0	1,914
In Year Surplus/(Deficit) going to/(from) reserves	0	0	0	(371)
<b>TOTAL Reserves</b>	<b>8,450</b>	<b>7,796</b>	<b>1,989</b>	<b>7,239</b>
<b>Projected Movement (use of)/transfer in to Reserves</b>				<b>(1,211)</b>

## 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 year-end 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 7, 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 <b>Direction Required to Council, Health Board or Both</b>	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 7: 1 April 2020 - 31 October 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	56,270	57,616	1,346	2.4%
Property Costs	1,095	1,108	1,248	140	12.6%
Supplies & Services	49,969	53,764	58,950	5,186	9.6%
Family Health Services	25,973	28,201	28,201	0	0.0%
Prescribing	18,535	18,508	18,508	0	0.0%
Transfer from / (to) Reserves	0	(1,914)	(1,914)	0	0.0%
Income	(3,970)	(5,460)	(6,784)	(1,324)	24.2%
Covid-19 Unallocated & Unfunded costs (net)	0	0	(4,977)	(4,977)	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>143,887</b>	<b>150,477</b>	<b>150,848</b>	<b>371</b>	<b>0.2%</b>
Set Aside	23,956	27,651	27,651	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>167,843</b>	<b>178,128</b>	<b>178,499</b>	<b>371</b>	<b>0.2%</b>

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	2,214	2,209	(5)	-0.2%
Older Persons	30,253	30,842	33,162	2,320	7.5%
Learning Disabilities	12,241	12,334	12,945	611	5.0%
Mental Health - Communities	6,833	7,091	6,920	(171)	-2.4%
Mental Health - Inpatient Services	9,051	9,338	10,105	767	8.2%
Children & Families	14,013	14,615	16,123	1,508	10.3%
Physical & Sensory	3,009	2,916	3,038	122	4.2%
Alcohol & Drug Recovery Service	3,490	3,739	3,582	(157)	-4.2%
Assessment & Care Management / Health & Community Care	9,867	15,583	15,496	(87)	-0.6%
Support / Management / Admin	6,318	5,663	5,060	(603)	-10.6%
Criminal Justice / Prison Service **	0	63	380	317	0.0%
Homelessness	1,095	1,097	1,823	726	66.2%
Family Health Services	25,973	28,201	28,201	0	0.0%
Prescribing	18,744	18,696	18,696	0	0.0%
Contribution to Reserves	0	(1,914)	(1,914)	0	0.0%
Covid-19 Unallocated & Unfunded costs (net)	0	0	(4,977)	(4,977)	0.0%
Unallocated Funds	905	0	0	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>143,887</b>	<b>150,477</b>	<b>150,848</b>	<b>371</b>	<b>0.2%</b>
Set Aside	23,956	27,651	27,651	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>167,843</b>	<b>178,128</b>	<b>178,499</b>	<b>371</b>	<b>0.2%</b>
<b>FUNDED BY</b>					
NHS Contribution to the IJB	91,598	100,289	100,289	0	0.0%
NHS Contribution for Set Aside	23,956	27,651	27,651	0	0.0%
Council Contribution to the IJB	52,289	52,102	52,102	0	0.0%
Transfer from / (to) Reserves	0	(1,914)	(1,543)	371	0.0%
<b>HSCP NET INCOME</b>	<b>167,843</b>	<b>178,128</b>	<b>178,499</b>	<b>371</b>	<b>0.2%</b>
<b>HSCP OPERATING SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
Anticipated movement in reserves ***	(3,036)	(2,022)	(1,211)		
<b>HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)</b>	<b>(3,036)</b>	<b>(2,022)</b>	<b>(1,211)</b>		

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

\*\*\* See Reserves Analysis for full breakdown

**INVERCLYDE HSCP****REVENUE BUDGET 2020/21 PROJECTED POSITION****Movement since last report**

<b>OBJECTIVE ANALYSIS</b>	<b>Previous Projected Outturn 2020/21 £000</b>	<b>Current Projected Outturn 2020/21 £000</b>	<b>Increase/ (Decrease) in projected spend since last report £000</b>	<b>Notes</b>
Strategy & Support Services	2,266	2,209	(57)	Delay in filling vacancies and slippage on training spend
Older Persons	32,160	33,162	1,002	Movement in Covid forecast
Learning Disabilities	12,915	12,945	30	Movement in Covid forecast
Mental Health - Communities	7,071	6,920	(151)	Recruitment issues leading to additional locum spend and covid cost impacts
Mental Health - Inpatient Services	9,336	10,105	769	
Children & Families	15,447	16,123	676	Additional demand in service, partially linked to covid
Physical & Sensory	3,008	3,038	30	Movement in Covid forecast
Alcohol & Drug Recovery Service	3,505	3,582	77	Movement in Covid forecast
Assessment & Care Management / Health & Community Care	11,696	15,496	3,800	Additional Covid Spend - offset by additional funding
Support / Management / Admin	6,051	5,060	(991)	Movement in Covid forecast and delay in filling vacancies
Criminal Justice / Prison Service **	391	380	(11)	
Homelessness	1,940	1,823	(117)	Movement in Covid forecast
Family Health Services	28,194	28,201	7	
Prescribing	19,487	18,696	(791)	Movement in nationally agreed Tariff Swap
Contribution to Reserves	(38)	(1,914)	(1,876)	Health - underspend and LD Hub
Covid-19 Unallocated & Unfunded costs (net)	(1,600)	(4,977)	(3,377)	Additional Covid Funding
Unallocated Funds	0	0	0	
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>151,829</b>	<b>150,848</b>	<b>(980)</b>	
Set Aside	23,956	27,651	3,695	Uplift in notional budget confirmed Nov 2020
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>175,785</b>	<b>178,499</b>	<b>2,715</b>	

**INVERCLYDE HSCP - COVID 19****REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 7: 1 April 2020 - 31 October 2020**

<b>SUBJECTIVE ANALYSIS - COVID 19</b> based on November 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	1,672	1,169	2,841
Property Costs	3	1	4
Supplies & Services	4,031	1,341	5,372
Family Health Services			0
Prescribing		0	0
Loss of Income	274		274
<b>PROJECTED COVID RELATED NET SPEND</b>	<b>5,980</b>	<b>2,511</b>	<b>8,491</b>

<b>Summarised Mobilisation Plan</b>	Social Care	Health	Revenue
<b>H&amp;SCP Costs</b>	2020/21	2020/21	2020/21 £000
Delayed Discharge Reduction- Additional Care Home Beds	374		374
Personal protection equipment	516	29	545
Deep cleans	3	1	4
Additional staff Overtime and Enhancements	84	252	336
Additional temporary staff spend - Student Nurses & AHP		391	391
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	972		972
Mental Health Services		125	125
Additional payments to FHS contractors		351	351
Additional FHS Prescribing		-	-
Community Hubs		654	654
Loss of income	249		249
Other- Revenue Equipment and Supplies	67	87	154
Other- Homelessness and Criminal Justice	676		676
Other - Covid Vaccinations		180	180
Hospices		396	396
Staffing support, including training & staff wellbeing	6		6
Winter Planning (Flu Vaccinations)	-	45	45
<b>Total</b>	<b>5,955</b>	<b>2,511</b>	<b>8,466</b>
	<b>Subtotal</b>	<b>Subtotal</b>	<b>Subtotal</b>
Expected underachievement of savings (HSCP)	25		25
<b>Total</b>	<b>5,980</b>	<b>2,511</b>	<b>8,491</b>

Confirmed Scottish Government Funding to date	(5,694)	(1,221)	(6,915)
Anticipated Balance of Funding	(286)	(1,290)	(1,576)

<b>Allocated vs Unallocated costs in the monitoring report</b>			
Spend Allocated in Monitoring Report to specific services/cost lines	4,977	0	4,977
LMP costs vs allocated covid costs	1,003	2,511.2	3,514

**SOCIAL CARE****REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 7: 1 April 2020 - 31 October 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
<b>SOCIAL CARE</b>					
Employee Costs	28,573	29,895	30,689	794	2.7%
Property costs	1,090	1,103	1,243	140	12.7%
Supplies and Services	860	888	1,255	367	41.3%
Transport and Plant	376	376	280	(96)	-25.5%
Administration Costs	755	783	774	(9)	-1.1%
Payments to Other Bodies	41,285	41,355	46,831	5,476	13.2%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Income	(3,927)	(4,004)	(5,328)	(1,324)	33.1%
Balance of Covid-19 unallocated costs (net)	0	0	1,003	1,003	0.0%
Anticipated Covid Funding		0	(5,980)	(5,980)	0.0%
Transfer to Earmarked Reserves		(116)	(116)	0	0.0%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>52,289</b>	<b>51,986</b>	<b>52,357</b>	<b>371</b>	<b>0.7%</b>

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>SOCIAL CARE</b>					
Strategy & Support Services	1,590	1,690	1,685	(5)	-0.3%
Older Persons	30,253	30,842	33,162	2,320	7.5%
Learning Disabilities	11,732	11,783	12,394	611	5.2%
Mental Health	3,654	3,696	3,740	44	1.2%
Children & Families	10,766	10,933	12,441	1,508	13.8%
Physical & Sensory	3,009	2,916	3,038	122	4.2%
Alcohol & Drug Recovery Service	1,799	1,771	1,614	(157)	-8.9%
Business Support	2,788	2,900	2,849	(51)	-1.8%
Assessment & Care Management	2,326	2,706	2,619	(87)	-3.2%
Criminal Justice / Scottish Prison Service	0	63	380	317	0.0%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Homelessness	1,095	1,097	1,823	726	66.2%
Balance of Covid-19 unallocated costs (net)	0	0	1,003	1,003	0.0%
Anticipated Covid Funding			(5,980)	(5,980)	0.0%
Transfer to Earmarked Reserves		(116)	(116)	0	0.0%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>52,289</b>	<b>51,986</b>	<b>52,357</b>	<b>371</b>	<b>0.7%</b>

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
<b>Council Contribution to the IJB</b>	<b>52,289</b>	<b>52,102</b>	<b>52,102</b>	<b>0</b>	
<b>Transfer from / (to) Reserves</b>	<b>0</b>	<b>(116)</b>	<b>255</b>	<b>371</b>	

**SOCIAL CARE****PERIOD 7: 1 April 2020 - 31 October 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 £1,373,000 (12.56%) overspend**

Included in the projection are Covid costs of £909,000, of which £511,000 relates to 4 residential placements and £431,000 relates to additional staffing costs, of which £33,000 can be funded via Attainment Grant funding. The Covid staffing costs includes the cost of the temporary children's unit currently caring for children who would ordinarily be looked after in foster placements.

The balance of the projected overspend of £599,000 primarily relates to:

- An overspend of £113,000 within Employee costs within Residential, an increase of £38,000 from the position reported at period 5. This is due to a review of costs previously shown as Covid-related.
- External Residential Placements, which is showing a net overspend against Core of £285,000, reduction of £397,000 since period 5, which is now included in the Covid costs figure of £909,000 above. Included the projected outturn, there are currently 13 children being looked after in a mix of residential accommodation, secure accommodation and at home to prevent residential placements.
- Fostering, Adoption and Kinship, which is showing an increased overspend of £104,000, up £34,000 from period 5 due to minor movements across the 3 headings.

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.

Movement in Earmarked Reserve:

The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £325,000. At period 7 there is a projected net overspend of £714,000 of which £325,000 would be funded from the earmarked reserve at the end of the year if continues, leaving an overspend against Core of £389,000 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 7 there is a projected net overspend of £108,000 which would be funded from the earmarked reserve at the end of the year.

**Criminal Justice: Projected £317,000 (16.03%) overspend**

As reported at period 7, 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 £2,320,000 (8.72%) overspend**

Included in the projection are Covid costs of £3,040,000, 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, loss of income and additional staffing costs within Homecare.

The residual projected underspend of £720,000 is £9,000 lower than the position reported at period 5 and mainly comprises:

An underspend of £558,000 within Residential and Nursing Care, up £159,000. This is because of the projected increase in the number of beds from the position reported at period 5 did not fully materialize and some of the new beds are residential as opposed to nursing. The projection is based on 525 beds for the remainder of the year.

An unchanged underspend of £419,000 within External Homecare, based on the invoices received, projected up to the end of the year together with a reduced adjustment of £40,000, which reflects that service delivery is anticipated to continue increasing for the remainder of the year.

An overspend of £77,000 within other client commitments, which is an increase of £32,000 from the position reported at period 5 as a result of a new package and other minor changes.

A projected net overspend of £146,000 on Employee Costs within Homecare, an increase of £79,000 from the position reported at period 5. £53,000 relates to a reduction in vacancies and increased holiday pay, with the balance of £27,000 due to increased spend on sessionals, overtime & travel as a result of both vacancies and covering packages that external homecare providers are unable to. This projected overspend is more than offset by the projected underspend on External Homecare above.

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 7, Officers are not showing any transfer of the residential & nursing underspend to the earmarked reserve. £400,000 of the underspend on care home beds has been contributed towards Covid costs, there is also the potential that the £558,000 may need to be used to fund the additional care home costs which would change the projected outturn in future reports.

**Learning Disabilities: Projected £611,000 (7.50%) overspend**

Included in the projection are Covid costs of £187,000 which relate to lost day services income and additional staffing costs.

The residual projected overspend £424,000 mainly comprises:

An increased projected overspend of £693,000 within Client commitments with the increase of £77,000 since period 5 mainly due to 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.

- A slightly reduced projected underspend of £199,000 on employee costs, down £5,000 on the position reported at period 5.
- An increased underspend of £106,000 in the projected underspend on Transport within Day Services, up £25,000 since the position reported at period 5, reflecting that there will now be very little external transport usage in 2020/21.

**Physical & Sensory: Projected £122,000 (4.98%) overspend**

Included in the projection are Covid costs of £29,000 which relate to additional staffing costs and lost income.

The residual overspend of £93,000 in the main comprises an overspend of £78,000 within Client commitments, up £67,000 since period 5, as a result of a new care package and other minor changes to packages and provider rates.

**Assessment and Care Management: Projected £87,000 (4.29%) underspend**

Included in the projection are Covid costs of £22,000 which relate to additional staffing costs.

The residual projected underspend of £109,000 in the main comprises an underspend of £117,000 within employee costs, a reduction in spend of £33,000 since period 5, and is due vacancies and other minor movements.

**Mental Health: Projected £44,000 (2.91%) overspend**

The projected overspend is £82,000 lower than reported at period 5 and comprises:

- As reported at period 5, a £155,000 projected overspend on agency staff costs as approved by the CMT in 2019/20
- An increased underspend of £38,000, up £20,000 since period 5 as a result of minor package changes.
- A full underspend of £40,000 against Dementia Care, as no spend is now anticipated against this.

**Alcohol & Drugs Recovery Service: Projected £157,000 (15.84%) underspend**

The projected underspend is £157,000 an increase £82,000 from that reported at period 5 at £75,000 and comprises an increased underspend of £157,000 on employee costs, up £68,000 from the position reported at period 5 of which £22,000 is due to slippage in filling vacancies and £44,000 relates to an externally funded post that won't be filled in 2020-21.

**Homelessness: Projected £726,000 (66.14%) overspend**

Included in the projection are Covid costs of £712,000 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 overspend of £14,000 comprises minor overspends and underspends across Homelessness.

**Planning, Health Improvement & Commissioning: Projected £5,000 (0.30%) underspend**

Included in the projection are Covid costs of £34,000 which relate to additional staffing costs

The residual projected underspend of £31,000, a reduction in spend of £26,000 since period 5, which comprises:

- A projected underspend of £26,000 against Training as it is not currently feasible for face to face courses or training to take place.

**Business Support: Projected £51,000 (1.52%) underspend**

Included in the projection are Covid costs of £44,000 which relate to additional staffing costs.

The residual projected underspend of £95,000, an increase in the underspend of £51,000 since period 5, in the main comprises:

- a reduced underspend of £95,000 on employee costs, down £20,000 from the position reported at period 5 due to the use of additional hours to cover vacancies.
- An increase of £61,000 in projected income reflecting the full receipt of the recharge from Criminal Justice.



**HEALTH****REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 7: 1 April 2020 - 31 October 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
<b>HEALTH</b>					
Employee Costs	23,712	26,375	26,927	552	2.1%
Property	5	5	5	0	0.0%
Supplies & Services	6,693	10,362	9,810	(552)	-5.3%
Family Health Services (net)	25,973	28,201	28,201	0	0.0%
Prescribing (net)	18,535	18,508	18,508	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
Income	(43)	(1,456)	(1,456)	0	0.0%
Transfer to Earmarked Reserves	0	(1,798)	(1,798)	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>91,598</b>	<b>98,491</b>	<b>98,491</b>	<b>0</b>	<b>0.0%</b>
Set Aside	23,956	27,651	27,651	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>115,554</b>	<b>126,142</b>	<b>126,142</b>	<b>0</b>	<b>0.0%</b>

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>HEALTH</b>					
Children & Families	3,247	3,682	3,682	0	0.0%
Health & Community Care	7,541	12,877	12,877	0	0.0%
Management & Admin	3,530	2,763	2,211	(552)	-20.0%
Learning Disabilities	509	551	551	0	0.0%
Alcohol & Drug Recovery Service	1,691	1,968	1,968	0	0.0%
Mental Health - Communities	3,179	3,395	3,180	(215)	-6.3%
Mental Health - Inpatient Services	9,051	9,338	10,105	767	8.2%
Strategy & Support Services	505	524	524	0	0.0%
Family Health Services	25,973	28,201	28,201	0	0.0%
Prescribing	18,744	18,696	18,696	0	0.0%
Unallocated Funds/(Savings)	905	0	0	0	0.0%
Transfer from / (to) Reserves	0	(1,798)	(1,798)	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>91,598</b>	<b>98,491</b>	<b>98,491</b>	<b>0</b>	<b>0.0%</b>
Set Aside	23,956	27,651	27,651	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>115,554</b>	<b>126,142</b>	<b>126,142</b>	<b>0</b>	<b>0.0%</b>

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
<b>NHS Contribution to the IJB</b>	<b>115,554</b>	<b>127,940</b>	<b>127,940</b>	<b>0</b>	
<b>Transfer from / (to) Reserves</b>	<b>0</b>	<b>(1,798)</b>	<b>(1,798)</b>	<b>0</b>	

**HEALTH****REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 7: 1 April 2020 - 31 October 2020**

Significant Projected Variances	Over/ (Underspend) £000	Notes
MH Adult Inpatients	767	Overspend slightly higher than prev years due to high cost locum cover, to be offset non recurringly by planned underspends on MH Community underspend, additional MH funding agreed at Jan 2020 IJB and early delivery of prior year Management & Admin saving along with £290k funded through the MH Transformation Fund
MH Adult Community	(215)	
Management & Admin	(552)	Saving agreed but not required for 19/20 £239k when the Health uplift was increased after the budget was set. Agreed to keep it to cover other pressures eg MH Inpatients. Balance from underspend due to delay in filling vacancies
Sub Total Over/(Under)spend	0	

Proposed transfers from the following services to Earmarked Reserves in year	Over/ (Underspend) £000	Notes
Alcohol & Drug Recovery Service	(305)	Delay in filling vacancies pending Review being finalised
Adult Community	(163)	Delay in filling vacancies £85k in Rehab rest small amounts across various teams
Children's Services	(163)	Delay in filling vacancies plus additional funding received in year
Learning Disabilities	(29)	Delay in filling vacancies
Business Support	(378)	£89k of this is earmarked for the new Health Centre rest is delay in filling vacancies
PHI & Strategy	(36)	Vacancies eg OD post not filled
GP Premises Improvement	(24)	New money no spend to date
Prescribing	(700)	Still awaiting info re Brexit impact and final projections but latest figures suggest a £0.45-0.95m underspend by yearend
Transfer to Reserves	1,798	Balance of underspends transferred to EMRs as outlined below
TOTAL Over/(Under)spend	0	

**Proposed Health EMR In Year Allocations**

Scot Govt Funded Projects EMRs		
PCIP	0	These funds are ringfenced by Scottish Govt. At present the services advise there will be no underspend at the yearend as only planned spend funding has been drawn down
ADP	0	
Action 15	0	
Other EMRs		
MH Transformation	300	Funding for MH services to support 5 year strategy and local MH planning. This will take the total fund to £0.620m or 3.7% of the current revenue budget
Staff Learning & Development Fund	204	The IJB agreed to put aside these funds from in year turnover savings to provide £100k of funding for the Staff Learning & Development Funding and the year 2 funding for the District Nursing Training Programme agreed in June 2020
Supplementary Fixed Term Staffing Fund	400	Transfer from turnover savings to create a fund to cover any short term shortfalls in additional external funding for fixed term posts eg Covid posts in the event that LMP funding does not cover the balance
Homelessness	200	Funding to support delivery of the Rapid Rehousing Transition Plan over the next 2 years
Primary Care Support	24	Projected underspend on GP premises funding received in year
Prescribing Smoothing Reserve	400	Prescribing underspend budget smoothing reserve for this volatile budget through the first year of Brexit to help reduce requirement for recurrent budget funding. This will create a total smoothing reserve of £0.7m or 3.7% of the current revenue budget
Transformation Fund	270	Balance of funding to replenish the Transformation Fund and support future tests of change and service redesigns
	1,798	

## Budget Movements 2020/21

## Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Transfers (to)/ from Earmarked Reserves £000	Revised Budget
	2020/21 £000	Inflation £000	Virement £000	Supplementary Budgets £000	2020/21 £000		
Children & Families	14,013	0	372	230	0	14,615	
Criminal Justice	0	0	0	63	0	63	
Older Persons	30,253	0	589	0	0	30,842	
Learning Disabilities	12,241	0	81	12	(116)	12,218	
Physical & Sensory	3,009	0	(93)	0	0	2,916	
Assessment & Care Management/ Health & Community Care	9,867	0	(802)	6,518	0	15,583	
Mental Health - Communities	6,833	0	153	105	0	7,091	
Mental Health - In Patient Services	9,051	0	314	(27)	0	9,338	
Alcohol & Drug Recovery Service	3,490	0	(15)	264	0	3,739	
Homelessness	1,095	0	2	0	0	1,097	
Strategy & Support Services	2,095	0	69	50	0	2,214	
Management, Admin & Business Support	6,318	0	(837)	182	0	5,663	
Family Health Services	25,973	0	330	1,898	0	28,201	
Prescribing	18,744	0	743	(791)	0	18,696	
Resource Transfer	0	0	0	0	0	0	
Unallocated Funds *	905	0	(905)	0	0	0	
<b>Totals</b>	<b>143,887</b>	<b>0</b>	<b>0</b>	<b>8,504</b>	<b>(116)</b>	<b>152,275</b>	

\* 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
<b>Budget Virements since last report</b>		
<b>Budget Virements agreed in previous reports</b>	<b>5,487</b>	<b>5,487</b>
<u>Health Budgets - Council/Health recharge adjustments</u>		
Management & Admin		60
Learning Disabilities	3	
Alcohol & Drugs Recovery Service		41
Mental Health - Communities	40	
Mental Health - Inpatients	29	
Strategy & Support Services	29	
<u>Social Care Budget - Reallocation to cover Children's Services Residential Costs</u>		
Management, Admin & Business Support		135
Children & Families	135	
	<b>11,210</b>	<b>11,210</b>

**Supplementary Budget Movement Detail**

£000

£000

<b>Criminal Justice</b>		<b>63</b>
Additional in year CJ Funding	63	
<b>Children &amp; Families</b>		<b>230</b>
Non recurring Outline Framework funding CAMHS	200	
Non Recurring Breastfeeding funding	30	
<b>Alcohol &amp; Drugs Recovery Service</b>		<b>264</b>
ADP Funding 2020/21	186	
Non recurring Drug Death Taskforce funding	78	
<b>Health &amp; Community Care</b>		<b>6,518</b>
Additional SG funding for Hospices partially offset by RT adjust	326	
Non recurring adjustment	786	
PCIP Baseline Pharmacy Funding	146	
Covid 19 funding	5,260	
<b>Learning Disabilities</b>		<b>12</b>
Transfer of Non recurring funding from East Ren HSCP	12	
<b>Mental Health - Communities</b>		<b>105</b>
Action 15 funding 2020/21	144	
Transfer to Central Liaison Team	(39)	
<b>Mental Health - Inpatient Services</b>		<b>(27)</b>
Transfer to Central Liaison Team	(27)	
<b>Strategy &amp; Support Services</b>		<b>50</b>
Non recurring funding for Eat Up project	50	
<b>Management &amp; Admin</b>		<b>182</b>
Balance of uplift	407	
GP Premises funding	25	
Transfer to SIMD Deprivation Fund withing Inverclyde Council	(250)	
<b>Prescribing</b>		<b>(791)</b>
Tariff Reduction	(791)	
<b>Family Health Services</b>		<b>1,898</b>
Non Cash Limited Budget Adjustment	1,049	
Additional in year non recurring FHS funding	849	
		<b>8,504</b>

**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:

<b>SUBJECTIVE ANALYSIS</b>	Budget 2020/21 £000
<b>SOCIAL CARE</b>	
Employee Costs	29,895
Property costs	1,103
Supplies and Services	888
Transport and Plant	376
Administration Costs	783
Payments to Other Bodies	41,355
Income (incl Resource Transfer)	(22,298)
Social Care Transfer to EMR	(116)
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>51,986</b>
Health Transfer to EMR	(1,798)

<b>OBJECTIVE ANALYSIS</b>	Budget 2020/21 £000
<b>SOCIAL CARE</b>	
Strategy & Support Services	1,690
Older Persons	30,842
Learning Disabilities	11,783
Mental Health	3,696
Children & Families	10,933
Physical & Sensory	2,916
Alcohol & Drug Recovery Service	1,771
Business Support	2,900
Assessment & Care Management	2,706
Criminal Justice / Scottish Prison	63
Change Fund	0
Homelessness	1,097
Social Care Transfer to EMR	(116)
Resource Transfer	(18,294)
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>51,986</b>

This direction is effective from 25 January 2021.

**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:

<b>SUBJECTIVE ANALYSIS</b>	Budget 2020/21 £000
<b>HEALTH</b>	
Employee Costs	26,375
Property costs	5
Supplies and Services	10,362
Family Health Services (net)	28,201
Prescribing (net)	18,508
Resources Transfer	18,294
Unidentified Savings	0
Income	(1,456)
Transfer to EMR	(1,798)
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>98,491</b>
Set Aside	27,651
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>126,142</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2020/21 £000
<b>HEALTH</b>	
Children & Families	3,682
Health & Community Care	12,877
Management & Admin	2,763
Learning Disabilities	551
Alcohol & Drug Recovery Service	1,968
Mental Health - Communities	3,395
Mental Health - Inpatient Services	9,338
Strategy & Support Services	524
Family Health Services	28,201
Prescribing	18,696
Unallocated Funds/(Savings)	0
Transfer to EMR	(1,798)
Resource Transfer	18,294
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>98,491</b>
Set Aside	27,651
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>126,142</b>

This direction is effective from 25 January 2021.

**INVERCLYDE HSCP**  
**TRANSFORMATION FUND**  
**PERIOD 7: 1 April 2020 - 31 October 2020**

Total Fund at 31/03/20	2,045,000
Balance Committed to Date*	1,596,007
Balance Still to be Committed	448,993

## 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	34,078	25,292
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000	0	70,000
010	TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340	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	129,300	115,500	13,800
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	89,922	31,078
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	85,112	140,128
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	33,328	32,672

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
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	29,174	170,826
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 7: 1 April 2020 - 31 October 2020**

<u>Project Name</u>	<u>Est Total Cost £000</u>	<u>Actual to 31/3/20 £000</u>	<u>Revised Budget 2020/21 £000</u>	<u>Actual YTD £000</u>	<u>Est 2021/22 £000</u>	<u>Est 2022/23 £000</u>	<u>Future Years £000</u>
<b>SOCIAL CARE</b>							
Crosshill Children's Home Replacement	1,730	1,359	90	20	281	0	0
New Learning Disability Facility	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
<b>Social Care Total</b>	<b>10,254</b>	<b>1,359</b>	<b>175</b>	<b>28</b>	<b>5,220</b>	<b>3,500</b>	<b>0</b>
<b>HEALTH</b>							
<b>Health Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total HSCP</b>	<b>10,254</b>	<b>1,359</b>	<b>175</b>	<b>28</b>	<b>5,220</b>	<b>3,500</b>	<b>0</b>

**EARMARKED RESERVES POSITION STATEMENT**

**APPENDIX 8**

**INVERCLYDE HSCP**

**PERIOD 7: 1 April 2020 - 31 October 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>
<b>Scottish Government Funding</b>			<b>749</b>	<b>4,535</b>	<b>5,284</b>	<b>749</b>	<b>5,284</b>	<b>0</b>	
Mental Health Action 15	Anne Malarkey	31/03/2021	132		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	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	4,535	4,935	400	4,935	0	SG funding received to date for Covid-19 costs
PCIP	Allen Stevenson	31/03/2021	124		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
<b>Existing Projects/Commitments</b>			<b>3,259</b>	<b>1,293</b>	<b>4,552</b>	<b>896</b>	<b>2,109</b>	<b>2,443</b>	
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	536	946	94	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	196	482	47	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	29	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	62	102	463	To address continuing care legislation.
Rapid Rehousing Transition Plan (RRTP)	Anne Malarkey	31/03/2021	83		83	0	45	38	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	tbx 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	21	42	230	Funding for GP premises spend etc carried forward at yearend. Expected to be used
Contribution to Partner Capital Projects	Lesley Aird	ongoing	632		632		41	591	
LD Redesign	Allen Stevenson	31/03/2021	352		352	5	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	13	20	0	Quotes being sought. Will be fully spent.
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.

<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>
CAMHS Post	Sharon McAlees	31/03/2022	90		90	17	33	57	Funding agreed by the IJB for a 2 year CAHMS post 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.
Tier 2 School Counselling	Sharon McAlees	31/03/2024	258		258	0	62	196	
<b>Transformation Projects</b>			<b>2,853</b>	<b>0</b>	<b>2,853</b>	<b>319</b>	<b>864</b>	<b>1,989</b>	
Transformation Fund	Louise Long	ongoing	2,045		2,045	277	532	1,513	The impact of covid has delayed some spend against this project
Mental Health Transformation	Louise Long	ongoing	610		610		290	320	Reserve being used to support MH Inpatient staffing through additional posts and locum cover as previously agreed
Addictions Review	Anne Malarkey	31/03/2022	198		198	42	42	156	The impact of covid has delayed some spend against this project
<b>Budget Smoothing</b>			<b>848</b>	<b>54</b>	<b>902</b>	<b>25</b>	<b>379</b>	<b>523</b>	
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	25	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.
<b>TOTAL EARMARKED</b>			<b>7,709</b>	<b>5,882</b>	<b>13,591</b>	<b>1,989</b>	<b>8,636</b>	<b>4,955</b>	
<b>UN-EARMARKED RESERVES</b>									
General			741		741			741	
			<b>741</b>	<b>0</b>	<b>741</b>	<b>0</b>	<b>0</b>	<b>741</b>	
Planned transfer to reserves In Year Surplus/(Deficit) going to/(from) reserves				1,914	1,914			1,914	(371)
<b>TOTAL IJB RESERVES</b>			<b>8,450</b>	<b>7,796</b>	<b>16,246</b>	<b>1,989</b>	<b>8,636</b>	<b>7,239</b>	

b/f Funding 8,450  
 Earmark to be carried forward 7,239  
 Projected Movement in Reserves **(1,211)**

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 25 January 2021

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/05/2021/SM

**Contact Officer:** Sharon McAlees      **Contact No:**

**Subject:** Infant Feeding Collective Impact: Sustainability Report

---

## **1.0 PURPOSE**

1.1 The purpose of this report is to:

- a. Update the IJB in relation to the how the Transformation Board and the Programme for Government (Breastfeeding) funding have been utilised to create an Inverclyde Infant Feeding Team.
- b. Make the IJB aware of the impact these changes have had on local breastfeeding initiation and continuation rates and to seek approval for continuation.

## **2.0 SUMMARY**

- 2.1 The infant feeding team were created utilising Transformation Board and Programme for Government (Breastfeeding) funding from 2018-2021, both of which end in March. This service has been built to complement the existing Health Visiting Team and improve leverage on the Revised Universal Pathway activity.
- 2.2 The team have carried out a number of projects and tests of change in order to identify what makes a difference to breastfeeding initiation and reduced attrition rates. In addition the team have been advocating for increased public acceptability and are starting to influence the feeding culture in Inverclyde.
- 2.3 The percentage of infants ever breastfed in Inverclyde had risen modestly in 2018/19 from 42.4% (2017/18) to 42.8% in 2018/19, however in 2019/20 the ever breastfed rate rose to 45.6%. In relation to drop off at 6-8 weeks postnatal, our attrition rate is 6.6% lower at 45.5% than it was in 2018/19 (National Statistics dashboard, 2020).

## **3.0 RECOMMENDATIONS**

- 3.1 The IJB is asked to:
  - a. Note the positive outcomes from the initial project
  - b. Approve continued investment in the Breastfeeding Lead and Infant Feeding Advisor posts to promote sustainable increases in breastfeeding and all the associated benefits.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

- 4.1 Breastfeeding and the cultural and personal factors which influence who breastfeeds and for how long, is complex and multidimensional. Inverclyde has had significantly lower breastfeeding initiation and earlier attrition rates when compared to both Greater Glasgow and Clyde and nationally, and it is acknowledged that an artificial feeding culture is well entrenched. Within Inverclyde, there is a marked disparity between woman living in areas of deprivation and those in affluent areas. For example, over the last 6 months, the percentage of woman continuing to breastfeed at 6 weeks in Kilmacolm was 86%, while in Branchton and Fancy Farm, it was 0%.
- 4.2 Health gains for infants and children are significant especially if pre-term or born into deprivation and health gains are evident in childhood and into adulthood. Breastmilk is also linked with increased IQ, improved attainment and higher salary in later life (World Health Organisation). Breastfed infants also have a reduced incidence of sudden infant death syndrome (SIDS). In addition, women who breastfeed experience lower risks of breast cancer, ovarian cancer, osteoporosis (weak bones), cardiovascular disease and obesity. There are also economic benefits and environmental benefits for families and wider society.
- 4.3 The breastfeeding agenda is multi-faceted and complex and sustainable change is only possible with sustained focus which requires adequate resources and skills in order to continue to understand and disrupt the social and cultural influences that hold our current artificial feeding culture in place. Women who live in economic areas of economic deprivation are least likely to breastfeed and yet their infants stand to benefit the most from breastfeeding.
- 4.4 The wide spread improvement work is incorporated into a Collective Impact, a “disciplined, cross-sector approach to solving complex social and/or environmental issues on a large scale” championed by the Inverclyde HSCP Infant Feeding Team. A collective impact has five conditions including a common agenda, shared measurement, mutually reinforcing activity, continuous communication and a backbone support. Inverclyde HSCP lead by a Senior Nurse (Children and Families) acts as the backbone, convening and facilitating collaboration across the collective.
- 4.5 Both initiation and attrition trends are improving in Inverclyde and runs of non-random variation are evident, however the trends remain labile and prone to change. A sustained focus is required to facilitate a breastfeeding culture and embedding of Breastfeeding Friendly Inverclyde, however the work of the Infant feeding team and wider collective have great promise. To continue will require sustained commitment and resource allocation that supports the long-term endeavour of the collective.
- 4.6 Even modest increases in breastfeeding have the potential to dramatically improve outcomes for infants and children across Inverclyde and bring about short and long-term health, attainment and economic benefits. Continued IJB investment is requested to sustain the trend.
- 4.7 To maintain the positive progress made, it is proposed that the Breastfeeding Lead and Infant Feeding Advisor posts are funded on a permanent basis to promote sustainable increases in breastfeeding and all the associated benefits. The cost per annum of these two posts is £55.2k. Funding would be from the 2020/21 Health Budget unallocated pressures funds. This is a small balance left over this year for estimated budget pressures being slightly lower than originally anticipated. This money is held centrally within financial planning. The funding will be funding from core budget in future years.

**5.0 IMPLICATIONS**

**5.1 FINANCE**

As outlined in the report.

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

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
Specialist Children Services	Salaries	20/21	55.2	Financial Planning	

**LEGAL**

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

**HUMAN RESOURCES**

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

**EQUALITIES**

5.4 Has an Equality Impact Assessment been carried out?

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.

5.4.1 How does this report address our Equality Outcomes?

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

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

**5.6 NATIONAL WELLBEING OUTCOMES**

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
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.	Potential to reduce inequalities in health with support work targeted at SIMD 1 and 2.
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

<b>Direction Required to Council, Health Board or Both</b>	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 Inverclyde HSCP Collective Impact and Sustainability Report



---

<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>25 January 2021</b>
<b>Report By:</b>	<b>Louise Long, Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LP/17/21</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Model Code of Conduct – Scottish Government Consultation</b>		

---

## **1.0 PURPOSE**

- 1.1 This report advises Members of the IJB that the Scottish Government on 19 October 2020 commenced a public consultation on a major review of the Model Code of Conduct for Members of Devolved Public Bodies and the views of all users and the public are invited by the closing date of 8 February 2021.

## **2.0 SUMMARY**

- 2.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 requires Scottish Ministers to issue a Model Code of Conduct for Members of Devolved Public Bodies (the Model Code). The current version of the Code was originally issued in 2010 and was reviewed in 2014. The aim of the Model Code is to set out clearly and openly the standards that IJB Members must comply with when carrying out their IJB duties. The Scottish Government has considered that many developments have taken place since the Model Code was last substantially reviewed and is seeking to: make the Model Code easier to understand; take account of developments such as the role of social media; and, strengthen and reinforce the importance of behaving in a respectful manner and making it clear that bullying and harassment are completely unacceptable.
- 2.2 The Scottish Government is inviting responses to the consultation by 8 February 2021 and all IJB Members have an opportunity to contribute any consultation responses as they may wish. Additionally, the IJB may wish to take the opportunity of providing a corporate response and the Standards Officer will take steps to respond on behalf of the IJB.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board notes the consultation on the Model Code with the opportunity for individual responses to be made by the closing date of 8 February 2021.

## **4.0 BACKGROUND**

- 4.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 requires Scottish Ministers to issue a Model Code of Conduct for members of devolved public bodies (Model Code) which sets out clearly and openly the standards that such members must comply with when carrying out their duties. It is a requirement that all members of devolved public bodies in Scotland are obliged to comply with the Model Code and with any guidance that is issued by the Standards Commission for Scotland.
- 4.2 The current Model Code was originally issued in 2010 and was amended in 2014.
- 4.3 The Scottish Government recognises that a number of new developments have taken place since the Model Code was last reviewed in 2014 and it is important now to take account of such changes and to provide users with the opportunity to comment on the review.
- 4.4 The Scottish Government is seeking to make the Model Code easier to understand, to take account of developments such as the role of social media and to strengthen and reinforce the importance of behaving in a respectful manner and to make it clear that bullying and harassment are completely unacceptable and cannot be tolerated. It is the purpose of the Model Code to ensure the highest standards of conduct by all members of devolved public bodies are maintained.

## **5.0 PROPOSALS**

- 5.1 The proposal is to amend the Model Code to bring it up-to-date and to make it more user friendly. The Scottish Government has stated within its consultation paper that the key changes in the Code are:
  - a general rewrite to remove unnecessary information, rewrite in plain English and in the first person to encourage Board Members to take ownership of their behaviour;
  - a greater emphasis on addressing discrimination and unacceptable behaviour;
  - raising awareness of the need for careful consideration when a Board Member uses social media.
  - stronger rules around the accepting of gifts, both to protect Members and to build confidence in their impartiality amongst the general public;
  - a substantial re-write of the section on the declaration of interests to establish three clear and distinct stages: connection – interest – participation;
  - clarity on the rules on the access to and lobbying of Board Members; and,
  - amendments to outline how complaints about potential breaches of the Code are investigated and adjudicated upon, together with information about the sanctions available to the Standards Commission following a breach of the Code.
- 5.2 Responses on the public consultation are invited by 8 February 2021. All IJB Members have an individual opportunity to respond in any terms if they so wish.
- 5.3 Access to and responses for the consultation online are contained at the following address:

This consultation can be responded to by using the Scottish Government's consultation hub, Citizen Space:

<http://consult.gov.scot>

Access and response to the consultation can be done online at:

<https://consult.gov.scot/public-bodies-unit/ethical-standards-in-public-life/>

If anyone is unable to respond using the online consultation hub, the respondent information form can be also sent to:

Members Model Code of Conduct Consultation  
 Public Bodies Unit  
 The Scottish Government  
 Area 3F North  
 Victoria Quay  
 Edinburgh. EH6 6QQ

Please ensure that consultation responses are submitted before the closing date of 8 February 2021.

## 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 There are no legal implications within this report.

### 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	None

characteristic groups, can access HSCP services.	
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.

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

## **7.0 DIRECTIONS**

7.1

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

## 8.0 CONSULTATIONS

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

## 9.0 BACKGROUND PAPERS

9.1 N/A

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 25 January 2021

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/06/2021/SM

**Contact Officer:** Sharon McAlees  
Chief Social Work Officer      **Contact No:** 715282

**Subject:** CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/20

---

## **1.0 PURPOSE**

- 1.1 The purpose of the report is to advise the IJB of the content of the Inverclyde Chief Social Work Officer (CSWO) report for 2019/20.

## **2.0 SUMMARY**

- 2.1 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The collation of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisor allows for the development of a picture of social work and social care practice across the country. This is important in benchmarking evaluations of performance in terms of implementation of legislation, development of innovative practice and addressing common challenges in delivering social work services across Scotland.
- 2.3 At a Local Authority level the report provides an opportunity to ensure Members are fully sighted on the issues affecting the most vulnerable members of our communities and the action taken by social work services to address these vulnerabilities. Throughout the global pandemic we have seen a determined effort to provide the best possible responses to the needs of our service users and at the same time support the wellbeing needs and resilience of our staff.
- 2.4 The report also highlights the process of continuous improvement in social work services and the many areas of progressive and developing practice.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the IJB notes the content of the Inverclyde Chief Social Work Officer Report.

**Louise Long**  
Chief Officer

## 4.0 BACKGROUND

- 4.1 The Social Work (Scotland) Act 1968 sets out a requirement for all Scottish Local Authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).
- 4.2 Revised guidance for Chief Social Work Officers and a new template for the production of the report were developed in March and May 2016 respectively by the office of the Chief Social Work Advisor to the Scottish Government. Both were subsequently endorsed by COSLA.

Each CSWO report is required to set out the local context within which social work services are delivered and give consideration to the following specific areas:

- opportunities and challenges
- governance arrangements
- partnerships
- service quality and performance
- resourcing
- workforce planning

Included in this year's report is a section on COVID 19.

- 4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by the Scottish Government that there was a need to support HSCP Committees and IJBs to be clear about the CSWO role in general and in particular in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services across Scotland.
- 4.4 As Inverclyde HSCP goes forward as a fully mature integrated partnership, the report reinforces the achievements of the collaborative relationship in which social work practice and values have had a significant impact. Social Work has a vital role to play in the continued development of the partnership into the future.
- 4.5 At a Local Authority level, the CSWO report should serve to provide Council and IJB Members alike with a broad understanding of the range of needs and challenges faced by Inverclyde citizens. The report should also contribute to ensuring a clear line of sight for Members as to how social work services are contributing to improving outcomes for the most vulnerable citizens of Inverclyde.
- 4.6 As in previous years, there is a lag between the end of the reporting period and the presentation of this report in order for the data to be collated and verified and the report to be written. This year the Covid-19 pandemic has added a slight further delay to the finalisation and presentation of this report. It would be important to note therefore that data may differ from that contained in other reports on similar topics.
- 4.7 The Inverclyde Chief Social Work Officer's report for 2019/20 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. Partnership Governance structures and links to the Council and Health Board reporting processes are highlighted. Key public protection functions and performance are outlined. The report seeks to highlight the important contribution of social work and social care services in supporting the most vulnerable in our community.

- 4.8 This year has been a year unlike any other. All of the same complex and challenging issues that affect our community continued as before, however staff required to respond to these within the complexity of an unfolding global pandemic. Not only did staff rise to the challenge of responding to the pandemic, in many instances they delivered business as usual responding with incredible creativity and often courageously.
- 4.9 The report draws attention to areas of particular strength across the range of social work functions and specifically highlights areas of sector leading practice.
- 4.10 The full CSWO report for 2019/20 is attached.

## 5.0 IMPLICATIONS

### FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

### LEGAL

- 5.2 There are no legal implications arising from this report.

### HUMAN RESOURCES

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

### EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

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



5.4.1 How does this report address our Equality Outcomes?

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

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

**5.6 NATIONAL WELLBEING OUTCOMES**

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
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

<b>Direction Required to Council, Health Board or Both</b>	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 Annual Report by the Inverclyde Chief Social Work Officer for the year 2019/20

**INVERCLYDE  
CHIEF SOCIAL WORK OFFICER  
ANNUAL REPORT  
2019/20**



<b>SECTION</b>		<b>PAGE</b>
1	Introduction	3
2	Achievements	4
3	The Inverclyde Context	13
4	Governance	20
5	Partnerships	24
6	Service Quality and Performance	38
7	Resources	66
8	Workforce Planning	71
9	COVID-19 Pandemic Response	75
10	Conclusion	80

# 1. Introduction

I am pleased to have the opportunity to present the annual Chief Social Work Officer report for Inverclyde.

The report follows the same format of that in previous years and seeks to provide an overview of the delivery of social work services in the Inverclyde context, outlining the particular challenges and opportunities over the past year.

It is a responsibility of the role of Chief Social Work Officer to bring focus to the needs and circumstances of the most vulnerable members of our community and indeed to those individuals who rely on services at times in life of vulnerability or crisis. Given our demography in Inverclyde the report highlights the very many areas of challenge our community's experience.

It would be impossible to construct this year's report without reference to the impact of the global pandemic and how this has affected the Inverclyde Community and the response by the Health and Social Care Partnership and given the focus of the report the contribution made by social work and social care staff to containing and mitigating as far as possible the impact on the people of Inverclyde.

Reference is made to this at varying points throughout the report and an additional section has been added that looks at some of the key adaptations and activities that were necessary throughout the year.

The challenge faced by staff has been unprecedented and the pace of response, ongoing reflection and review has been extremely rapid. However I have been particularly keen to ensure the report highlights the many creative and innovative ways in which services were and continue to be developed and delivered in order to achieve the best outcomes for our service users both despite and because of the pandemic. The efforts of our staff, working with our sister services, our community of volunteers and our service users has supported our community through the most challenging of circumstances.

Each year the annual chief social work officer report provides an opportunity to reflect on, to recognise and to appreciate the work of social work and social care staff. This is an opportunity that I know is very much welcomed and valued by the Council and provides members the opportunity to express their appreciation of the commitment, quality and life changing outcomes that our staff contribute to the residents of Inverclyde. This year has been a year unlike any other. All of the same complex and challenging issues that affect our community continued as before, however staff required to respond to these within the complexity of an unfolding global pandemic. Not only did staff rise to the challenge of responding to the pandemic, in many instances they delivered business as usual responding with incredible creativity and often courageously.

I would like to take this opportunity to extend my thanks to social work and social care staff across statutory, third and independent sectors and to our partners for their collective resilience over the past year. I would also like to reinforce the commitment of the leadership of HSCP to offer ongoing and enhanced support to our staff over the coming year.

## 2. Achievements

I would like to open 2019/20's Annual Report by highlighting some of the areas we are particularly proud of. Examples have been chosen from a range of service areas to give an overall picture of the dedication and commitment to deliver better outcomes and improving lives of the people of Inverclyde.



### Leadership Award

Advice Service Team Lead  
Inverclyde Health & Social Care Partnership

Our Advice Service Team Lead won the Leadership Award at the 2019 Scottish Public Service Awards. This national recognition was for leadership in bringing together 3 separate teams under a single vision of improving the lives of our most vulnerable citizens, inspiring confidence and a passion for challenging inequality. The team continues to carry out the three elements of Social Security advice and information; Welfare Rights representation, and Specialist Money Advice, however this is done in a joined up way that minimises duplication and maximises long-term and sustainable gain for the citizen.

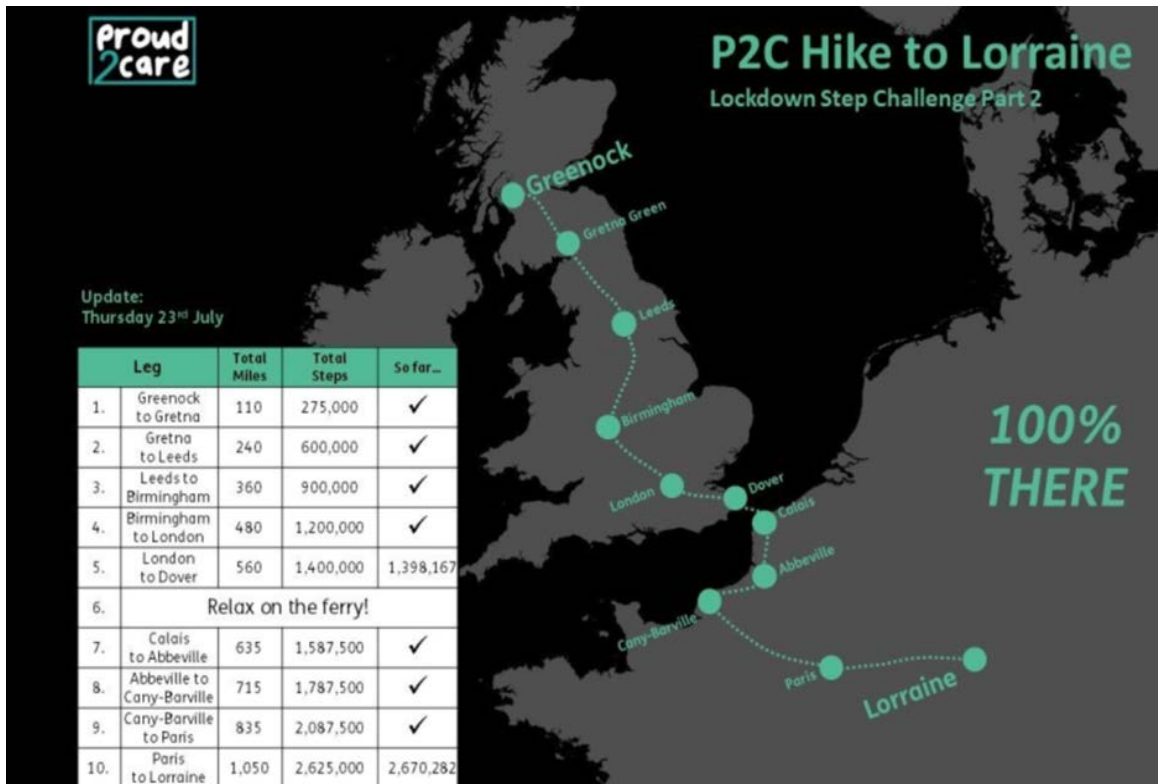
### Colin Mair Award for Policy in Practice



Inverclyde HSCP and Ardgowan Hospice fund and support Compassionate Inverclyde, a social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos focuses on local people working alongside existing formal services enabling ordinary people to do ordinary things, tapping into our desire to be kind, helpful and neighbourly.

## Children and Young People

The young people from Proud2Care were each gifted a FitBit from funding received by the Inverclyde Communities Fund and Your Voice, and in partnership with their Corporate Parents they set a family walking challenge. The Corporate “Maws & Paws” along with their Corporate Kids successfully completed a full virtual tour of Scotland “500 Miles & 500 More.” They have all enjoyed it so much that all involved have now began a virtual walk to Lorraine in France in honour of the cross of Lorraine in Greenock – via Inverclyde’s twinned town of Cany Barville.



Some of our Proud2Care group and care experienced young people utilised art boxes during lockdown and have entered some of their art work as part of a Virtual Art Exhibition. Additionally, our care experienced young people partnered with residents Balclutha House care home, establishing pen friends creating intergenerational links - Our "Balclutha Buddies" agreed to be the art competition judges.

A founding member of Proud2Care was awarded Inverclyde Youth Worker of the Year in 2019 in recognition of his passion and commitment to children and young people and has since went on to secure employment in this role.



## **Inverclyde Rights of Child Award (IROC)**

All of Inverclyde schools, additional early year's establishments and all three children's residential houses are currently Rights Respecting Schools/Establishments/Houses and participate in the UNICEF Rights Respecting Award at various stages. As a means of rolling this approach out across services the Inverclyde Rights of the Child Award (IROC) was designed with young people with the additional aim of using services participation in this award as means of fulfilling our reporting duties outlined in the Children & Young People (Scotland) Act 2014. Inverclyde Adoption Services were the first service area to participate and gain the award.

## **Reducing the poverty related attainment gap**



## **2GETHER: Care Experienced Young People Attainment Fund 2019/20**

The Care Experienced Attainment Fund; has enabled the HSCP to develop our self-directed approach with children, young people and their families. This has enabled and opened up opportunities for families. Importantly this represents an important shift in the involvement of service users in taking control and determining how their services are shaped. A comment from a parent:

"K has been really enjoying the sensory stories, with sound effects – K LOVES this. We've got some music therapy sessions planned for the next few weeks. It's making a huge difference and I feel that I'm actually managing to do something fun with K rather than just get through the day."

The focus on digital technology has also been promoted with 125 laptop and dongles being purchased since March 2020 to support on-line learning. These areas of practice are important in themselves but important too in signaling how we intend to continue along a continuum of service provision that is empowering of our service users.



## Inspection of Criminal Justice Social Work

In July and August 2019 a team from the Care Inspectorate visited Inverclyde to assess how well the Criminal Justice Social Work Service was implementing and managing Community Payback Orders (CPOs) as well as how effectively the Service was achieving positive outcomes.

The inspection involved reviewing a representative sample of records of 90 people who were or had been subject to a CPO, meeting 40 people subject to CPOs and undertaking focus groups and interviews with key members of staff, partner agencies, stakeholders and senior managers with responsibility for the Criminal Justice Social Work Service.

The inspection findings were very positive and published in a report in December 2019. The report noted many key strengths within the Service including:

Leaders demonstrate a strong commitment and vision to improve outcomes for individuals.

There is a well-embedded performance management framework and access to high quality data analysis that shows strong Criminal Justice Social Work Service performance that exceeded national targets, sometimes by a considerable margin.

A range of positive outcomes had been achieved for individuals.

The Service is proactive in responding to the poverty, disadvantage and needs profile of individuals by providing person-centred services that adopt a public health model.

The Service is 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 Unpaid Work Service was operating effectively and played an important role in improving outcomes for individuals while ensuring payback to communities.

Individuals subject to CPOs experienced positive relationships with staff that were characterised by respect, support and appropriate challenge. Staff were found to be honest, straightforward, trustworthy and reliable.

Of the five quality indicator that the Service was assessed against, 3 were noted as 'Very Good' and 2 were 'Good'.

<b>Quality Indicator</b>	<b>Rating</b>
Improving the life chances and outcomes for people subject to a community payback order	Very Good
Impact on people who have committed offences	Very Good
Assessing and responding to risk and need	Good
Planning and providing effective intervention	Good
Leadership of improvement and change	Very Good

DRAFT

## Technology Enabled Care Services (TEC)

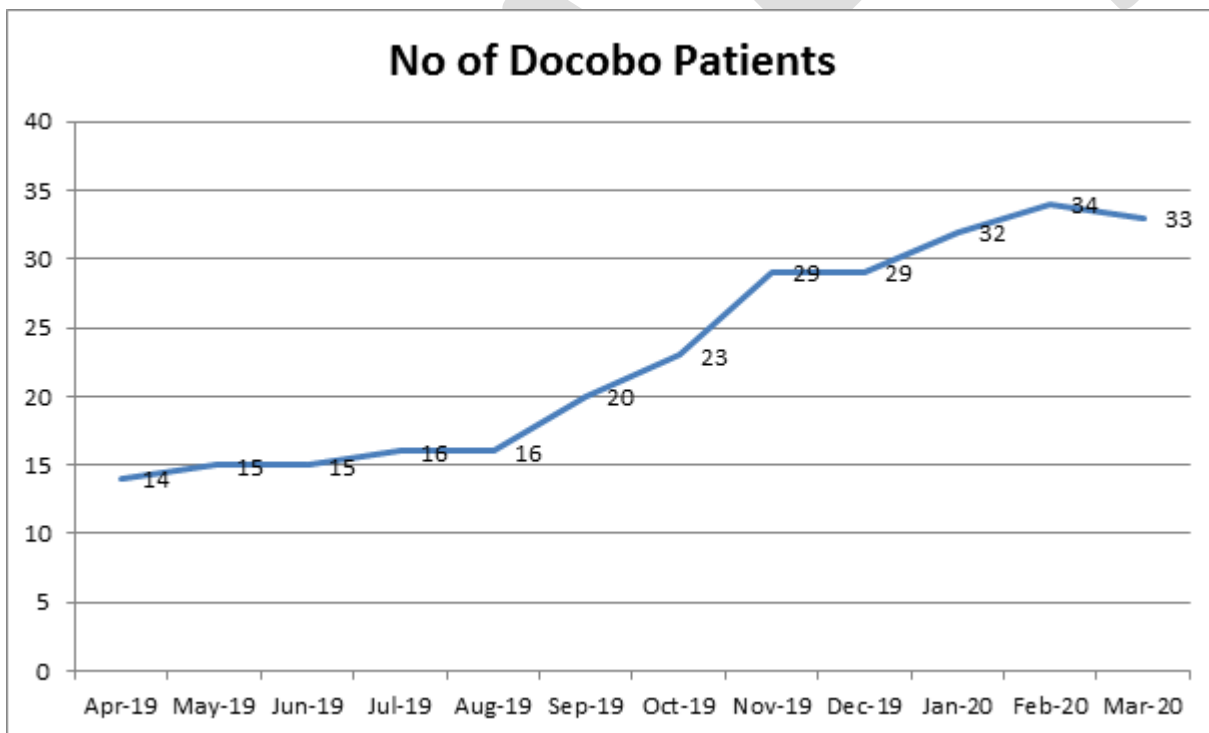
### Analogue to Digital (A2D)

Inverclyde has over 2,000 users in receipt of a telecare service and in taking a proactive approach, Inverclyde HSCP made a bid for one off test of change funding in August 2019 to the Scottish Government's TEC Programme Board. This bid was successful and the aim of the test of change is to trial and test digital alarm units in service users' homes for a period of 3 months.

### Long Term Conditions – Home and Mobile Health Monitoring

#### Docobo Care Portal

The Service supports people with Chronic Obstructive Pulmonary Disease (COPD) in the community to better self-manage their condition. In April last year, the Service replaced its home monitoring hubs as the previous equipment had reached the end of its lifespan. There has been an increase in the use of the hubs as the undernoted chart confirms. The Service has also introduced the use of an App for those who are confident in using this preferred method of communication, which has given us increased capacity to use and recycle the home hubs.



The service provides early intervention and anticipatory medication, thus hopefully avoiding potential hospital admissions. Since April 2019, there have been a total of 83 avoided hospital admissions from those using the Docobo remote home health hub.

Service user feedback about Docobo:

“Takes about 2 minutes in the morning then you can get on with your daily life, you get plenty of help..... If I can do it anyone can do it believe you me. I wasn't brought up with computers or modern technology – that left me behind. I couldn't dial a mobile phone before. Now I can send texts, I'm on Facebook, I'm just dandy”

DRAFT

## Florence (FLO)

The service also supports people in the community to improve self-management of their long term condition by using Florence (FLO) – a phone App. Florence is a text messaging service which sends patients tailored reminders and health tips. Within Inverclyde, FLO is used to help monitor Diabetes and Hypertension. Patients are enrolled through their GP practice and sign up to send their readings via a text to a secure platform where clinicians can view and monitor readings as well as take appropriate action if necessary. Using FLO has reduced the number of face to face consultations and decreased the need for patients to travel to and from their GP practice.

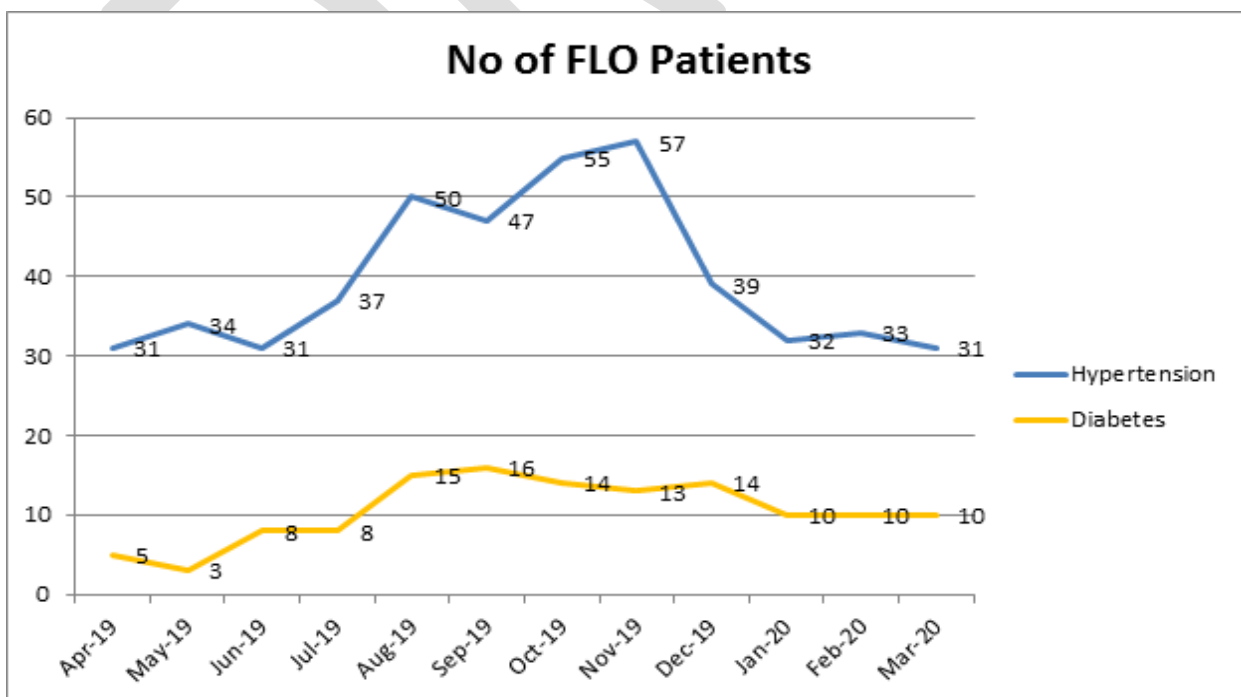
### Diabetes

FLO is being used as part of an initiative to improve self-care in diabetes and increase the number of patients self-administering insulin, thus reducing the number of home visits required by a District Nurse. Patients are prompted by FLO to submit their blood glucose readings on a specified day and time. While the take up of this technology has not been as high as expected, collaborative work with the acute diabetes specialist team in both the hospital and community has been established as a result of this work. This has involved the consultant physician reviewing all diabetic patients on the District Nursing caseload via a virtual clinic to optimise treatment plans and include health improvement measures. All 32 patients have been reviewed resulting in a reduction of 373 visits per week to 208. A second review is planned for October/November 2020.

### Hypertension

FLO is being used to both diagnose and monitor hypertension in the community. Patients are given a BP monitor and requested to respond to prompts from FLO by submitting their blood pressure BP reading which is viewed by clinicians in their GP Practice. Since commencement in 2018, 283 patients have been referred to the service by GP practices for short term monitoring of hypertension and medicines titration thus reducing primary care appointments significantly.

The undernoted chart highlights the number of patients using FLO between April 2019 and March 2020:



### Mrs B's story

Mrs B is a 76 year old insulin diabetic lady who found her condition getting worse due to forgetting to take her blood glucose readings and insulin at specified times, particularly around tea time. Mrs B's husband has dementia and deteriorated recently which has seen an increase in his dependency upon her. Following a visit with the Diabetes nurse specialist, Mrs B enrolled on FLO in November 2019 and has seen an improvement in her glucose control due to the prompts sent by FLO to her mobile phone. Mrs B told us "This is a great wee service. It's like having a wee person in your ear reminding you to do your stuff. My results are better and I am managing things better". "I know I still miss an odd time but all in all, I am a lot better than beforehand".

### Health and Community Care Out of Hours (OOH) Review

A review of the Out of Hours Care and Support at Home, Technology Enabled Care and District Nursing Services has been completed in the last year. The purpose of the review was to develop an improved coordinated and fully integrated model of health and social care service fit for the future.

The outcome of the review includes the development of an integrated management structure, both in terms of operational and professional leadership. It resulted in increased District Nursing cover to respond to the high levels of complexity and interventions identified in the review and the recruitment of a Home Support Supervisor to support TEC Responders at the weekend.

The Inverclyde review is in line with the Greater Glasgow and Clyde Review of Health and Social Care out of Hours Services commissioned in 2017.

The Unscheduled Care Resource Hub (UCRH) will be implemented in Glasgow City Council during September 2020 and be based at their Borron Street offices. It will host a number of OOHs board-wide.

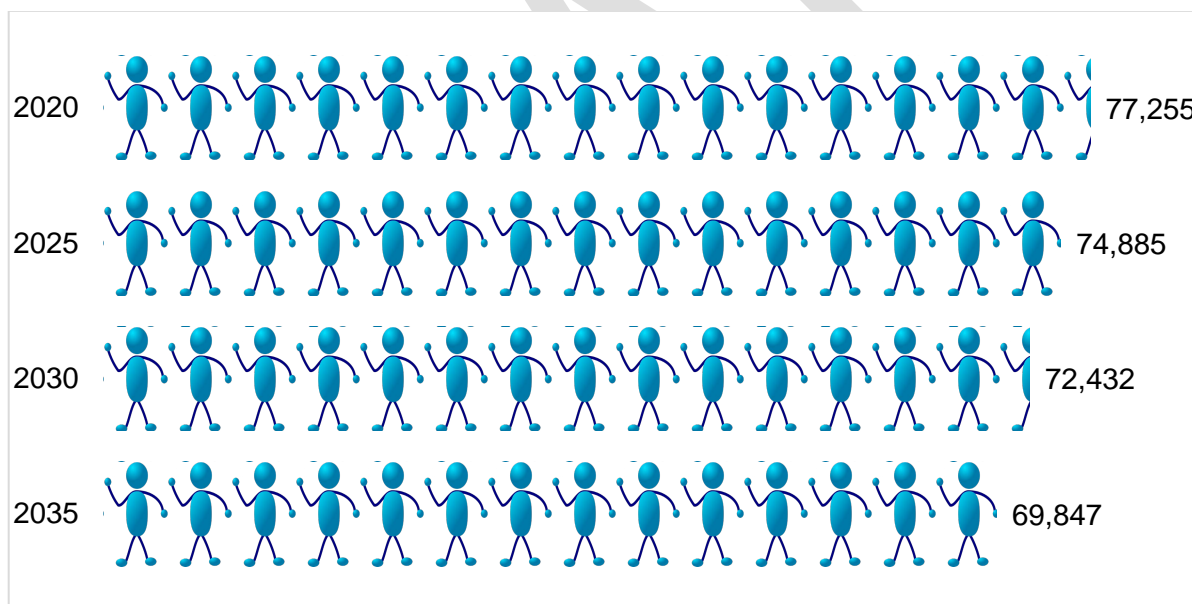
Services such as Emergency Social Work and Mental Health Services. Thereafter, all other HSCP's will implement their local response hubs on a phased basis. The local Response Hub in Inverclyde will be based within the Hillend Centre, Greenock.

### 3. The Inverclyde Context

The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS). This gives us a total population of 77,800 (down from 78,150 last year) as at the end of June 2019.



Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2018-based), published by NRS on 24 March 2020, our population is expected to decline as is shown in the graphic below.

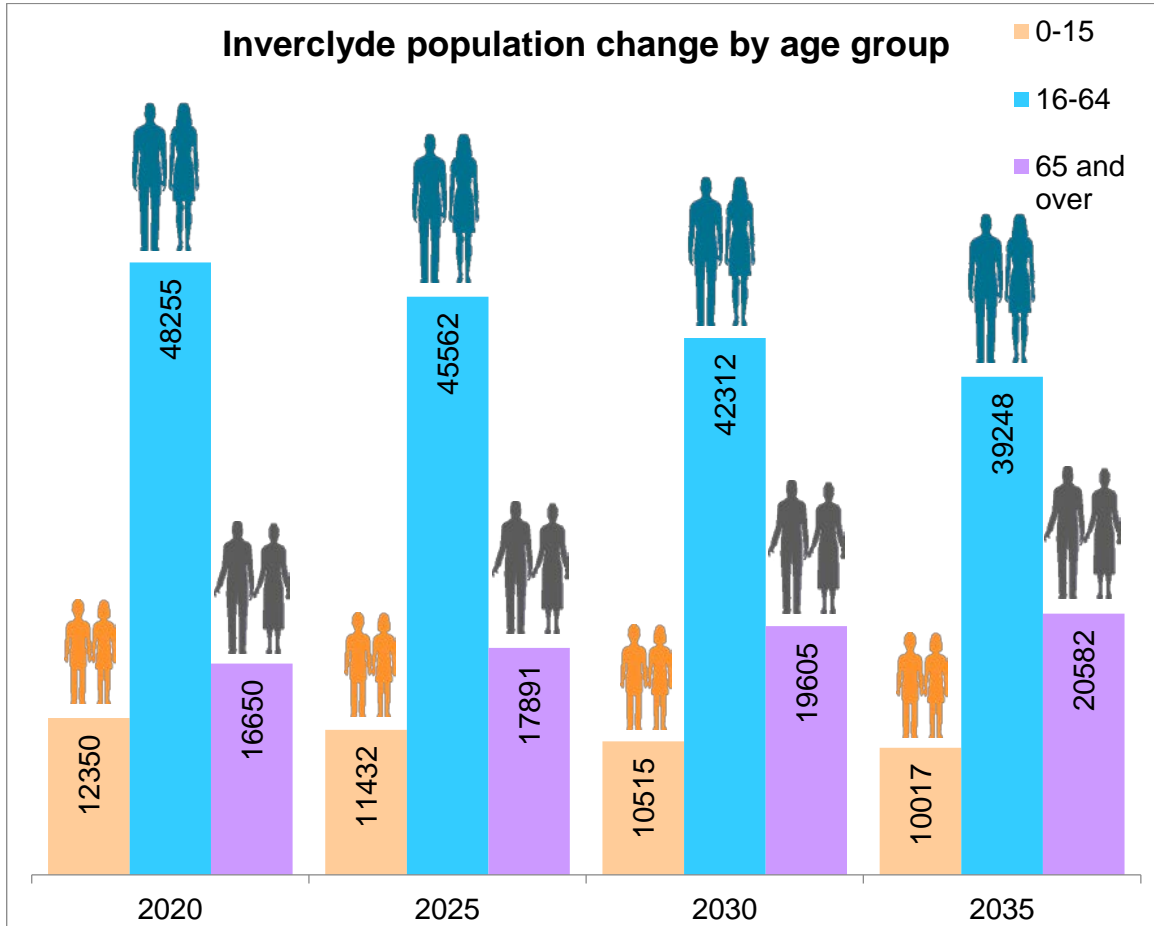


Source: NRS: population projections for Scottish Areas (2018-based)

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

Our population size is affected in 2 specific areas. From 2018 to 2019 there were 1,010 deaths in Inverclyde compared to 653 births during this period, resulting in natural change of -357. Outmigration was again higher than in-migration, with an estimated 1,233 people moving into the area and 1,317 leaving, resulting in net migration of -84.

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



Source: NRS: population projections for Scottish Areas (2018-based)

## Deprivation

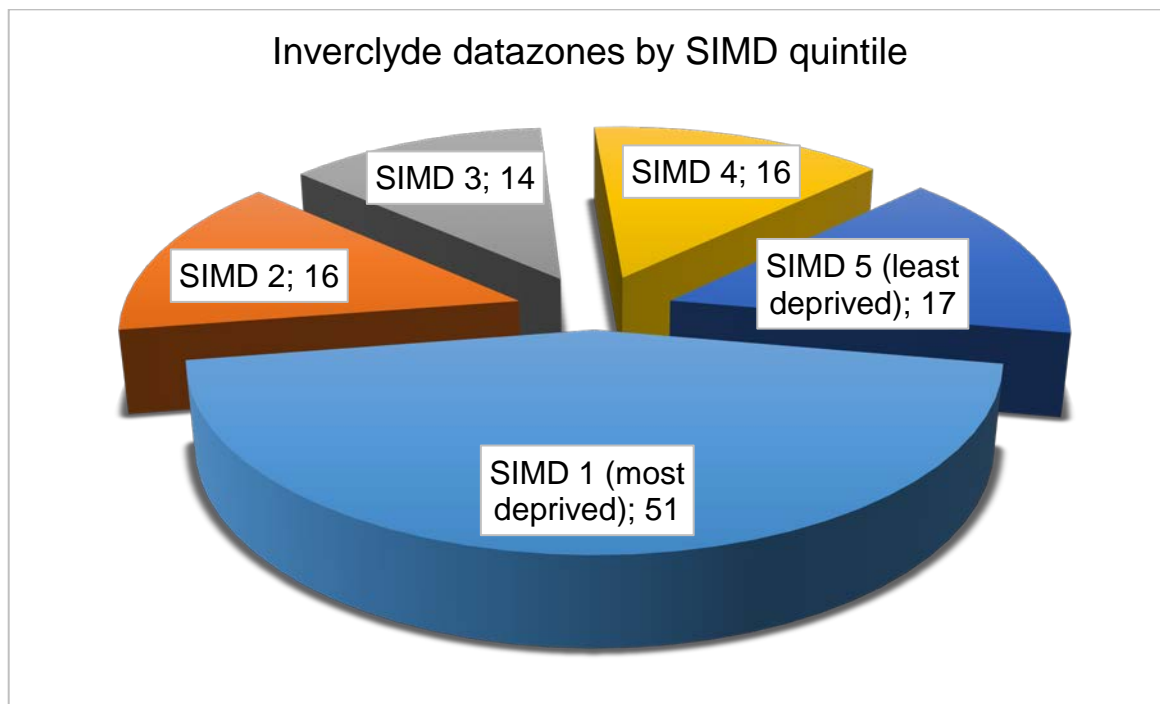
The Scottish Index of Multiple Deprivation (SIMD 2020) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

Areas of poverty and inequality across Scotland are measured by a number of different indicators to help organisations such as health boards, local authorities and community groups to identify need in the areas that require it the most. These are routinely published as part of the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks small areas called data zones (DZ) from most deprived to least deprived.

Scotland is split into 6,976 DZ's; Inverclyde has 114 DZ's, 51 of which are in the 20% most deprived areas in Scotland. When looking at the 5% most deprived DZ's in Scotland (a total of 348 DZ's) 21 are in Inverclyde (18.42% of our local area and 6.03% of the National share).



Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The highest deprivation areas of in Inverclyde are around Central and East Greenock. Unfortunately this now includes the most deprived area in Scotland.

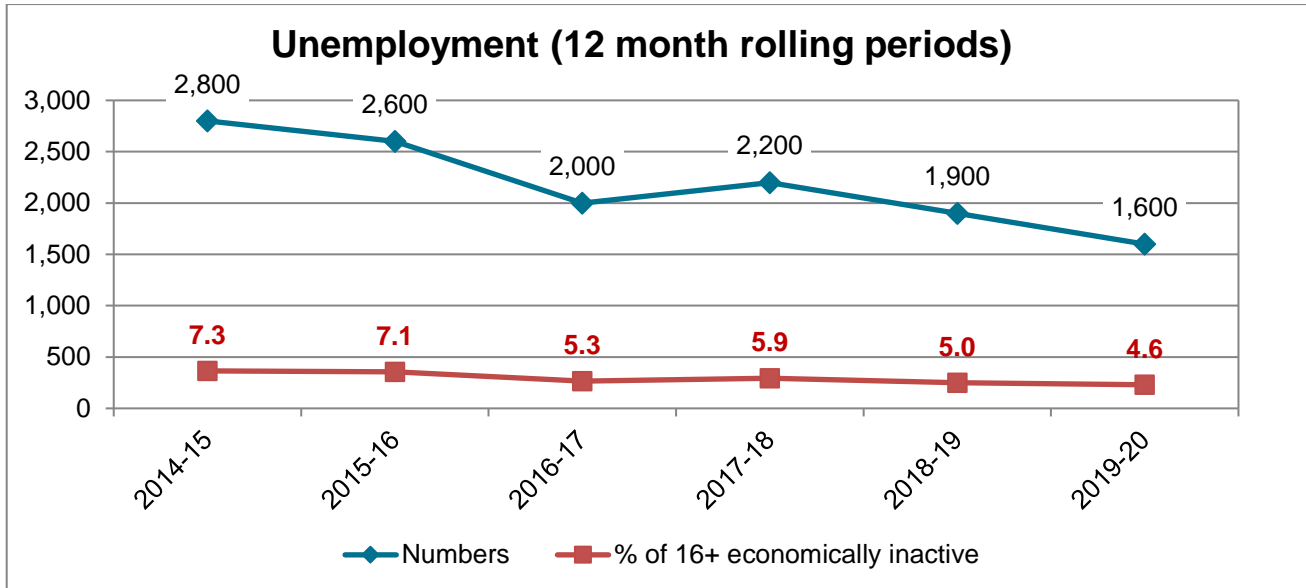


Source: Scottish Government SIMD 2020

DRAFT

## Economy

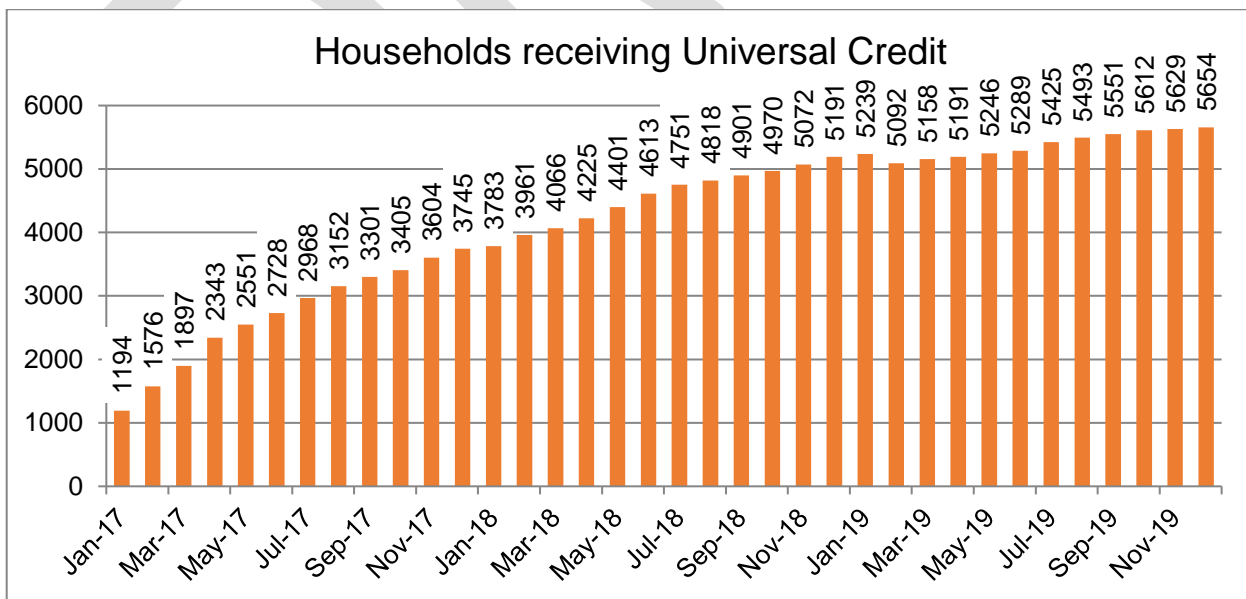
Employment for the people of Inverclyde remains heavily reliant on the public sector. Reductions in public sector budgets, resulting in a shrinking workforce in this area, will put additional pressure on the local employment market. Taken together with the reduction in the working age population of Inverclyde, tackling entrenched rates of dependency on Employment Support Allowance and Universal Credit remain a stubborn challenge for Inverclyde. It is within this context that social work services are providing vital support and services to people living in some of Scotland's most deprived communities.



Unemployment (in 12 month rolling periods)

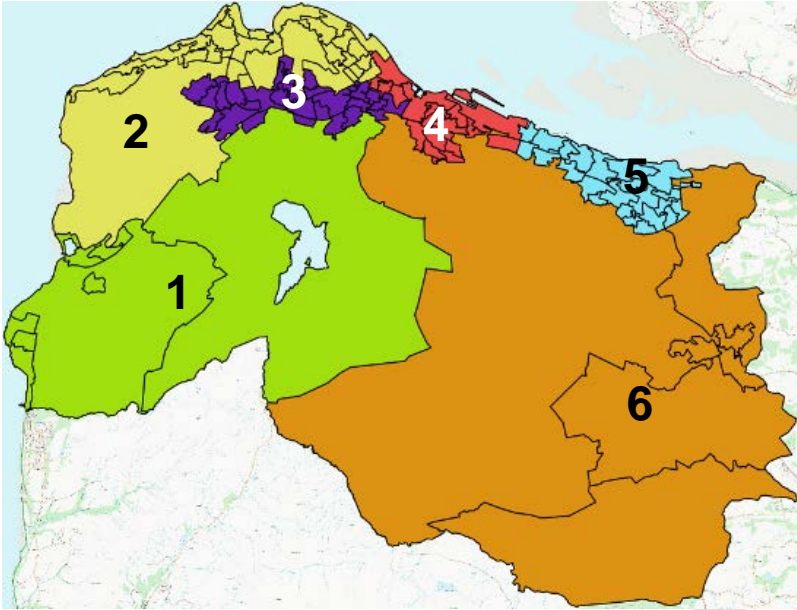
Unemployment figures

[http://www.nomisweb.co.uk/reports/lmp/la/1946157422/subreports/ea\\_time\\_series/report.aspx](http://www.nomisweb.co.uk/reports/lmp/la/1946157422/subreports/ea_time_series/report.aspx)



Number of households receiving Universal Credit

## Localities



Our 6 localities are:

1. Inverkip & Wemyss Bay
2. Greenock West & Gourrock
3. Greenock South & South West
4. Greenock East & Central
5. Port Glasgow
6. Kilmacolm & Quarrier's Village

## **Locality Planning Groups (LPGs)**

The Inverclyde HSCP and Inverclyde Alliance have been working towards establishing the six new Locality Planning Groups. Arrangements had been put in place to pilot the revised locality planning arrangements in Port Glasgow in January 2020 with Greenock East and Central then Greenock South and South West being established next, however the outbreak of COVID-19 resulted in progress being suspended. This work will recommence once it is safe to so.

Following publication of the Scottish Index of Multiple Deprivation (SIMD) in January 2020, working with local communities in the most deprived areas in Inverclyde is even more important and will be our primary focus as implementation of the HSCP Strategic Plan 2019 – 2024 is progressed.

## **Communication & Engagement**

Once established, the six Locality Planning Groups (LPGs) 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.

The extent of past engagement and consultation has highlighted that there is real appetite locally to be involved in shaping Inverclyde's future. That is why we are looking to adopt the joint Alliance and HSCP communication, engagement and where necessary formal consultation processes. People want to have their say, and we have a duty to ensure that their voices are able to influence the planning and delivery of services provided by public sector organisations.

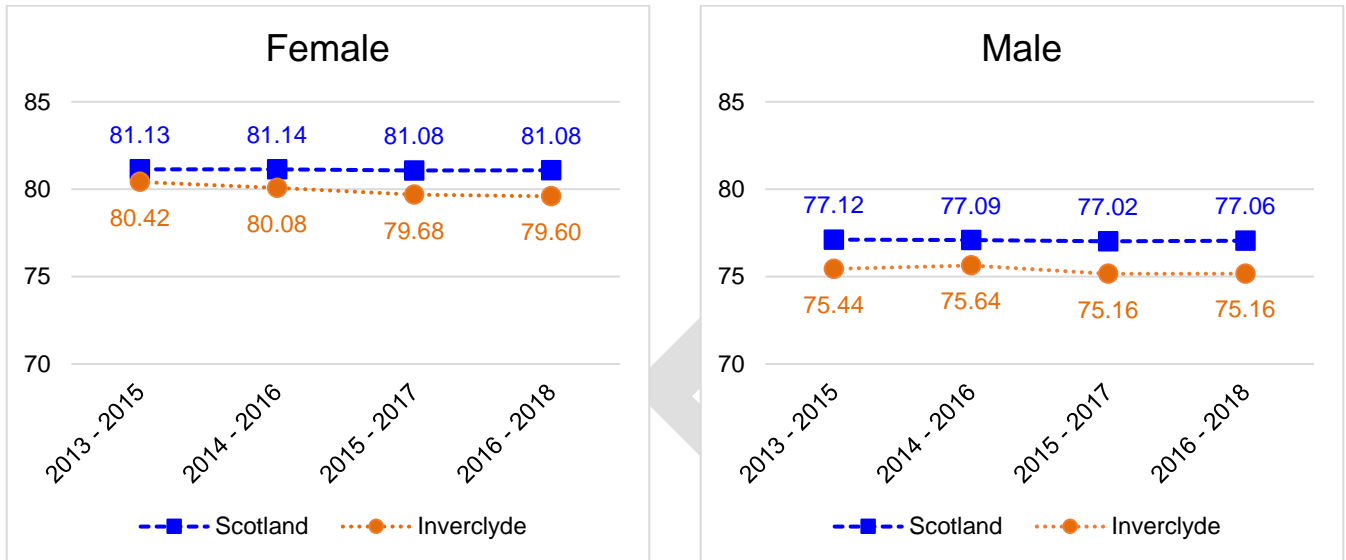
During August / September 2019, the HSCP and Alliance held six community engagement events, one in each locality to "Celebrate the Present, Shape the Future". Over 750 members of the community attended the events, and a significant amount of feedback was shared. A Feedback Report was published which outlined key themes that came out of discussions with people which Locality Planning Groups (LPGs) will be required to take into account, along with other feedback and key priorities when planning services that are fit for the future and improve outcomes for local people.

Jointly, we are now aiming to build on all the positive engagement and consultation work carried out, develop continuous dialogue with local communities, and embedding this into our day to day business.

The Communications and Engagement Strategy which outlines some of the key principles and objectives for the HSCP was approved by the HSCP Strategic Planning Group (SPG) in February 2020 and now awaiting approval by the Integration Joint Board (IJB) and Inverclyde Alliance Board. Due to the outbreak of COVID-19 pandemic, progress has been slower than planned.

## Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2016 to 2018 (published by National Records of Scotland in December 2019). The charts below compare the average life expectancy in years across Inverclyde and Scotland.

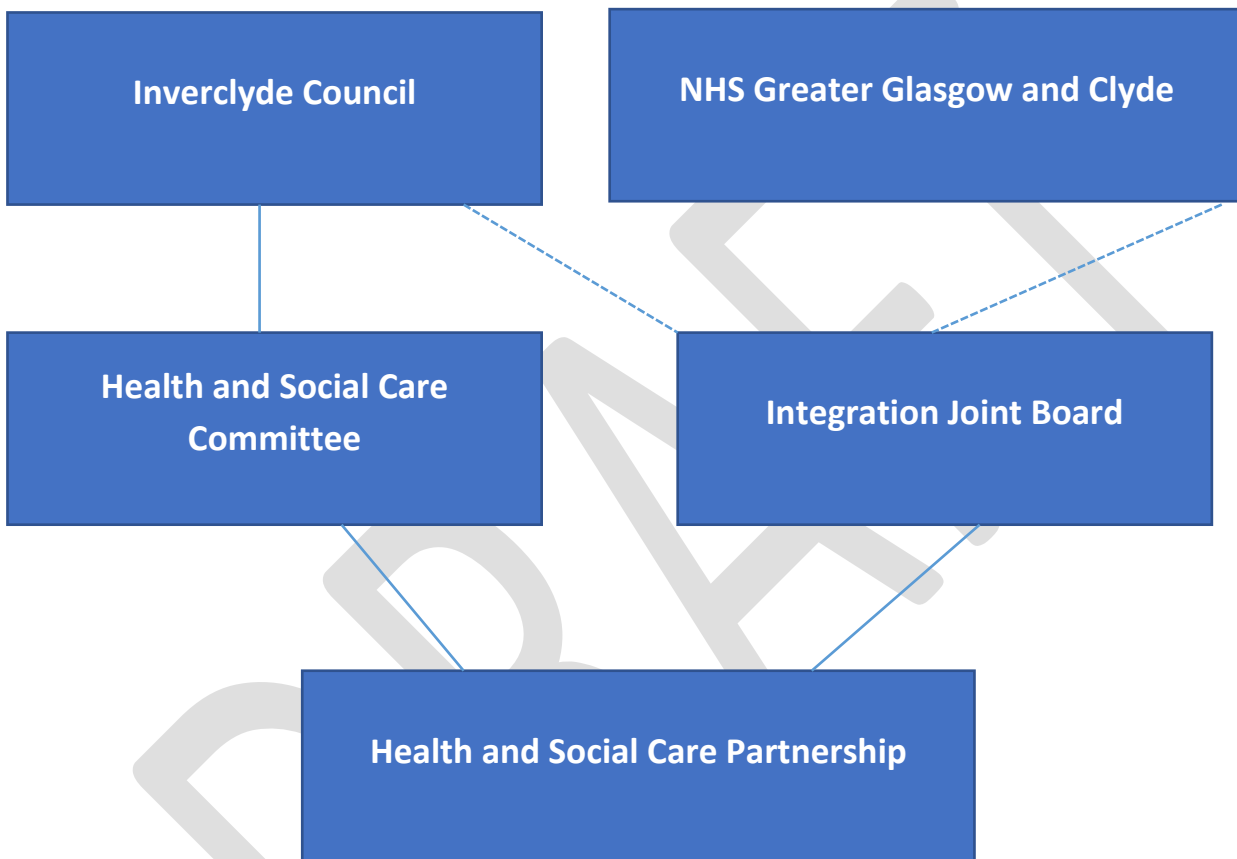


In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

Inverclyde is a beautiful area of Scotland and an area with a proud tradition of community. There is little doubt that many of our communities are facing significant challenges in terms of inequality of outcomes in comparison to other areas in Scotland. This is an area that the Inverclyde Community Planning Partnership – The Inverclyde Alliance have a sustained focus on. Social Work Services are engaged with the most vulnerable citizens in our communities and as a consequence have a great deal to contribute in understanding the issues our residents face and in supporting communities to mobilise lasting solutions to these long term challenges.

## 4. Governance

In Inverclyde, Social Work Services integrated with Health Services in October 2010, initially as a Community Health and Care Partnership. This has meant that the integrated arrangements in Inverclyde were at an advanced stage of maturity before transferring to the HSCP model and the full establishment of the Integration Joint Board (IJB). From figures 8 and 9 below it can be seen that in Inverclyde formal reporting structures to council have been retained in the form of the Health and Social Care Committee reflecting elected members concern to continue to exercise strong governance of statutory social work matters and especially those relating to the public protection agenda.



In order to assure elected members on matters relating to the governance process for externally commissioned Social Care Services a governance report providing a strategic overview of performance, quality and contract compliance of services provided by external independent, third sector and voluntary organisations is presented to the Health and Social Care Committee. The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle.

The CSWO meets at regular intervals with the Chief Executive of the council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the Strategic Planning Group.

In representing the unique contribution of Social Work Services in the delivery of public protection, the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the Adult Protection Committee.

The HSCP governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle. The governance process is subject to mandatory reporting as per Inverclyde Council's Governance of External Organisations and is overseen by the CSWO.

Over the past year a revised Clinical and Care Governance Strategy has been developed and the CSWO will lead on the development of the work plan that will support the implementation of the strategy. This work aligned with a revised approach to learning and development which has also to come under the leadership of the CSWO will provide a more planned, cohesive and integrated approach to the quality agenda across the HSCP.

DRAFT

## **Criminal Justice**

In 2018 the Care Inspectorate published an overview report detailing themes which emerged from the Significant Incident Review (SIR) notifications submitted between February 2015 and December 2017. The Criminal Justice Service used this Report as an opportunity to reflect on its practice with regard to how it undertakes the completion of case reviews which follow the notification process.

The Service was particularly struck by a key message within the Care Inspectorate's Report which stressed the importance of embedding a learning culture within Criminal Justice Social Work Services that would support a review process that is meaningful, thoughtful and forward looking. Consequently, in the Chief Officers Group report (16<sup>th</sup> April 2019) the Service stated that it had taken action to introduce a new approach to how it would undertake the case reviews which follow the notification process.

Previously this had involved the worker concerned and their line manager, with oversight from the Service Manager. Whilst the Service Manager still retains oversight, the new review process is now led by the Prison Based Social Work Manager, who by dint of their role will have no direct involvement in the case. In addition, the process also includes a Senior Practitioner and a Social Worker. By opening up the process in this way the Service believes this creates an opportunity to generate learning in the system at the earliest opportunity as well as helping to support a collective narrative around what good practice looks like. Where appropriate the Service has involved other HSCP Services in this process where they have had a direct input into the individual's care/risk management plan. The latter has led to the establishment of several multi-agency forums, which have been instrumental in providing clarity around referral processes and expectations of support services.

## **Mental Health Officer Service**

A review of MHO Service provision was commissioned and commenced to explore options for the most appropriate sustainable service model and related governance requirements. This will ensure a continued focus on high quality social work practice and service delivery to meet the increasing demands faced by the MHO service and expectation of national standards. Data gathering has been completed and the service awaits the final analysis report.

## **Community Learning Disability Team**

The CLDT have contributed to Health & Community Care's Clinical & Care Governance agenda as well as the wider NHS GG&C Clinical & Care Governance Group to ensure that learning from DATIX and Scottish Care Information (SCI) from across the board are embedded in clinical and care practice. Staff are also supported via Clinical Professional Leads.



## **Learning Disability Day Services**

Learning Disability Day Services have also contributed to Health & Community Care's Clinical & Care Governance agenda as well as the wider Social Work Scotland Learning Disability Sub Group to ensure that learning from incidents, good practice and outcomes from Serious Case Reviews nationally are embedded in clinical and care practice. Staff are also supported via Clinical Professional Leads.

DRAFT

## 5. Partnerships

Partnership working is important in order to bring about improved outcomes. Inverclyde HSCP works in a broad range of partnership arrangements, both internally and externally. The HSCP works in partnership with independent and third sector organisations to deliver services. Inverlyde also has a very strong track record of working in partnership with service users and communities. The following outlines some of the key partnership arrangements that are in place and seeks to highlighted the added impact of this on service delivery and outcomes.

### **Protecting vulnerable adults - The Adult Protection Committee**

Some people with particular vulnerabilities need formalised protection to ensure that they are kept safe from harm. One of the ways that this is achieved is via the Adult Protection Committee for which social work has a key role.

In line with the statutory duties of the Adult Protection Committee the on-going priorities are:

- Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy 2018/20 was produced and delivered to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. This approach has been very successful as evidenced in the Adult Protection Thematic Inspection Staff Survey Feedback Report. The strategy is currently being reviewed and adapted with the development of a blended learning approach being adopted given challenges arising to delivering training in context of the COVID-19 pandemic.
- Ongoing programme of self-evaluation, quality assurance and focus on the impact of adult support and protection activity across operational Adult Services. This includes further development of the Service User and Carer Evaluation to elicit the lived experiences of adults at risk of harm and their unpaid carers to identify strengths and areas for improvement.
- Refresh of Communication and Engagement Strategy to improve public awareness of Adult Support and Protection.
- Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols are subject to planned review and aim is to incorporate learning from operating in context of the COVID-19 pandemic.

By focussing on these priorities our Adult Protection Committee ensures that people within Inverclyde are safe from harm.

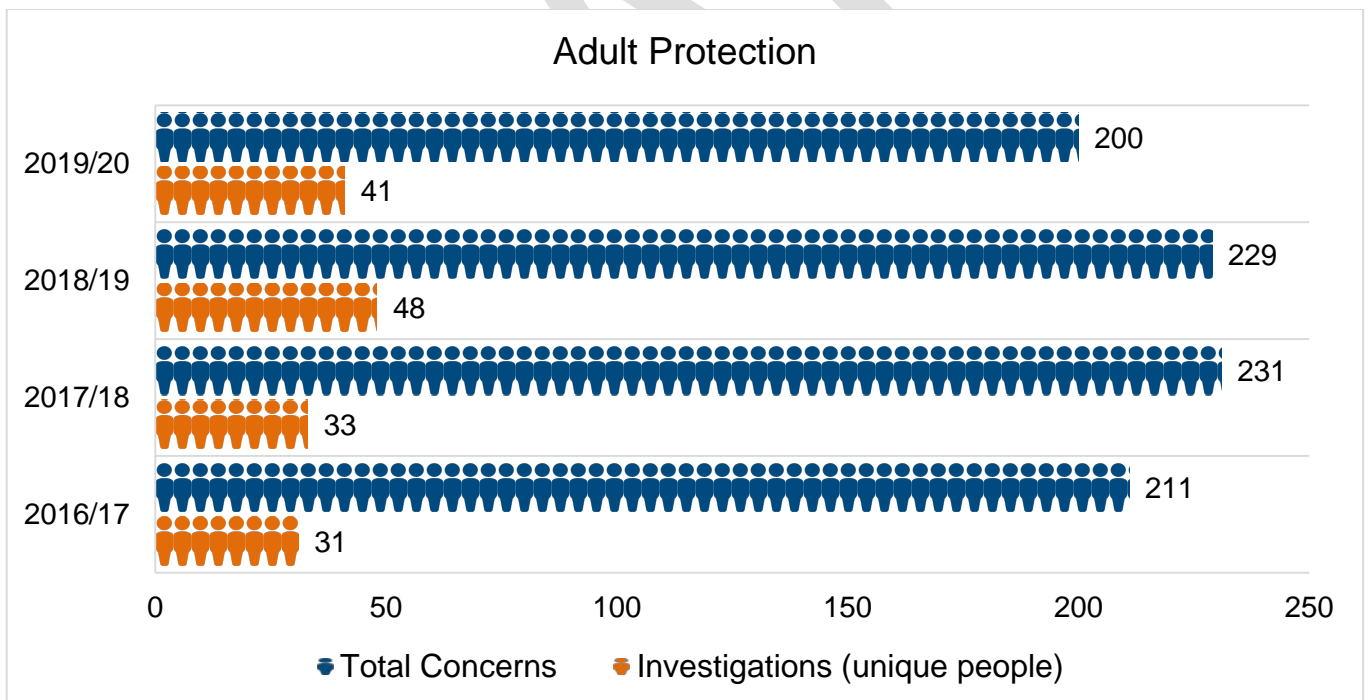
### K's story

K's situation came to light following a referral from the hospital. She was a woman with disabilities who lived alone. A family member was her sole source of support. She was taken to hospital following a fall at home. However on admission her overall physical condition led to concern that she was subject to neglect.

Her situation was progressed under the auspices of adult support and protection. Social work and health staff worked together to establish what had been happening. During this process it was identified that she was being both neglected and financially abused.

A plan was developed with her to protect her wellbeing and finances. K now lives in a care setting suitable for her needs and has support with her finances. She continues to see her relative as her relationship with them was important to her but with agreed safeguards in place.

During 2019/20, 200 Adult Protection concerns were referred to the HSCP (a decrease of 29 since 2018/19). After initial inquiries 41 of these concerns - or about 19% - progressed to a full investigation. Investigations fluctuate from year to year but generally remain within parameters of a 10 to 20% conversion rate from referrals to investigations.



## **Quality and Policy Sub Group**

The Adult Protection Committee (APC) viewed that leadership for operational and strategic collaborative working among key agencies required to be strengthened. The outcome from these discussions was the establishment of the Quality and Policy Subgroup .

The Quality and Policy Sub Group is the key forum for progressing operational and collaborative working among social work, police, health and other partners for adult support and protection. This is chaired by the Head of Service (Health and Community Care). Membership comprises senior managers with frontline responsibilities from key partner agencies to ensure leadership for operational and collaboration on adult support and protection matters. This is held 6-weekly.

An action log has been developed to identify specific actions required at operational level to continue to improve this collaborative approach. The identified actions from the APC Business Plan and Action Log are progressed by working groups or task and finish groups. Membership for each is agreed by the Quality and Policy Subgroup on basis of having right knowledge, skills and experience to effectively progress the action required. The Action Log is reviewed at each meeting and provides an overview of all actions and agreed progress.

DRAFT

## **The Inverclyde Child Protection Committee**

The Inverclyde Child Protection Committee (CPC) is tasked with ensuring that children and young people within Inverclyde are offered the highest level of protection, using best practice learning from research and operational experience.

The committee is the key partnership forum for achieving the above goal and is chaired by the CSWO, who also carries the role of Head of Service for Children's Services and Criminal Justice.

The committee's core functions are strategic planning, continuous improvement, public information and communication and participation and these functions thread through and support the work streams undertaken by the committee. The CPC's focus remains upon our areas of priority need as highlighted within our strategic needs assessment; neglect, domestic abuse, parental mental health and parental substance misuse as well as progressing dynamic improvement activity following on learning from quality assurance, performance information and from Serious Case Reviews both locally and nationally.

The CPC's focus over the last twelve months has been to adopt and utilise the learning from Inverclyde's collaboration with CELCIS as part of the child protection improvement programme's Addressing Neglect and Enhancing Wellbeing Collaborative. The coaching provided to our involved partners on Improvement methodology has significantly altered our perspective on the challenges and benefits of creating effective change and improvements within and across partnerships, particularly focusing on the early help arena. Improvement methodology promotes a slower and methodical approach which begins with the collation of high quality data and information about need, resource, fit and evidenced effectiveness of any planned intervention.

Improved collation and use of data has been a key focus and our performance management group has adopted the national minimum data set supported by CELCIS. We are now producing quarterly reports using the national data set measures and are refining other measures to add to this to reflect local areas of improvement. The ability to measure and compare baseline data and making better use of performance measures to monitor the difference we are making will increase the impact of our interventions.

Linked to this is the improvement activity to further refine and develop the linkages between other children's service structures such as the GIRFEC Strategic Group, the Children Services Planning Group, the Poverty Action Group and the HSPC Big Action Plan to ensure resources are well utilised, that plans are aligned and that efforts are not duplicated.

As a result of the ANEW collaboration, we have undertaken through analysis of what works well and where the challenges are in relation to our early help offer. We are working closely with our partners to address any deficits and service gaps and recognise the complexity and challenge in addressing need for those children and families that sit just beyond the front door of social work services.

The CPC's domestic abuse working group has been collaborating with Criminal Justice to commission 'Up2U', a behaviour change programme for people who use domestically abusive and unhealthy behaviours in their relationships. Inverclyde is taking the unique approach of offering this intervention to parents of children subject to compulsory measures of supervision or on the CP register rather than using it as a court mandated intervention for domestic abuse. This early intervention approach seeks to reduce the incidents of domestic violence, prevent the cycle of abuse and reduce the risk to children to reduce the number of children subject to care proceedings. As ever our focus will also continue to be on the collection of data to improve our performance in all key areas.

The CPC continues to retain a focus on children affected by parental substance misuse and parental mental health through dedicated working groups. The CPC has also reflected on the Hard Edges Report and how it resonates locally for many of our service users. The HSCP has commenced a piece of work to look at the experience of these 'multi service' users, to understand the need and challenges and better align the support and service offer to ensure the principles of GIRFEC, Recovery Oriented Care, Getting Our Priorities Right and the findings of the Hard Edges report are considered.

Inverclyde CPC has also committed to participate in a pilot within North Strathclyde to create a Joint Investigative Interview Cadre made up of specially trained Police Officer's and Social Workers utilising a trauma informed model of interviewing vulnerable child witnesses and achieving best evidence. The CSWO has supported the secondment of a Social worker from Inverclyde to the pilot and enabled a service manager and the social worker to attend a study visit with the other partners from North Strathclyde and Children First to a 'Barnahus' in Iceland which provides a world acclaimed approach to interviewing vulnerable child witnesses. Children first has successfully been awarded funding to build a 'Bairns hoose' in North Strathclyde which will be able to house the Cadre and shall be hugely beneficial for the children of Inverclyde.

As for all services, the Committee's current priority has been ensuring that children and young people continue to be offered a high level of multiagency protection throughout the COVID-19 pandemic. This has meant close work with all partner agencies on both a local and national level, identifying the most vulnerable children and ensuring that they receive a consistent service despite the unprecedented challenges forged by lockdown. The multi-agency response in Inverclyde for our vulnerable families has been outstanding and we recognise that we will have much to reflect on and develop in terms of the good practices initiated within the pandemic crisis.

## Multi Agency Public Protection Arrangements (MAPPA)

The Multi Agency Public Protection Arrangements (MAPPA) is a key public protection process which enables partnership agencies to co-produce risk management plans for individuals representing a risk of sexual or violent harm towards others. Agencies have a duty to cooperate and share information to inform risk management planning. Risk management is a dynamic process and thus risk management plans require to be reviewed on an ongoing basis.

The North Strathclyde MAPPA operates a governance structure which consists of the MAPPA Operational Group (MOG) which reports to the MAPPA Strategic Oversight Group (SOG). The CSWO is a member of the SOG. These Groups meet 3 times a year respectively and are attended by partners from the Responsible Authorities (Councils, Police, Health and Scottish Prison Service) and in the case of the MOG Victim Support is also represented. The North Strathclyde MAPPA Unit itself is hosted by Inverclyde HSCP.

Key achievements in 2019/20 include:

Four Short Life Working Groups convened which have produced Elected Members Guidance, a new Case File Audit Tool and, tools to support and track the delivery of the MAPPA Business Plan.

The introduction of the new Case File Audit Tool in May 2019 which has supported individual audits across North Strathclyde.

Training subgroup has supported 21 Awareness Raising events targeting range of partners including: Registered Social Landlords', Education Services, DWP, Sport Scotland, Community Payback Unpaid Work staff, Scottish Prison Service, Community Police, Victim Support, The Wise Group, Inverclyde Libraries, West of Scotland University, and Children and Family Social Work. This training helps to dispel any myths around what MAPPA is and is not, identifies the roles of key staff and aims to facilitate the exchange of information to support public protection.

Across the North Strathclyde MAPPA area there have been 15 Initial Case Review (ICR) Notifications submitted during 2019/20, three of which have progressed to a full ICR Panel. Learning from these Reviews is communicated via the MAPPA Quarterly Newsletter, incorporated into training events and informs chosen themes for the Annual MAPPA Development Day.

## **Inverclyde Community Justice Partnership**

The Community Justice (Scotland) Act 2016 sets out the legislative framework for community justice. Inverclyde Community Justice Partnership was established on 1<sup>st</sup> April 2017 and although relatively new, has established strong links with other strategic partnerships.

Key milestones during 2019 / 2020 include:

- Following the successful application to the Community Fund (formerly the Big Lottery) Early Action System Change Fund in the category for Women and Criminal Justice, steps were taken to recruit the identified Project staff. All three staff, Project Manager, Data Analyst and Community Worker joined the Project in 2019/20. Critical to this was the involvement of women who had lived experience of the Justice System directly in the recruitment of the Project Manager and Community Worker. In addition, with the agreement of the Project Steering Group, the Community Worker's post is hosted by Turning Point Scotland thus enabling the Project to draw directly on this partner's expertise in co-production.
- Commenced and completed staff training on the Up2U domestic abuse programme. This training targeted both Children's Services and Criminal Justice Services staff and speaks to the Partnership's commitment to early help and early intervention in terms of making this intervention available to non-Court mandated individuals. The final cohort of staff completed their training on 20<sup>th</sup> February 2020.
- A Data Sharing Agreement was signed between SPS and Inverclyde Council as part of the new local model of voluntary throughcare. In recognition of the significance of the Third Sector in taking this forward, the Community Justice Lead, as part of their role, will support the coordination of voluntary throughcare in Inverclyde.
- The Community Justice Network has now evolved into a broader Resilience Network. This is being led by CVS Inverclyde with the purpose of building not only third sector resilience in Inverclyde, but also the resilience of our local communities and people who are involved in the Justice System.
- Following the publication of the Hard Edges Scotland Report, an event was held in Inverclyde to share the findings of this Report with partners and to agree local action. Two further focus group events were held as a follow-up and a local analysis of data was undertaken to have a better understanding of the impact of severe and multiple disadvantages. This has resulted in funding by the HSCP of two new Community Navigator posts who will be hosted in Homelessness Services, but who will be supporting people who have experience of multiple and severe disadvantages.



## Children and Families Strategic Partnerships

The GIRFEC strategic group is chaired by the CSWO and has recently reviewed its terms of reference and membership to align better with other planning structures and it now reports to the children's service planning group.

The group is focusing improvement activity on three specific areas relating to the GIRFEC pathway that could be improved with the goal of achieving earlier intervention and prevention of cumulative neglect: Transition points, Team around the child, Relationships and collaboration.

In utilising the learning from the ANEW collaboration with CELCIS, the service has been focusing of key aspects of partnerships working: shared language, good working relationships and frameworks and processes to support staff. Children's services across health and social work have engaged in a number of collaborative events to build on existing working relationships, to help partners understand and recognise that challenges in each other roles. Making time for staff to together for 'collaborative coffees' has been encouraged and regular events are planned throughout the year to foster good working relationships.

In addition, we have been developing a comprehensive escalation procedure and guidance on professional curiosity – these are being refined by the staff who shall be using them, utilising language that they are happy with and processes that support them to have robust and respectful conversations about need and risk.

The GIRFEC strategic group has also created a multi-agency quality assurance group to examine the transition points for children and families along the GIRFEC pathway. This group provides rich qualitative data that can be used to inform improvement activity.

## The Inverclyde Champions Board

Inverclyde's Champions Board funded by Life Changes Trust continued to develop. Our partnership between Corporate Parents and care experienced young people has strengthened and further opportunities have been created for care experienced young people to influence how we deliver services. The Champions approach has provided valuable employment opportunity for care experienced young people with Your Voice and within the early years expansion.

Proud2Care hosted a very well attended event as part of their contribution to Better Hearings. Their contribution to this important area work received very positive feedback.

**“Proud2Care have been instrumental in delivering the Better Hearings agenda in Inverclyde – such a fantastically inspirational and ambitious group of young people. Their Proud2Hear event really transformed the Better Hearing planning.”**

*Lisa Bennett Head of Strategy OD and Corporate Parenting Lead SCRA*

## COVID-19 and ensuring young people's views are taken into account

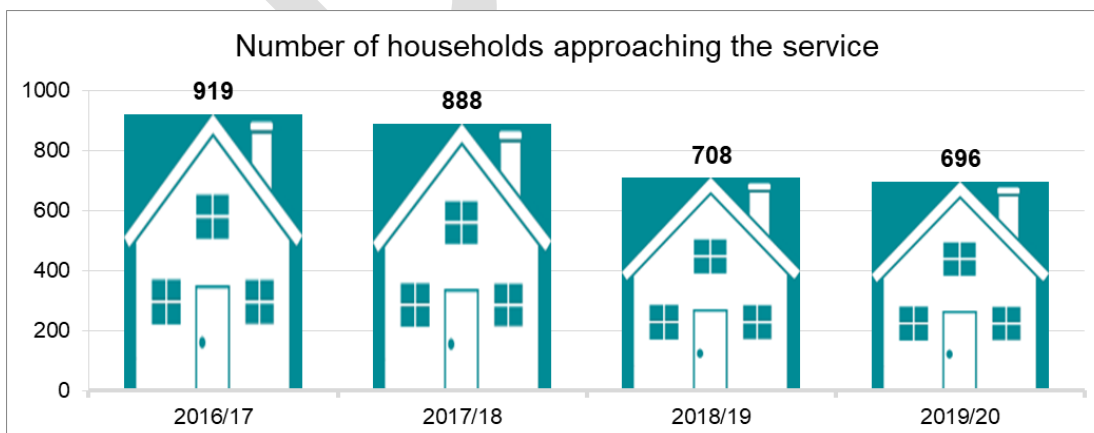
Young people within all three residential houses have been involved in supported consultation around COVID-19 testing measures and contact with families/friends to ensure they have a good understanding, that they have a say in what this might look like and a chance to say what they need from adults to help make this both comfortable and safe. Additionally, wider consultation has been done with young people around face to face contact with workers and families to ensure that have a say in shaping plans moving forward.

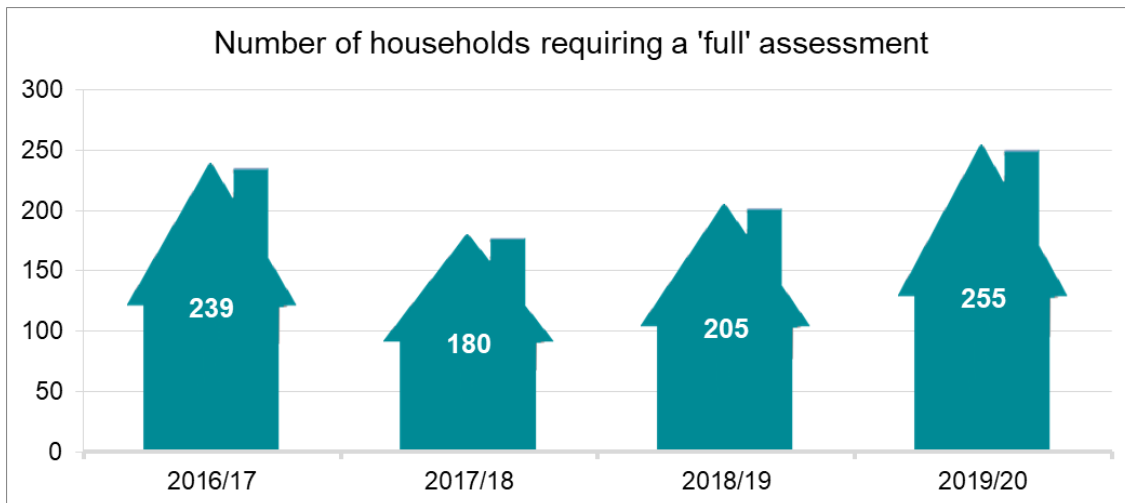
## Broader Partnership Working

### Inverclyde Rapid Rehousing Transition Plan

Inverclyde submitted its 5 year Rapid Rehousing Transition Plan (RRTP) to the Scottish Government in December 2018 with subsequent resubmissions in June and October 2019. Due to much reduced allocation of funding from the Scottish Government than was initially expected, the RRTP action plan was significantly scaled back with a focus on the two areas of Housing Options and Housing First. In order to drive the delivery of the RRTP, a governance structure involving a range of stakeholders was established to effectively oversee the delivery plan, with the intention that this will further develop the local partnerships required across the various council departments and the local / national Registered Social Landlords (RSLs) with stock in Inverclyde. The RRTP Steering Group and two sub groups have been established and are progressing work plans.

Inverclyde HSCP has historically delivered a model of commissioned 3<sup>rd</sup> sector support to homelessness service users through the Inverclyde Housing Support framework. This has enabled a varied number of hours of housing support, based on assessment and support planning, to help with a range of tasks to sustain tenancies and other supports. This has been vital in supporting a range of service users both in temporary accommodation and those moving into permanent accommodation. Due to the number of homelessness service users with alcohol and drug related harm, the commissioned support budgets for homelessness and alcohol and drugs were able to be utilised across funding streams which has impacted positively on the amount of support service users could access. Through this way of working, relationships with a range of 3<sup>rd</sup> sector providers have been developed and maintained, and experience gained of working with this vulnerable and complex group of service users. Through the RRTP, with a focus on delivering Housing First, this will be a welcome extension and further development of the support currently provided.





### **Local Housing Strategy**

The service has been working with Housing Strategy to evidence and influence further wheelchair housing with colleagues at Scottish Government and local Registered Social Landlords.

Following the review of Supporting People the service is supporting the remodelling of the sheltered housing model in Inverclyde to support people to live independently.

### **Supported Living Services**

Community Mental Health Services, Alcohol and Drug Recovery Service, and Homelessness services moved to a shared resource allocation forum for commissioning Supported Living Services from HSCP approved partner agencies. This development has worked to improve person centred recovery outcomes as the focus of commissioning the right support at the right time for individuals. Further development work is scheduled to standardise the resource allocation process. This will be in collaboration with partners to embed robust quality and governance assurances across this HSCP directorate and consistency within the HSCP. Service user engagement will be a critical element of review.

### **Care and Support at Home Services**

The Care & Support at Home service deliver approx. 21000 visits weekly to 1200 vulnerable service users in the community using a reablement approach to ensure that service users remain as independent as possible and meet their agreed outcomes.

The service responds to approx. 80 referrals per month and responds to individual needs within the Eligibility criteria timescales, the service also aims to facilitate hospital discharges within our 24 hour target and this target is achieved for the vast majority of cases.

The service has developed a Response Team, where the aim is to be able to respond within short timescales where there has been a significant change to the service users assessed need, a rapid discharge following a short hospital admission and also to facilitate any requests for discharges out of office hours.

DRAFT

## Focus on Dementia

The HSCP was successful in securing the national test site to work jointly with Healthcare Improvement Scotland iHub. The focus is on improving integrated health and social care coordination across the dementia pathway from early intervention to end of life care.



## Community Learning Disability Team

There has been continued service user engagement in the new service model for Learning Disability services and plans for the new LD Hub. Members of the team have continued to partner with parents and voluntary organisations in the review of Transitions and in the Autism Implementation Group.

The Resource Panel (CART) meeting for LD Supported Living services normally invite all the support providers on the framework each month to discuss new packages and to be involved in commissioning support. At the start of the COVID-19 lockdown, risk assessments were shared with our service providers to ensure they could continue to provide essential services even if significant numbers of their staff became unwell or needed to self-isolate. We have conferred closely with providers about who was shielding, who needed to have meals delivered, and who could manage with large alterations to their usual supports, while colleges and clubs were shut down. A virtual CART process has continued and we are continuing to assess need and provide new supports to individuals where required, which has involved a range of different meetings: some by phone, some by video conference, and some held in gardens. As services resume, we intend to continue to plan and commission supports in partnership with these support providers.

## Learning Disability Day Services

The ethos of working closely in partnership with The Advisory Group in the service model for Learning Disability Services, Transport Policy and planning for the LD Hub, has enabled the service to have continued engagement with service users, carers and staff. This has been achieved, ensuring everyone has been given an opportunity to contribute to shaping ways the service develops. This has been augmented by service user group 'The way forward', staff representative group and various 'open evenings' taking place, to encourage parents/carers to share their views and ideas. Sharing good news and any updates through the LD Newsletter, which is produced quarterly or when required has also been carried out.

## **Scottish Fire and Rescue Service**

Working in partnership with Scottish Fire and Rescue Service, a GDPR agreement to share information to allow fire safety checks was established. This will be the model that will now be implemented across Scotland.

In addition, the service supported fire awareness training and set up pathways to identify service users who are at greater risk from fire (those using oxygen supplies, air flow mattresses etc)

## **Partnership with Carers**

The Carers (Scotland) Act 2016 commenced from 01 April 2018 and Inverclyde have been working hard with carers and young carers to ensure the successful implementation of the new powers enshrined in the Act. In April 2019 Inverclyde Council took the decision to waive all charges for respite and short breaks. We are the first Council to implement this in Scotland and will be of direct benefit to over 250 carers and their families.

The aim of the Act is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a fulfilled life alongside caring. For young carers the intention is to ensure that they are supported to ensure that they have a childhood similar to their non-carer peers.

A copy of the Inverclyde Carer & Young Carer Strategy 2017-2022 is available on the Inverclyde Council website:

<http://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

The above provides a flavour of the range of partnership working that takes place across the range of social work functions. It is an important reflection however that social work services in Inverclyde are structured and organised on a partnership basis with many services fully integrated with health at the point of delivery and at the same time closely aligned to both the council and wider community planning partnership, third and independent sector and views and perspectives of service users and communities. This services to highlight the complex partnership environment that social work operates within but at the same time evidences the skill and experience that the service is able to draw upon to make such effective use of this wealth of opportunity.

Inverclyde HSCP has:

Funded a Carer's Passport Card to support increased identification of carers, linking to a "Carer Friendly Inverclyde" by encouraging local organisations to offer community/commercial discounts for carers

Supported Inverclyde Carers Centre to develop Carer Awareness Training to promote the rights of carers across the workforce as we move towards full implementation

Raised awareness of young carers and issues, and increase capacity of Young Carers support from Barnardo's Thrive Project

Supported Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre

Commissioned Your Voice to develop a range of carer engagement opportunities

Supported Inverclyde Carers Centre to provide emotional support to carers

## **6. Service Quality and Performance**

### **How Social Work Services are improving outcomes for Children and Families**

#### **Getting it Right for Every Child in Inverclyde**

##### **Children and Families Fieldwork**

The children and families fieldwork teams continue to work to mitigate against the impact of the inequalities in the local population. They work closely with health and education colleagues to help address abuse and neglect, and work with colleagues in welfare rights to help address poverty and poverty of opportunity. Financial support via Section 22 funds is considered when appropriate and a progressive approach based on empowering service users has been utilised in the use of the attainment fund for looked after children aiming as far as possible to get resources directly into the hands of services users.

Significant support is provided in direct work to address the difficulties that parents face in meeting the needs of their children. This includes parenting work, both on an individual basis by workers and in partnership with Barnardo's and work with perpetrators and victims of domestic abuse. Genograms and chronologies are also undertaken with families to help them identify key relationships and significant events in their childhoods that need to be addressed. Over time teams have made increasingly sophisticated use of tools to help children identify their views in the child protection arena. Work has also been carried out with parents in relation to emotional regulation, which has had a direct impact on their interactions with their children.

Since the COVID-19 outbreak, this direct work has been beset by challenges however in many cases staff and families have worked in a collaborative manner to enable important safeguarding and sustaining services to families to continue. Staff have used a blended approach to staying in touch with families and often families have commented on the importance of the quality of relationships with their social worker and how important this has been for them.

##### **Child Protection**

Practice in this area has continued to improve with the Initial Referral Discussion process coordinated by senior social workers now fully embedded. The consistent and effective application of this has resulted in positive improvements in the quality of initial response to child protection concerns.

Between April 2019 and March 2020, 111 Child Protection (CP) referrals were received. As a result of these, 218 children were subject to Initial Referral Discussions (IRDs) between Social Work, Health and Police representatives during this period and this in turn resulted in 68 child protection investigations being undertaken.

The number of children on the child protection register steadily increased, fluctuating from a low of 26 in 2018/19 to 27 in 19/20 and from a high of 37 in 2018/19 to a high of 63 in 19/20 through the period and the risks to 249 children were considered in multi-agency child protection case conferences. The average time spent on the child protection register is 26 weeks.



## **Children with Additional Support Needs (ASN) Team**

The ASN Team continues to provide a discrete service to children with additional support needs and their carers. Over the last year, children and young people with additional support needs received residential respite amounting to 314 nights in total. In addition, Inverclyde have an agreement with Barnardo's whereby they provide 5000 hours of community based respite. This is made up of 1:1 support, community groups and sitter service.

The team has continued to promote self-directed support with the goal that all parents or carers have an understanding of the options open to them and that the choice they have opted for is clearly outlined in the Wellbeing Assessment completed on the child. Young Carer Statements promotes choice and influences service design based on a self-directed support approach.

## **Family Placement Services (Adoption, Fostering and Kinship)**

Our range of family placement services have continued to develop and strive to offer a secure and nurturing base when children and young people cannot live with their parents.

Inverclyde has a strong group of Kinship Carers who are not only committed to the children that they care for but also support one another. They have participated in a number of local and national events sharing their experience with government advisors and politicians. A common theme for many of our kinship carers is that of recovery for the grandchildren, nieces and nephews that they care for and the parents of these children. The most heart-warming factor is that under some of the most challenging circumstances they remain positive focusing on solutions. Kinship carers highly value the social work support that is available to them.

Ongoing training and development is integral to the support provided to foster carers and some had the opportunity to undertake a six week online course organised by Strathclyde University – Caring for Vulnerable Children.

Feedback from one foster carer:

“Having completed the 6 week ‘caring for vulnerable children’ course with Strathclyde University I would recommend all foster carers, particularly new carers, to complete this worthwhile course full of interesting topics”

During 2019, family placement services built on the use of digital technology (text messaging, Facebook, Twitter to support communication with children, young people and their families and carers. The Team Leads noted that this as an achievement of social work being adaptable to change and through these new ways of working enabled the service to respond with minimum disruption when faced with COVID-19 lockdown restrictions and new ways of working.

Recruitment of adoptive families continues to be an area of significant challenge given the demographic profile of Inverclyde. However, the recruitment strategy and rebranding has had a positive impact. The focus of recruitment has been on ‘Together We Make A Family’ and ‘What Makes It Worth It?’ and ‘The Needs of Children Placed for Adoption’ during 2019. These key messages will continue to be built upon during 2020 to raise the awareness of the service within the local area.

During LGBT+ Fostering and Adoption Week, the Adoption Service joined with the Fostering Service to hold a live question and answer session on Twitter. This served to increase the awareness of LGBT+ Fostering and Adoption Week and increased the engagement with both services through social media.

In conjunction with the Children's Rights Officer a focus group, Families Together, consisting of adopted young people and adoptive parents was formed. The group worked closely with Magic Torch and created a comic book for all adopted young people discussing their right to information regarding their birth family. This comic book will be given to every adopted child from Inverclyde and all Inverclyde adoptive parents.

During National Adoption Week in 2019, a film and book launch took place within Broomhill Hub. This event was well attended with over forty people in attendance.

The short films highlighting the needs of children who require permanent placement outwith their birth family was well received and will be used not only for recruitment purposes but also as a training resource for adoptive parents, foster carers and children and families social workers. A number of adopters and foster carers took part in the filming and shared their experiences of the children they care for.



The event also featured the launch of our Just Ask comic book.

During 2019, all new adoptive placements were given a 'Kitbag' which is a useful resource and can be helpful when a family adopts a child. It was designed to help people develop '*mindfulness, resilience and inner resources*'. The Kitbag contains '*calming oil, a set of Presence cards, a one-minute timer and a set of Animal cards. There is a Feelings Card to help children describe and talk about their feelings, a wooden Talking Stick to encourage talking and listening with respect, Finger Puppets for play and dialogue and a visualisation exercise, called Wonder Journey.*

*This work highlights the awareness of the often traumatic journey for children who cannot be cared for by their birth family and equally the importance of paying attention to the*

*therapeutic needs of everyone affected by the process and the importance of the provision of skilled social work support.*

## Planning Permanency for all Looked After Children

The Care Inspectorate – Children’s Services Inspection Report in 2017 highlighted that the Child’s Planning and Improvement Officers (CPIO) had a unique oversight of the impact of the GIRFEC pathway and the impact of the Child’s Plan. All looked after children have a right to a clear and settled plan for their future and to know that their plan is closely scrutinised so as to bring about the best possible outcomes for each child.

We now have three Child’s Planning and Improvement Officers (CPIO’s) , which means that each child’s plan will be reviewed in accordance with the timescales set out in Inverclyde HSCP’s Assessment and Care Planning Manual ensuring arm’s length scrutiny of the effectiveness of each child’s care plan.

The Child’s Planning and Improvement Officers have also played a role in progressing areas identified in Inverclyde’s Children’s Service Plan. Examples of this are as follows:-

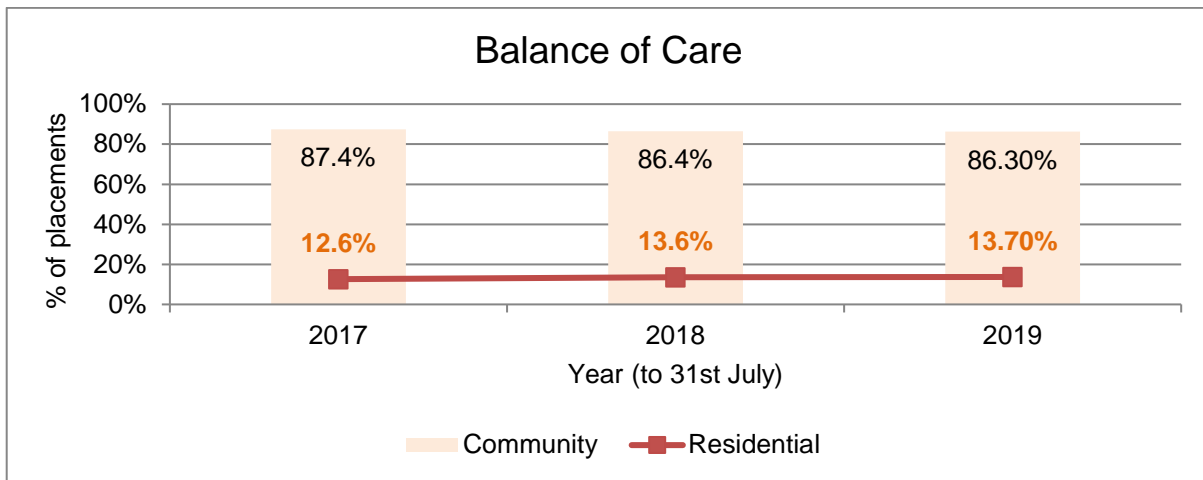
- The Attainment Fund which has the purpose of reducing the attainment gap for Care Experienced young people & children. The CPIO’s raise awareness of this fund at each review and help evaluate the impact it has had on the child/ young person;
- Transition Planning pathway for children with ASN in collaboration with colleagues from education, CVS, adult learning disability and carers to provide a clear transition pathway that will provide a clear multi agency process to help signposting and plan for young people when they leave school; and,
- 6 weekly meetings with “Inverclyde Offer” who track each young person who is 16 years old to look at a positive destination in terms of education, training, employment, further education. This is to prevent young people from leaving school with no plan for their future.

During lockdown and recovery Looked After Reviews are being facilitated via virtual means which include the participation of parents, carers and for those young people who choose to take part. Some families have said that this medium reduces the stress of sitting in a meeting.

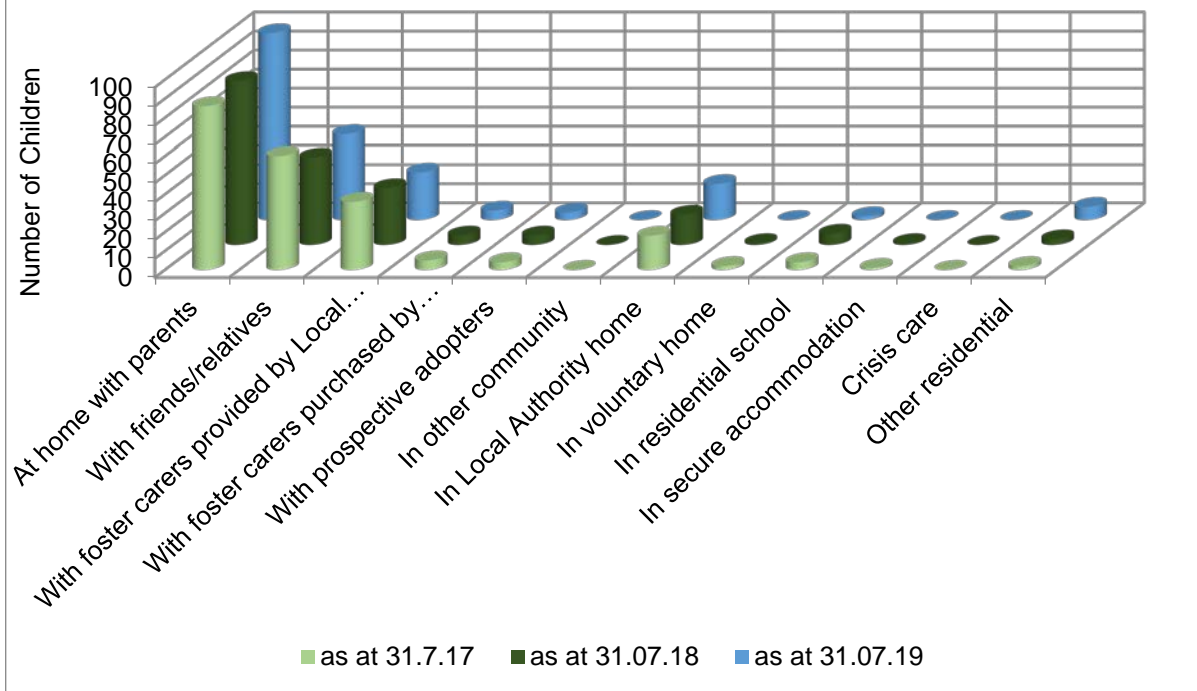
Along with the Children’s Right & Information Worker an avatar app was developed to explain to children & young people (who are looked after along with their carers) how they could contact the CPIO’s if they had any questions about their child’s plan during the COVID-19 lockdown restrictions.

## Children Looked After at home or away

The balance of care for looked after children remaining within the community has remained above 86% in the past year. The balance of care is a key local strategy which is underpinned by a number of national policies which promote early help, support, local family connections and sustainability.



### 3 Year Placement Types

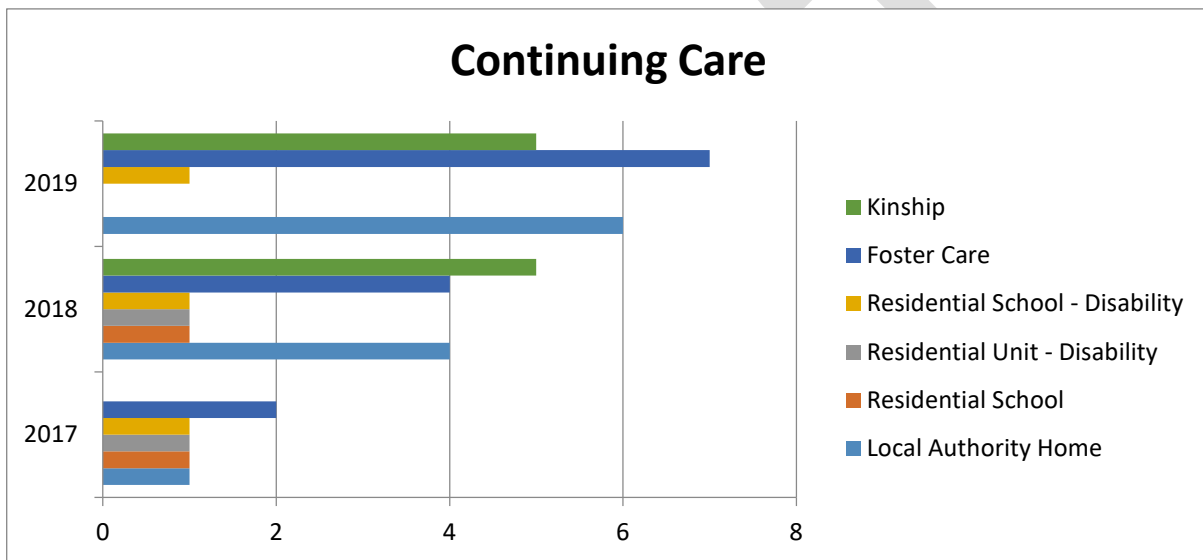


The above figure represents the population of our looked after children and young people and placement types. As at 31 July 2019, 175 children were subject to Compulsory Supervision Orders, an increase of 40 on the previous year. Our deployment of early help and support to identify the most vulnerable children is reflective of the increase in children being looked after at home. This structured support affords parents the opportunity to get the right help, at the right time through our GIRFEC pathway.

## Continuing Care

Continuing Care is part of the national 'Staying Put' agenda that Inverclyde fully endorses. It provides young people, looked after away from home with the opportunity to stay with their current carers until the age of 21. This extended and graduated transition improves outcomes for our care experienced population, and while this is its strength; it also poses pressures on existing resources and service design. We have had an incremental increase in the number of young people benefiting from this transition from continuing care. This is a critical area of practice if we are to consolidate the increasingly positive experiences of children and young people in our care system and it is therefore very welcome to see further developments to support this work emerging in the national arena.

The chart below shows the range of placement types where young people are benefiting from continuing care.



## Children's Residential Care Services

During 2019, a review of Inverclyde's children's residential services was undertaken a significant outcome of this was the decision to increase staffing ratios enabling the service to consistently deliver a family orientated approach to residential care where young people feel safe, secure and loved.

Our residential staff regularly undertake training and all residential managers have participated in trauma informed training which incorporated "relaxed kids" principles. Regular inspections by the Care Inspectorate further confirm that residential care in Inverclyde is very good and in some areas sector leading. Indeed comments from inspectors have noted that aspects of our residential services are setting the standard for Scotland .

Indeed residential services have gone from strength to strength this year in the care and support that they offer young people. This has been acknowledged by the Care Inspectorate during inspection of two of our residential homes, The View achieving grade 5 and Kylemore achieving grade 6. These grades are an acknowledgment of the loving kindness and commitment that residential staff across our three residential homes brings to our young people. Following our review of children's residential care noted above ,staffing levels have increased which will enhance the service delivery to the young people, giving greater opportunity for residential workers to develop meaningful and positive relationships with young people. During the lockdown young people and staff have used the pause in normal living to build even better and stronger relationships through the various activities that have been in place and the time they have spent together. Across the three residential houses during this time we have seen a massive difference in our young people confidence and in the way that they are presenting themselves. The young people at The View were featured on the Care Inspectorate website describing some of the activities they had been participating in.

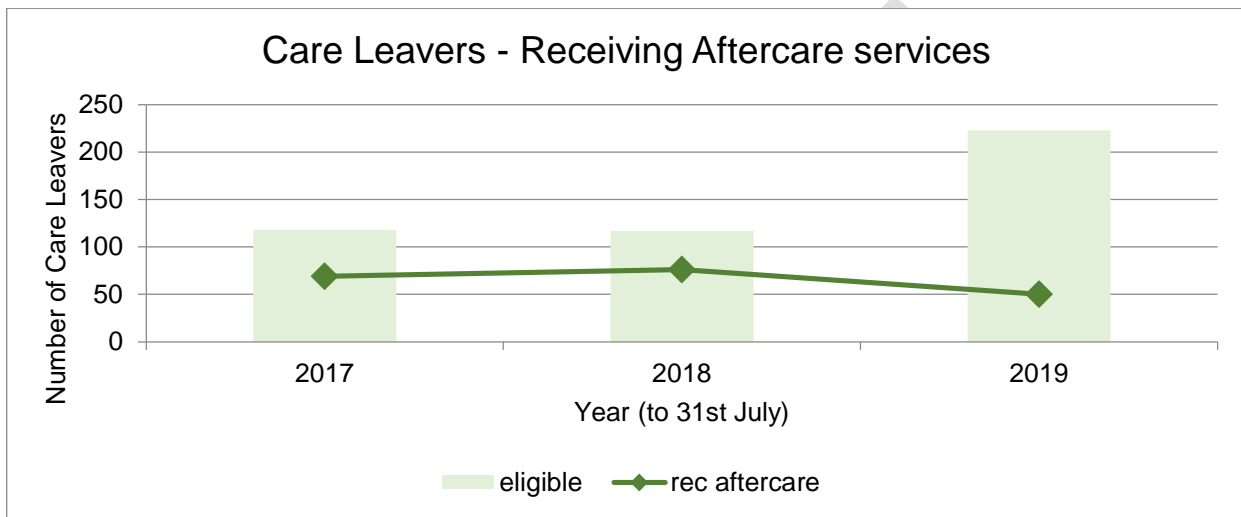
As noted above there has been a progression in the development of Continuing Care Services. In partnership with one of our registered social landlords we have developed two, two bedded house for the provision of Continued Care to four young people aged 18 to 21 years. These will be semi -independent living house where young people can access the support of our newly appointed Continuing Care workers. This project will support the transition of young people into their own tenancies and the world of employment or further education. Another RSL will also provide housing creating an additional four one bedded apartments for this project. This will give an opportunity for eight of our young people to experience a supportive and gradual transition of continuing care.

Over the last year we engaged in the Permanence & Care Excellence (PACE) programme through CELSIS which aims to provide stability to children through the best permanence route for an individual child. The PACE team established in Inverclyde benefited from the partnership working of children and families staff, Scottish Children's Reporters Administration (SCRA) and Legal Services.

Picking up on the theme of permanence and what that means to young people .Work was undertaken in conjunction with the Children's Rights Officer and third sector partner Your Voice to explore young people's views on explaining permanence. The clear message from the young people involved was that achieving permanence meant having a sense of belonging. The concept of sense of belonging is something that will progress as we progress the delivery of The Promise.

## Youth Services

Our Youth Services teams provides support and interventions to young people over 12yrs who are deemed vulnerable or involved in high risk taking behaviours through to 26 yrs of age if previously looked after and eligible for after care. In line with our looked after figures those eligible for after care have remained consistent however the numbers of young people receiving an after care service from the team has increased.



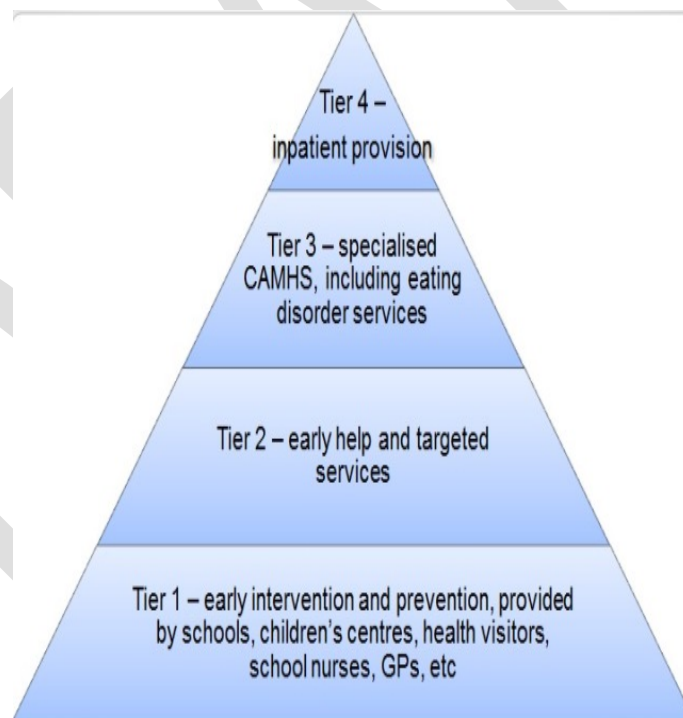


## Commissioning of the Provision of an Emotional Wellbeing Service

Inverclyde Health and Social Care Partnership and Inverclyde Council Education Services made a commitment to improve Children and Young Peoples Mental Health in Inverclyde based on a collaborative model. During 2019/20 staff from both services, alongside the strategic commissioning team, legal and procurement services worked to commission a new service for children and young people that delivered on the programme for governments commitment to provide school based counselling but that was a strategic fit reflecting the needs and expressed views of Inverclyde young people. The money for the new venture was secured through the Scottish Government Programme for Change for access to counselling services through schools and supplementary funding from the Inverclyde IJB to further expand the new service to younger children.

The new service has also been developed and will align with local GIRFEC plans and existing service provision to ensure a seamless journey for children, young people and their families as well as stakeholders and will address the Tier 2 service gap locally. It will also align with the Mental Health Strategy for early help and prevention in respect of children and young people.

The new service will sit between Tier 1 and Tier 3 (before the need for NHS mental health specialist support) as shown on the diagram below:



This is an exciting new development and provision of counselling and a range of emotional wellbeing supports for the young people in Inverclyde which will deliver an early help service to promote and improve the mental health, emotional resilience and wellbeing of children and young people who are negatively affected or are at risk of being affected by poor mental health. This will be a counselling service delivered p in schools and in homes and community settings, to support children and young people aged 5 to 18 years and will provide:

The provision of the service will be delivered by Action for Children and commencement is in August 2020 ready for the children and young people's return to school.

DRAFT

## How Social Work Services are improving outcomes for service users involved in Criminal Justice

Effective community based sentencing options are essential to achieving the National Outcomes for Justice: community safety and public protection; reducing reoffending and social inclusion to support desistance from offending. In July and August 2019 a team from the Care Inspectorate visited Inverclyde to assess how well the Criminal Justice Social Work Service was implementing and managing Community Payback Orders (CPOs) as well as how effectively the Service was achieving positive outcomes.

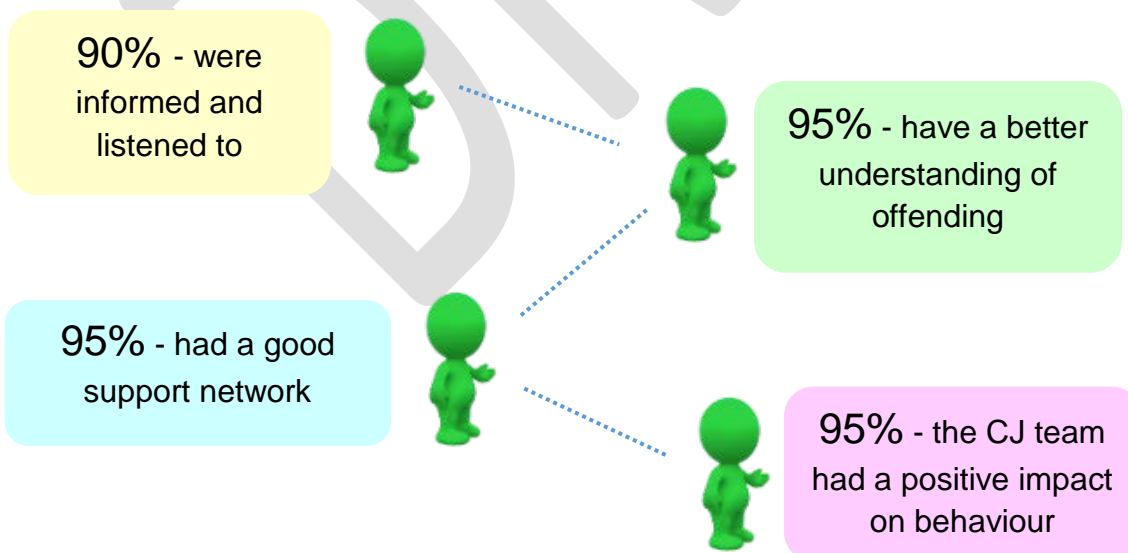
The inspection team noted evidence of strong and improving performance trends across several important Community Payback Order standards. They found this to be accompanied by a demonstrated ability to use data effectively to change practice and services where needed.

The introduction of the Criminal Justice Needs Review tool in 2018 is illustrative of the above. This tool captures a range of data both at the commencement and completion of the Service's involvement with individuals in the Criminal Justice system. This includes:

- Self-scoring on nine separate lifestyle areas: health, self-care, emotional well-being, alcohol and drug use, offending behaviour, training and employment, housing, relationships with friends and family life.
- Feedback on the Service experience.
- Identifying organisations/services the individual has been referred to
- Suggestion box relating to potential Service improvements.

To date the Service has collected 94 forms at the commencement of an individual's involvement with Criminal Justice Social Work (stage 1) and 53 on completion (stage 2). Analysis of the 21 forms completed at stage 2 for 2019/2020 evidences:

Percentage of individuals who 'agreed' or 'strongly agreed' that they felt:



This supports key findings from the inspection which reported the Service achieving the following positive outcomes for individuals:

- ✓ Access to stable accommodation;
- ✓ Improved stability around alcohol and drug use;
- ✓ Access to further education and learning opportunities;
- ✓ Increased ability to manage finances;
- ✓ Better family relationships;
- ✓ Increased structure and purpose in their life;
- ✓ Improved confidence in the ability to desist from further offending in the future.

The Service is aware that placement availability for those individuals sentenced by the Courts to carry out Unpaid Work in the community can at times be challenging. This has also been reflected in some comments made by individuals too. To help build resilience in this area the Service is working with the Inverclyde Community Justice Partnership to explore the potential for the local third sector to assist with the provision of individual placements. This work will be ongoing throughout 2020/21 and brings with it the possibility of helping individuals reconnect with their community.

The Service recognise that it still has some way to go to demonstrate year-on-year trend data showing sustainable positive impact in the life chances and key outcomes for the individuals it works with. However, as noted in the inspection report our 'culture of striving for continuous improvement and a drive to achieve transformational change in service provision puts the service in a strong position to strive for excellence'.

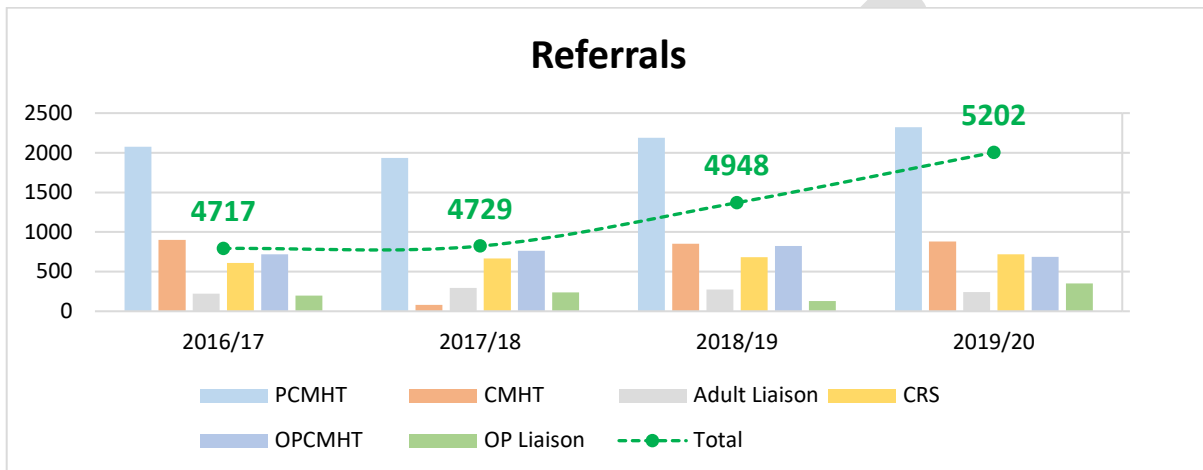
### **The role of Prison Based Social Work in achieving National Justice Outcomes**

The Prison Based social Work (PBSW) Unit at HMP Greenock provides statutory social work services to an average of 131 prisoners, just over half the population of the prison, all of whom will be subject to supervision by Criminal Justice Social Work Services in the community when released. Around half the prisoners engaged with PBSW are life-sentenced prisoners actively working towards release on parole. Around 44% of prisoners working with the team are assessed as requiring further assessment in relation to their potential to cause serious harm.

Given that the majority of prisoners known to the team are nearing or actively working towards release, the team focuses on risk assessment, risk management and public protection. Staff participate in community facing risk management team meetings contributing to the multi-agency assessment of prisoner's suitability to progress to increased levels of community access. Additionally, staff take part in MAPPA meetings and contribute to MAPPA processes in all areas of Scotland. Participation in these processes enables us to share information about a prisoner risk prior to release and allows support to multi-agency risk management planning helping to ensure that robust plans are in place for the protection of the public.

## How Social Work Services are improving outcomes for people with Mental Health, Homelessness and Addictions issues

Within Community Mental Health Services, Primary Care Mental Health Team (PCMHT), Adult Community Mental Health Team (CMHT), Acute Liaison Service, Community Response Service (CRS), Older Persons Community Mental Health Team (OPCMHT) and Older Persons Liaison Service (Acute and Care Home) there were a total of 5202 referrals throughout 2019/20. This represents an increase of 5.1% from the previous year. Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life. How the referrals were distributed across the various teams is shown below:



### Primary Care Mental Health Team (PCMHT)

The PCMHT offers a service for those individuals who have mild to moderate common mental health problems or issues and offers up to twelve sessions of treatment. People are able to self-refer and this has contributed to the increase in referrals received by the service. The largest group of users of this service are younger adults aged between 18 and 35 years. PCMHT will be critical to supporting the developing extended community provision of alternatives for distress response.

### Community Response Service (CRS)

The CRS provides urgent response to people experiencing a mental health crisis who are known to the mental health services currently or who require urgent assessment; and steps up care to people who require more intensive support at home over seven days, working alongside existing mental health services. The service aims to support continuing care within a person's home, and to prevent unnecessary hospital admissions. The service is also critical to supporting partners to consider alternatives for distress responses where referral to Community Mental Health Services is not indicated.

## Community Mental Health Team (CMHT)

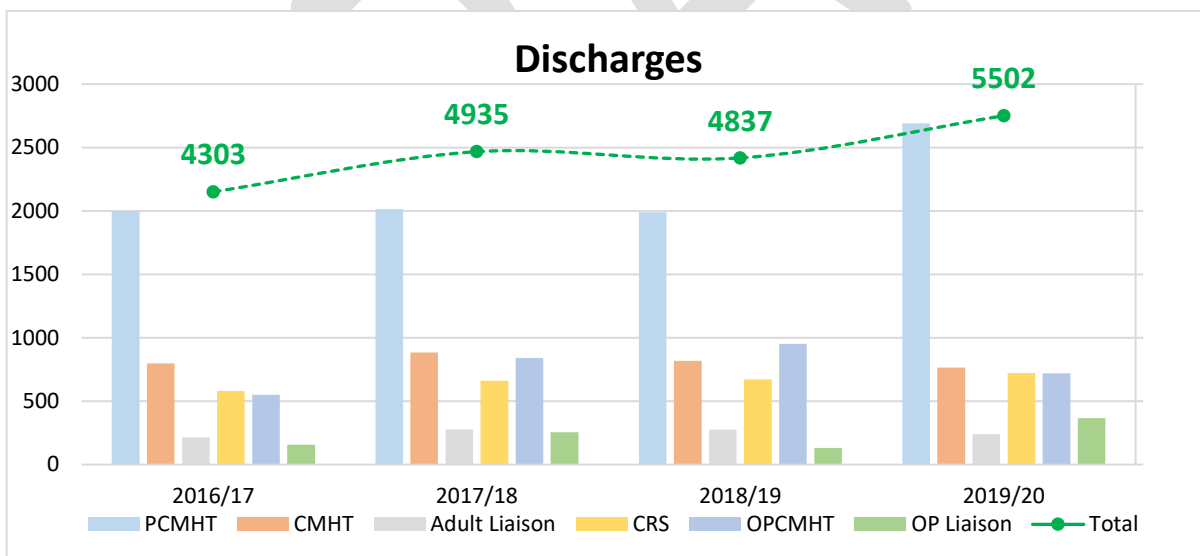
The integrated CMHT works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. This support is delivered in environments that are suitable to the individuals and their carers.

The aims of the CMHT are to:

- Reduce the stigma associated with mental illness
- Work in partnership with service users and carers
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes
- Focus upon improving the mental and physical well-being of service users

Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user and, where appropriate, carers, other professionals or agencies that are involved in their care.

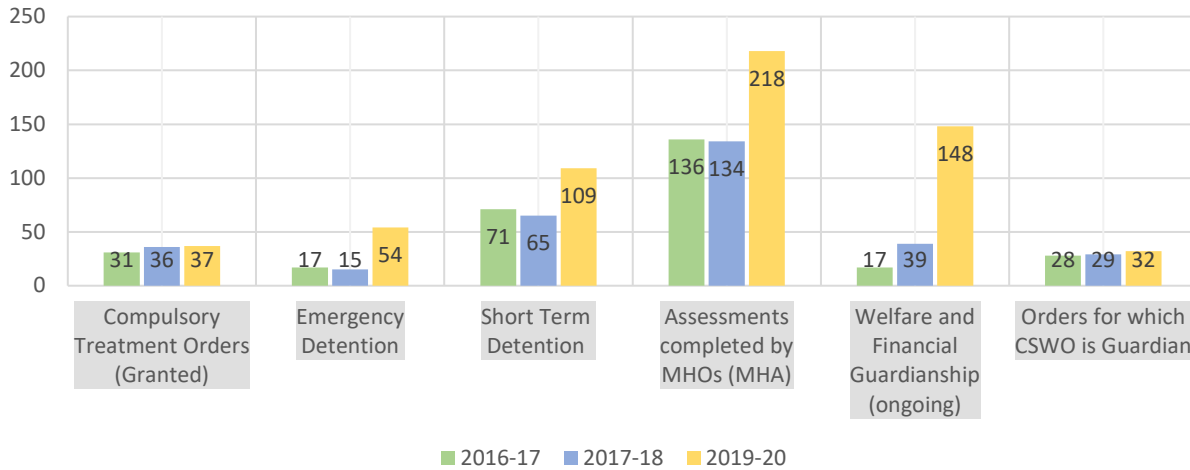
Discharges from the Mental Health Services totalled 5502 throughout 2019/2020, an increase of 13.7% from the previous year. This reflects the increased focus on recovery outcomes within the service, enabling people to move on from services, but secure in the knowledge that they have an easy route back to specialist support from the service if their needs change. The service also meets the need for some individuals to remain with the service for longer durations due to the severity of their mental health condition.



## Mental Health Officers

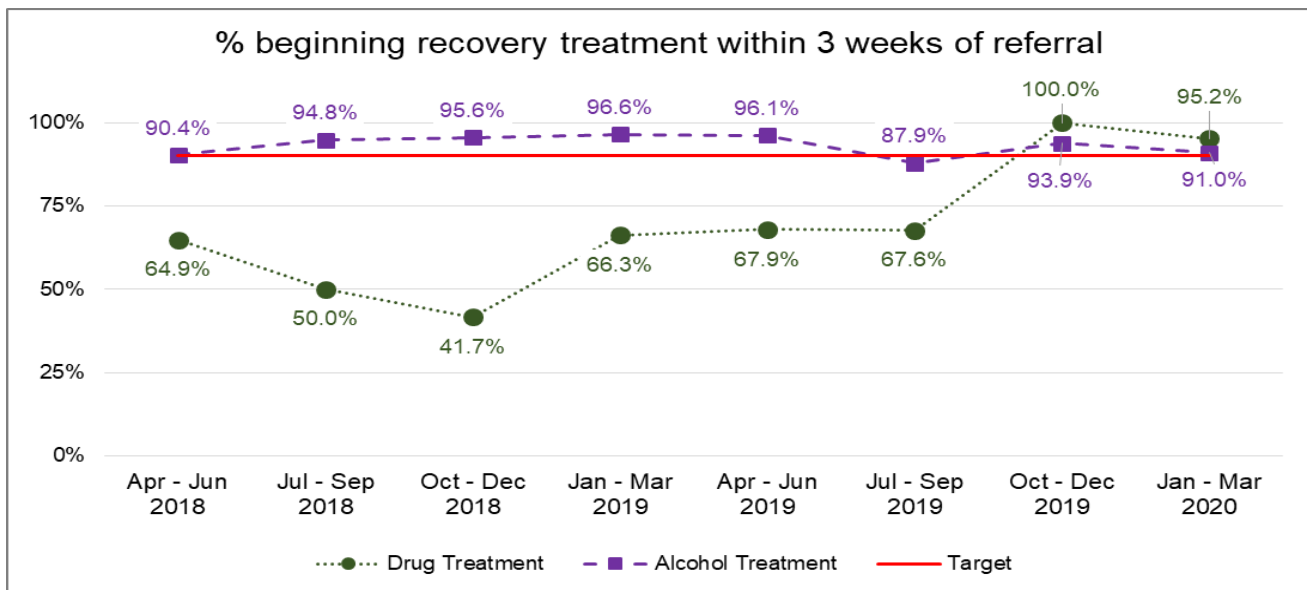
The Mental Health Officer service experiences continuing significant demand in respect of use of the Adults with Incapacity legislation to support ongoing care. The relatively high use of mental health legislation to support care and treatment is reflective of the significant mental health needs of our local population.

Mental Health Officer (MHO) work



Inverclyde HSCP continues to participate in the five year mental health strategy developments, focusing on the key themes including prevention, early intervention and health improvement, the physical health of people experiencing mental ill-health, recovery oriented and trauma-aware services. The delivery of which will require further development approaches both across services within the HSCP, including children's services and criminal justice and with wider partners. This will be the priority area of development for mental health services in line with national and local strategy.

## Alcohol and Drug Related Services



Reflecting the high levels of intergenerational inequality, Inverclyde has a significant challenge in respect of understanding and responding to the needs of service users and families who are affected by alcohol and drug issues. This includes the untimely deaths of a number of our citizens as a consequence of drug or alcohol related harm. The Chief Officer of Inverclyde instructed a thorough and wide ranging review of service responses in this area and this is in the process of concluding and implementing.

The review of Inverclyde Alcohol and Drug Related Services (ADRS) has been ongoing with the aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues. The new model will see those affected by alcohol and drugs fully supported by an appropriate recovery orientated system of care which includes prevention; care and treatment; and recovery delivered by a range of statutory and 3rd sector partners. A new workforce structure has been developed which will fully integrate the current drug and alcohol teams into a single service to provide an evidence based quality treatment model to ensure fast and timely access to assessment, care and treatment based on intake and core pathway. The final stage to integrate the teams was unfortunately delayed due to the COVID-19 pandemic. This will be progressed as soon as is practicable.

The “New Pathways for Services Users” project funded by CORRA Foundation was established and aimed to undertake tests of change in three main areas:

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

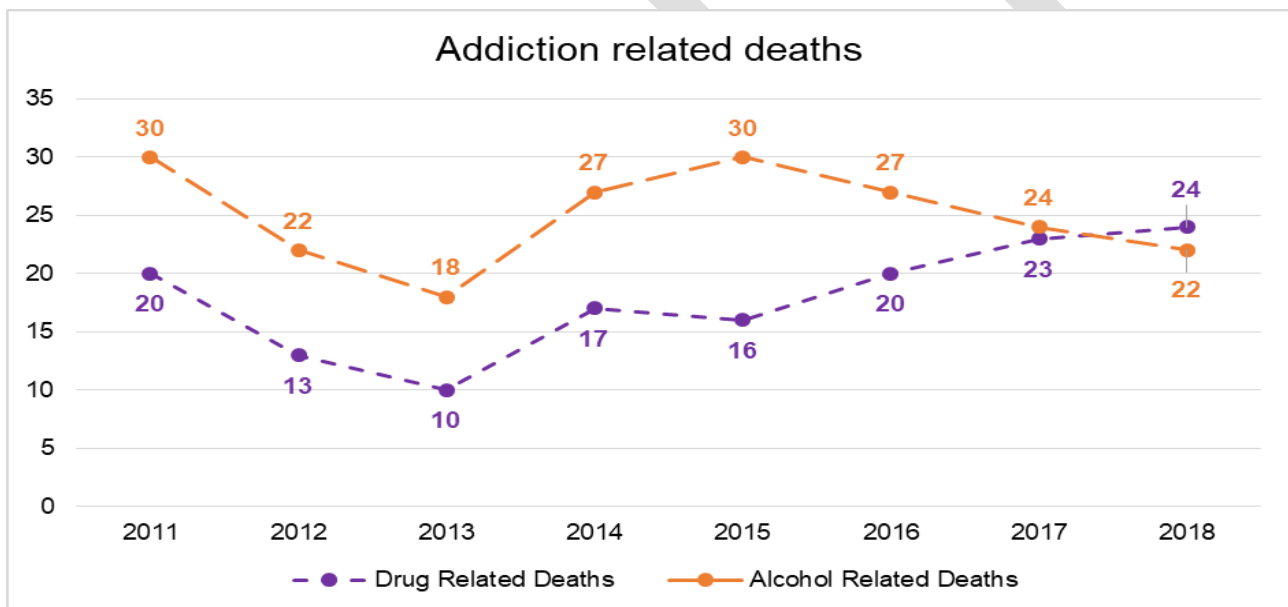


Relationships between the ADRS service and acute and primary care services have been further developed and this work will continue, with an out-of-hours service to be established.

Inverclyde historically has not had a well-developed recovery community, therefore developing more robust recovery opportunities has been identified as an area of required focus and attention. Work has been undertaken to develop Inverclyde's ROSC (Recovery Orientated Systems of Care) and four main areas agreed for commissioning of appropriate support services to support service users throughout their pathway in recovery.

- Early Intervention
- Development of network of volunteer peer mentors and development of recovery opportunities
- Development of meaningful activity opportunities for those on their recovery journey
- Family Support

These 3<sup>rd</sup> sector employed staff, although are not employed through the HSCP, are integral to the internal team workings in line with the HSCP People Plan.



In order to optimise the safe and effective delivery of services throughout the COVID-19 pandemic, Inverclyde HSCP moved to a Hub model of service delivery. This included an Alcohol and Drug Hub. The key principle underpinning the Hub's service delivery during this period was the safe delivery of services, based on dynamic assessment of risk and vulnerability in a way that supported staff health and wellbeing, and enabled ongoing service delivery.

A range of interventions were implemented to ensure the safety of, and support to, service users, including robust risk assessment and appropriate level of contact; relaxed prescribing where appropriate; cross working and good partnership with other HSCP colleagues where required and the retention and continuation of appropriate governance arrangements within the service.

A particular focus during the COVID-19 pandemic was on learning from any suspected drug related deaths with the following areas for improvement which the service has embraced:

1. Need to undertake analysis to identify cause of death or probable cause of death.
2. Need to review communication and joint working across services.
3. Increased need to ensure availability of Naloxone
4. Understand the current drug market.
5. Increase communication of services in the community.

### **Services to people who are experiencing Homelessness**

The COVID-19 pandemic has fundamentally changed the homelessness picture within Inverclyde. In early March 2020, with the pandemic unfolding nationally and internationally, a number of key challenges emerged which required a new response locally. These challenges have inadvertently proved beneficial in helping to consider future delivery.

- Public health advice was sought regarding the use of shared accommodation units and ability to implement social distancing, along with need for self-isolation. This led to decreasing the service user population accommodated within the Inverclyde Centre from 31 units to 15. A number of service users required to be moved out of the centre into temporary furnished flats.
- Due to COVID-19 the Scottish Government implemented the Early Prisoner Release Scheme (EPRS) for eligible prisoners due to be liberated in the 12 week period from 4<sup>th</sup> May 2020 to 31<sup>st</sup> July 2020. Within Inverclyde during the month of May, 11 prisoners were released under the EPR scheme with 7 being accommodated via homelessness within temporary accommodation. This is in addition to the normal prison liberations which have continued throughout.
- An increase in homelessness presentations has continued throughout the COVID-19 lockdown period due to a range of factors but including family/relationship breakdowns and people no longer able to stay in their previous accommodation.

In order to respond to these challenges, an increase in temporary furnished flats within the community was required and the RSLs have supported this by providing an additional 40 flats to the service throughout the first 8 weeks of the COVID-19 lockdown period. There are now 65 TFFs within Inverclyde, in the main within Greenock and Port Glasgow. This was therefore an incredibly busy period for the homelessness service to ensure these flats were brought into service, including all required gas/electricity checks being undertaken; flats carpeted and furnished and decorated to meet an approved standard of accommodation. Mobile phones were issued by the service to all tenants to enable them to keep in touch and enable daily/weekly wellbeing checks were in place during lockdown. This has worked very well and it is hoped this can continue as normal practice.

This increase in temporary furnished flats has been welcomed, however it has been acknowledged that once a service user has moved into a temporary furnished flat a range of services require to remain involved in their support plan and continue to work in partnership with a range of providers including the local RSLs and other HSCP services and 3<sup>rd</sup> sector partners to ensure the move through to appropriate accommodation and that ongoing supports are available. A number of service users with a range of higher support needs continued to be accommodated within the Inverclyde Centre with arrangements in place to support them to self-isolate and socially distance as required. This work has highlighted the need for Housing First approaches and the need for increased supported accommodation for vulnerable service users in Inverclyde. During the COVID-19 lockdown period, there has been an amazing response throughout the local community with donations of food; toiletries; hot meals etc to homelessness service users. Better relationships have been developed and support provided by a range of 3<sup>rd</sup> sector organisations which is hoped to continue as the recovery phase continues.

DRAFT

## How Social Work Services are improving outcomes for users of our Health and Community Care Services

### Home 1<sup>st</sup>

The basis of the Home 1st approach is that people are supported better and achieve improved outcomes when health and social care is provided in their home or community.



Home 1st is the ethos underpinning social and health care provision to all Older Adults and people with Long Term Condition. This links to building community capacity based on the concept of a Compassionate Inverclyde and Dementia Friendly Inverclyde. Using Community Connectors and Direct Access to services including self-managed care to divert people away from a dependency on statutory services and maintain their independence.

This includes developing Self-directed Support, Self-managed Care and Carer support to ensure a Personalisation approach to care where choice and control is in the hands of the service user. This includes tying in the principle of ensuring everyone lives their lives as independently as possible achieving their optimal level of health and wellbeing. This builds on the current work around reablement, recovery and resilience

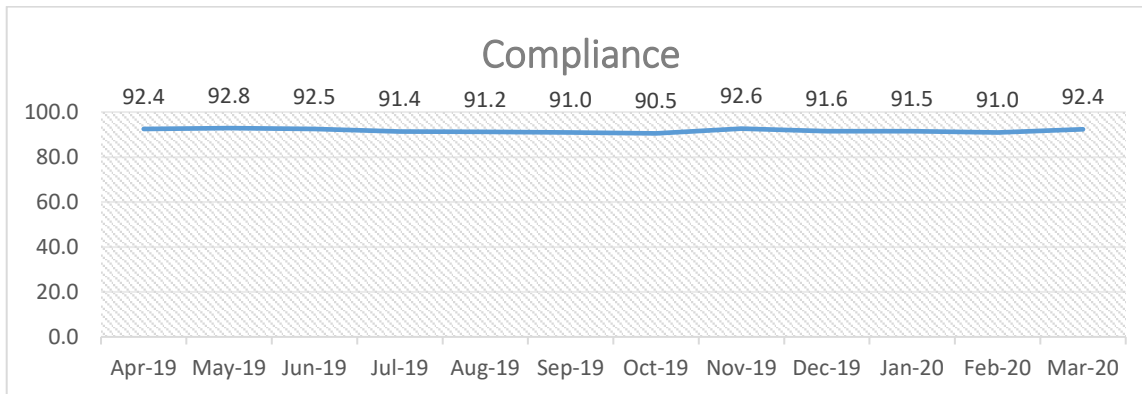
Discharge from hospital is ideally from a community perspective, though employing a Rapid Discharge Planning approach it is important that the discharge is successful, minimalizing moves of placement and avoiding unnecessary readmission.

Home 1st in Inverclyde will be the focus for Unscheduled Care collaborative including Frailty and Dementia and will maintain and secure resources for community based services.

## Care and Support at Home Services

### Compliance / confirmation of Care at Home visits delivered

This graph shows the compliance of staff in logging in and out of a service users home, this gives us real time data to ensure that service users are receiving their service at the agreed time and allows us to monitor the punctuality and duration of visits. The team have regularly exceeded the 90% target for this measure.



### Older People Living Well

We are beginning to remodel Independent Living Services to support working more upstream in line with the National Life Curve to promote living independently well and delay the need for support services for a longer period of time. The Frailty tool roll out will be key to this work. Further analysis around scores and access points to services will offer opportunities at triage to signpost around keeping fit and active at the lower end of the care spectrum. Working in partnership with other community agencies and utilising technological resources will have the potential for self-management and optimal health and wellbeing. This work, whilst still in its infancy, shows signs of early promise.

Self-assessment models and resources to facilitate early intervention and prevention models are beginning to be developed. The focus of this work is to ensure that Inverclyde's population remain as independent and self-reliant for as long as possible.

### Response Team

The service introduced a Response Team in February 2019, the main objective of which is to have available resource to respond to any significant change in service user's health / care requirements by increasing the existing care package to meet the urgent change in need. The Response Team will respond to these increases and ensure a smooth transition of service to the appropriate team. The team is also available to respond to any rapid discharges from hospital and facilitate any weekend discharges during the out of hours period. This team has been beneficial to the service in having the ability to respond immediately to significant changes without impacting on other teams or resources.

## Independent Living Services

There has been a further remodelling of Health and Social Care staff within this service, so as to meet the increasing demand, meaning that prioritisation of the facilitation of hospital/hospice discharges and prevention of admissions, falls preventions and complex moving and handling assessments, was essential

It has been necessary to decant the Joint Equipment Loan Store, while work to upgrade the equipment decontamination area and reroof the building is undertaken, although there has been no detrimental effect to the way the service operates.

Other key highlights include –

- A procurement exercise has taken place for a new electronic stores management system which will allow for :
  - digital ordering of equipment and adaptations from a wide host of prescribers
  - more sensitive stock ordering
  - a robust system for servicing and testing lifting equipment.
  - instant stock taking
  - the ability to identify individual pieces of equipment in the event of a recall situation.
- An evaluation of the Strength and Balance classes (Falls prevention) to include individual's experience of the classes has taken place, augmented by the service beginning to refresh the multi-agency Falls Pathway
- The Diabetes team have carried out an initiative with District Nursing to review all Diabetes patients who require support. Prior to reviews being undertaken, there were 373 nursing visits per week to 32 patients. Following reviews these have been reduced to 208 visits per week – a saving of 165 visits per week.
- There has been a review of Manual Handling training to include single handed care techniques that is seeing a return on investment in more training for trainers/assessors.
- The service worked in partnership with the Allied Health Professionals at IRH to develop a fast track pathway from ED to prevent admission to hospital.

Services at Independent Living services have trained others and implemented the Rockwood Frailty tool, which is now embedded in the core assessment for all service users over the age of 65.

## **Hospital Discharge**

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of Rapid Discharge Planning (RDP) early commencement of assessments regarding future care needs in communication with the person and family at an early stage, clear identification of destination post discharge are all key elements of achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a complex home care package or a care home placement. To assist in achieving this we have developed a frailty hub within the IRH bringing together Acute and Community Staff to facilitate successful and safe discharges working to a Home1st plan utilising a range of multidisciplinary interventions.

## **Community Learning Disability Team**

The recent crisis has placed even sharper focus on the most vulnerable people in our society, and social workers have joined together in an Adult Hub and had contact with every family known to the team to check in with them during lockdown. Keeping people safe has been the priority, which fits with the Keys to Life priority of reducing health inequalities for people affected by learning disability.

Self-directed support has continued to be a focus, and staff have ensured that families using personal assistants are still offered PPE and other support. A large amount of easy-read information has been distributed to people we support, allowing for risk enablement and continued independence for people with disabilities who live in the community.

While projects started last year, such as Independent Travel, have been paused in some cases, we have continued to use new technologies to work closely with community organisations like Parklea and Belville Gardens, and will ensure that where things have been working well during lock down we will learn from the experiences of the people we support.

The Community Learning Disability Team (CLDT) has continued to work within Inverclyde's Home First policy to avoid Delayed Discharge from hospital, including patients with learning disabilities and other complex needs. We carry out regular reviews, keep a commissioning register of people who need new services or placements, work closely with supported living providers and have multi-disciplinary planning to manage a risk register of people with challenging behaviour who could require hospital admission. Even through the COVID-19 situation we have continued to support people at home, avoiding both unnecessary admissions and delayed discharge from hospital.

In line with the Coming Home recommendations from Scottish Government, the team has continued to bring people we support back to Inverclyde, leaving us with very few people placed out of area. This continues to be a challenge at the Transitions stage for those small number of young people who have attended schools outside of Inverclyde, but is an area of work we are committed to continue with.

## Learning Disability Day Opportunities

The inspection of supported living services marked an improvement in grade to very good with the following quotes from the care inspector:

“We saw examples of transformative life experiences, significantly improved skills and confidence”, “it had been a successful year for the service in terms of improving staff guidance and morale. There was a fresh approach that resulted in people experiencing very good outcomes”

With a focus on health improvement and inclusion, last year saw a marked improvement on health outcomes for service users following an initiative by 2 staff members. A group of 3 young males competed in the Inverclyde Triathlon supported by Inverclyde Leisure, the first that they have competed in a community event that did not have a disability focus. There has been an increase in physical activity through voluntary conservation tasks with Clyde Muirshiel whilst also keeping the scenic walkways of Inverclyde litter free; partnership working with Morton Community to develop a health focussed activity programme with an element of fun which includes coaching on food groups, easy and healthy meal preparation and 1 hour of physical activity suitable for the attendees' abilities.

The Independent Travel Project, in partnership with VIA, focussed on training staff in techniques and approaches to support people to travel more independently.

After successful service user, carer and staff consultation the service was successful in completing a business case resulting in Inverclyde Council agreeing a £7.4 million investment for a Learning Disability Services Community Hub at a site agreed in Brachelston Street.

### Self-Directed Support

Self-Directed Support (SDS) continues to be developed with successful shift to outcomes focussed support plans written in the first person so ensuring outcome based practice. We have undertaken self-evaluation and quality assurance events to ensure we are heading in the right direction and learning how to widen the range of choice and control service users should have over the support they receive. It is part of wider implementation of SDS across the HSCP and the corresponding quality assurance framework. And a move to outcome focussed work across all service user groups.

### Access 1st

Access 1<sup>st</sup> service in Health & Community Care Services now has a single point of contact for referrals for adult health and community care services. It ensures a quick response to all referrals and welfare concerns including immediate assessment if required, offering of advice and guidance as well as directing to the correct assessment or service team.



Access 1<sup>st</sup> is the first service in the NHS Greater Glasgow and Clyde Health Board (NHSGGC) area to receive referrals through SCI Gateway. This is a direct pathway for GP referrals to adult health and social care services as well as e-referrals from Inverclyde Royal Hospital, ensuring assessment referrals are received and responded to more effectively and timeously for patients. All discharge referrals are now channelled through Access 1<sup>st</sup> and this has included 60% of these referrals being made electronically.

### **Community Connectors Project**

The purpose of the Community Connectors funded by Inverclyde Health and Social Care Partnership (HSCP) is to provide information their health and wellbeing, reduce their social exclusion and live as full an independent life as possible.

The connectors followed a community development approach by sourcing out what was available in the community building on the assets available in communities across Inverclyde. This is key to the overall success of the work to ensure that there are strong and sustainable organisations, networks and activities in place so that individuals can access the support and activities to meet their needs.

### **Inverclyde Royal Hospital Discharge Hub**

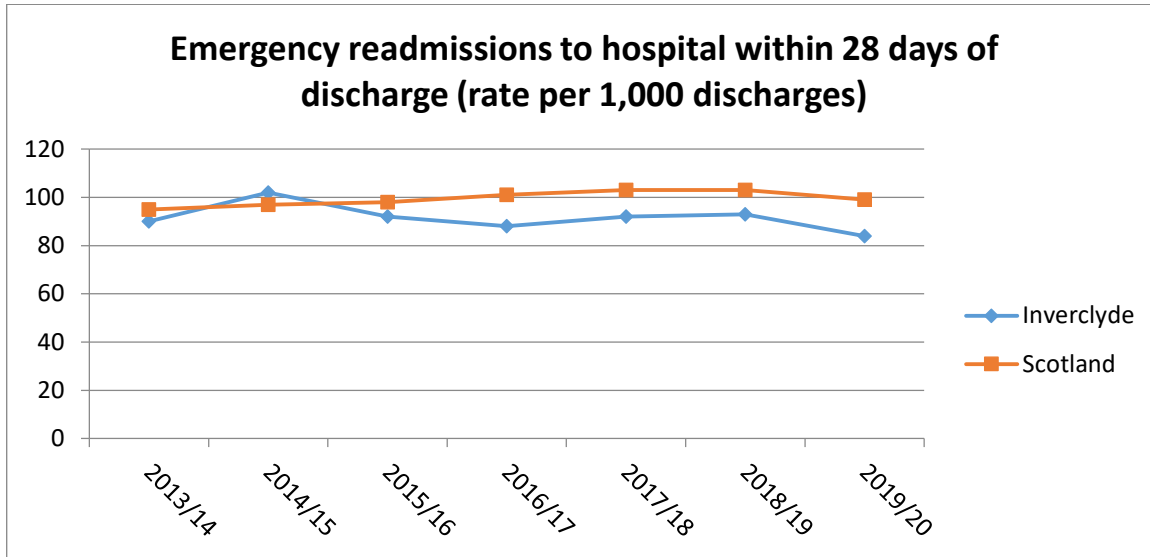
In partnership with Acute colleagues and part of the frailty work we have established a multi-agency hub based in the IRH. Discharge Team members , Frailty Nurse and other Inreach staff have a place to meet and work together in real time to sustain Inverclyde's performance around discharge.

### **Transport**

As part of the response to COVID-19 pandemic the HSCP utilised transport to facilitate discharge. Linking to discharge hub transport was available to ensure a safe discharge and allowed the supporting staff to ensure the individual was safely supported to settle into their homes. This applied to service users who did not require an ambulance transfer and family carers were not available. This service is one that we will look to expand over the winter period 2020-2021.

## Unscheduled Care Frequent Attenders

IHSCP piloted a project looking at identifying frequent attenders at ED and supporting them to avoid presentations which were not necessary. Tapping into self-management of care and looking at the individual issues which impact on people's anxieties that can lead to attendance. The COVID-19 pandemic interrupted this project but early review saw a marked drop in re-attendance. This project will be revitalised to cover the upcoming winter period.



## Complaints

Inverclyde HSCP has operated an Integrated Complaints Procedure which combined the requirements of the NHS and Social Work response targets and appeals into an agreed formal process based on the Scottish Public Service Ombudsman Model Complaints Handling Process. Learning from complaints is managed through our existing governance structures and feeds through to service improvements in individual services and in some cases supports cross system learning. The Clinical and care governance Strategy has been refreshed during this year and it is our intention that we will strengthen learning from complaints and indeed the cross system learning in particular.

<b>2019 / 20 - All Complaints</b>	<b>Met</b>	<b>Not Met</b>	<b>% within timescale</b>
<i>Acknowledged</i>	89	0	100%
<i>Completed</i>	74	15	83%

## 7. Resources

### 2019 / 20 Performance

The approved net budget for Social Work Services for 2019/20 was £50.529 million with a further £6.295m from the Social Care Fund (SCF). The budget was net of approved savings of £1.448m for the year. The following table breaks down the approved net budget over service areas.

Approved Budget	£m
Children & Families	£10.494
Community Care & Health	£37.828
Planning, Health Improvement & Commissioning	£5.079
Mental Health & Addictions	£3.423
Contribution from IJB	(£6.295)
<b>Net Expenditure</b>	<b>£50.529</b>

The Health & Social Care Partnership ended the financial year with a deficit on Social Care services of £0.249 million (0.45%) against a revised budget of £50.523m. In addition to this, the Health and Social Care Partnership carried forward £8.450 million to a number of earmarked funds.

The following table highlights the net expenditure outturn for the last four years across services.

HSCP	2016/2017	2017/2018	2018/2019	2019/2020
	£m	£m	£m	£m
Children & Families	£10.156	£10.017	£10.085	£10.986
Community Care & Health	£33.864	£34.808	£36.274	£39.247
Planning, HI & Commissioning	£3.714	£3.670	£3.998	£3.549
Mental Health & Addictions	£2.991	£3.064	£2.739	£3.285
Contribution to/(from) Reserves	£0	£1.289	(£0.305)	£0
Contribution from IJB	(£2.596)	(£5.862)	(£5.985)	(£6.295)
<b>Total Net Expenditure</b>	<b>£48.129</b>	<b>£46.986</b>	<b>£46.806</b>	<b>£50.772</b>

There were a number of significant issues and demand pressures for some social care services, some of which was managed by the use of earmarked reserves, however, this still resulted in an overspend at the end of the financial year. The Health and Social Care Partnership have available smoothing earmarked reserves for Children & Families Services and Older People Services in order to help alleviate the financial risk with demand led pressures.

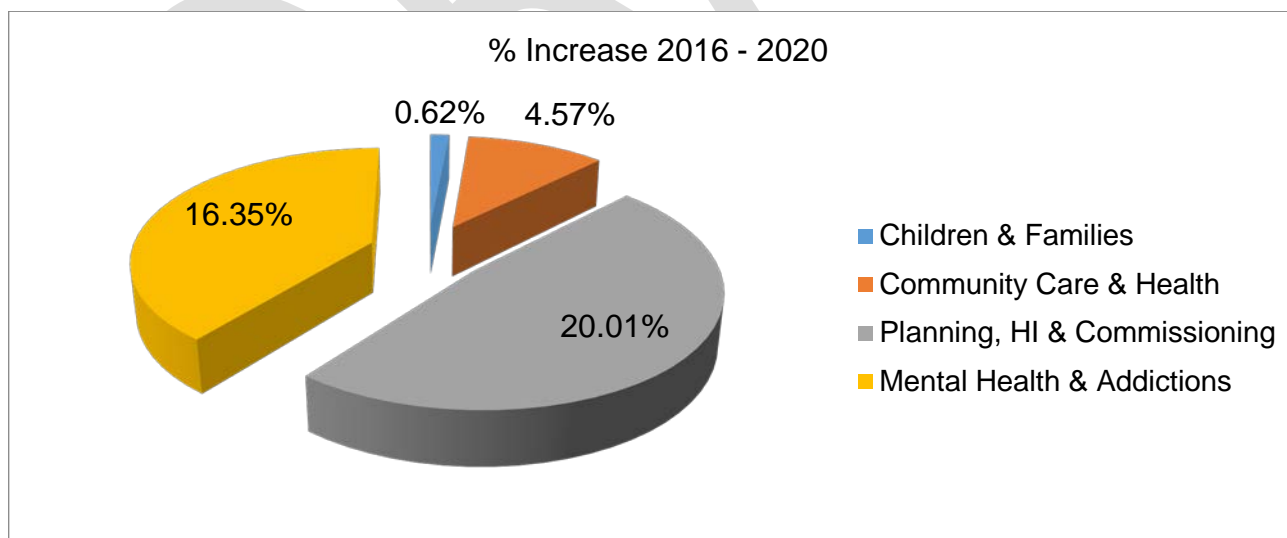
The Health and Social Care Partnership continues to provide services under challenging financial circumstances. In order to manage the pressures, the Partnership undertakes a robust budget monitoring process with clear focus on key/high risk budget areas. This has led to the Partnership to effectively foresee potential financial risks arising.

The main areas of pressure arose within Children and Families Services, Learning Disability Services and Older People Services due to costs within client care package costs. The cost pressures have been consistent with previous years and it is anticipated that this will continue during 2020/21.

During 2019/20, expenditure on Children and Families increased by 8.9%. The Service utilised a smoothing earmarked reserve to assist with the demand led pressure, this still resulted in an overspend in year. The NRS Population projections indicate a declining number of children within Inverclyde in future years, however, the Service faces the added complexity of looking after children longer in the Service due to the Continuing Care legislation.

Spend on Community Care and Health has increased by 8.2% from 2018/19. This service area covers Older Persons, Learning Disability Services and Physical & Sensory Services. It is anticipated that expenditure will continue to increase due to the increase in aging population.

Excluding the contribution from the Social Care Fund, spend on the Social Care element of the Health and Social Care Partnership has increased by 5.5% over the last 4 years compared to an increase in approved budget of 5.7% (see table below for increases across service areas).

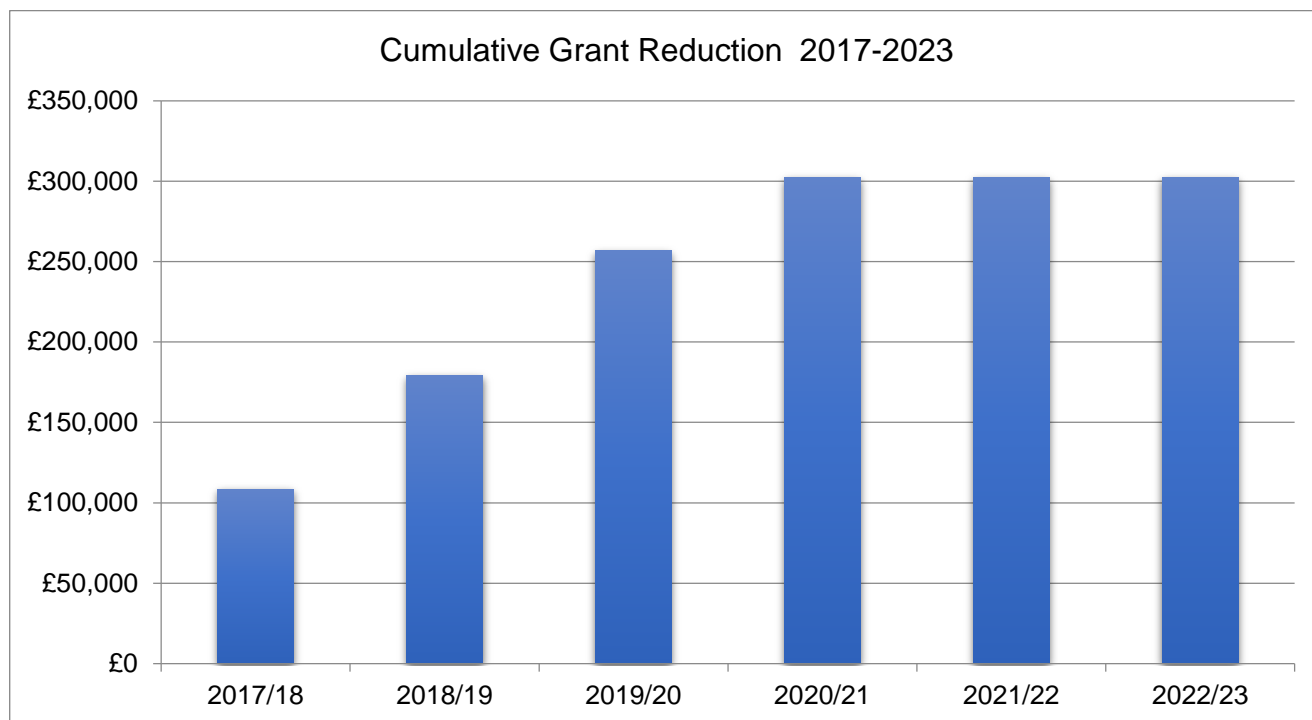


The Social Work Service has achieved significant savings as a result of public sector budget cuts and has achieved savings of £4.380 million since 2016/17 (as detailed in table below). The Service will deliver further approved savings of £0.968 million in 2020/21 which will prove challenging for the forthcoming year.

<b>Service</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b>Children &amp; Families</b>	£0.120	£0.000	£0.370	£0.000	<b>£0.490</b>
<b>Community Care &amp; Health</b>	£0.541	£0.316	£0.834	£1.123	<b>£2.814</b>
<b>Planning, HI &amp; Commissioning</b>	£0.298	£0.000	£0.069	£0.190	<b>£0.557</b>
<b>Mental Health &amp; Addictions</b>	£0.088	£0.014	£0.282	£0.135	<b>£0.519</b>
<b>Overall Savings</b>	<b>£1.047</b>	<b>£0.330</b>	<b>£1.555</b>	<b>£1.448</b>	<b>£4.380</b>

## Criminal Justice

The Scottish Government undertook a review of Criminal Justice (Section 27) funding with assistance from an expert group, which included representatives from Directors of Finance, Community Justice Authorities, Scottish Prison Service, Social Work Scotland, CJSW and COSLA. The new funding formula commenced on 1st April 2017. Based on the new formula, Inverclyde Criminal Justice Social Work budget was reduced by 5.5% for 2019/20 financial year resulting in an incremental reduction over a five year period amounting to 19.5%. It is now anticipated that there will be no further grant cut in years 2021/22 and 2022/23.



## Forthcoming Year

The Council approved a net budget of £52.289 million with a further £6.295 million contribution from the IJB Social Care Fund for 2020/21. This is net of savings for the year of £0.968 million. The Scottish Government released an additional £100 million in 2020/21 for additional investment in integration but this will be offset in full by a range of legislative pressures such as the Scottish Living Wage uplift for care workers, implementation of the Carers Act and further support for school counselling services. As a result of COVID 19 Pandemic, the Service is facing unknown and unprecedented financial pressures. It is anticipated that additional costs will be funded in full by the Scottish Government. This will continue to be monitored during the financial year.

## Mid Term Outlook

Social Work Services continue to face growing demographic demand pressures with anticipated budget cuts continuing to 2020/21. Both the Council and the Integrated Joint Board (IJB) produce annual Finance Strategies covering medium term financial planning in order to address the anticipated budget gap. The IJB Medium Term Financial Plan identifies a budget gap of approximately £8.9m (£1.809m Health and £7.089m Social Work) by 2024.

Looking beyond 2023/24 is exceedingly more difficult to forecast due to uncertainties around the level of public sector funding that will be available and decisions/agreements around Brexit.

The past year has shone a light on the absolute necessity of sufficient social work and social care services that are also of sufficient quality. Demand for these services is only likely to increase as is the need to continually improve and innovate to meet the complexity of need in our communities. The financial framework within which these services are delivered must keep pace to allow these development to take place.

The forthcoming year will see significant service review both in terms of "The Promise" (children's services) and the review of adult social care services. The impact of these is likely to be wide ranging and potential far reaching in terms of social work role, function and organisation. It is essential that Social Work Services are adequately resourced to have the capacity to respond to the emerging agendas and to be able to innovate as required.



## 8. Workforce Planning

### Inverclyde HSCP Workforce Plan

Inverclyde HSCP has recently published its Workforce Plan (2020 – 2024), a subset of the Strategic Plan, and is underpinned by the principle that everything that is done to deliver the overall vision of ‘Improving Lives’ and ambitious Big Actions, relies on the organisation’s workforce.

The Workforce Plan sets out how the HSCP will recruit, develop and retain the right people in the right place at the right time, to deliver positive outcomes for Inverclyde. The plan also outlines how the HSCP will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in Inverclyde.

The paid HSCP workforce includes people with a range of health and social care backgrounds, who are committed to working together in a single organisation, to improve the outcomes of people in local communities, who need health and social care support.

The COVID-19 pandemic has meant that all organisations have had to fundamentally change how they deliver. For the HSCP, this has meant significant change for staff and service users. The workforce has risen to the challenge and in a very short space of time, mobilised the model of business as usual to service hubs. This involved the majority of staff moving from office based to a blended approach including home working, agile and mobile working.

Moving forward, the lessons learned from the pandemic will influence how everyone lives and works and the ways the HSCP deliver its services and achieve its outcomes, where learning will influence the current and future workforce.

#### HSCP staff (Inverclyde Council employees only)

	<b>March 2016</b>	<b>March 2017</b>	<b>March 2018</b>	<b>March 2019</b>	<b>March 2020</b>
Number of employees	1055	1038	1044	1036	1054
FTE equivalent	848.76	834.69	840.1	831.92	838.86
Number of Sessional Workers	94	108	98	80	99
Number of Modern Apprentices	N/A	4	4	2	3
Workdays lost (per FTE)	10.15	11.96	14.57	9.53	12.96

Inverclyde Council HSCP staff details

The HSCP has its own SVQ Centre. During 2019-2020, it has delivered:

Staff Group	Number SVQs	Level
Care at Home	28	SCQF level 6
Care at Home	2	SCQF level 7
Home Care Seniors	10	SQA Professional Development Award in supervision
Voluntary and independent sector	8	SVQ level 2 and 3

SVQ Centre numbers

### Workforce challenges

Over the last year there have been significant staffing difficulties across a range of services. This has impacted on service delivery in a number of areas including children's services, mental health services and occupational therapy.

Within the HSCP's Care at Home service, there is an identified ageing workforce, a significant number of staff who will be at retirement age within the next 5 years. Moreover, in this area, recruitment has been a challenge for Care at Home for a number of years.

In terms of the organisation's MHO Service, capacity has recently been expanded by 2 further officers, which is to support statutory work requirements and support the service delivery and its sustainability, in the environment of increasing service demand. This continues to be a national issue.

Robust oversight by service managers, in the deployment of a priority system for statutory work, in all of the above has been developed, which is also to ensure there is adequate management of risk.

It is evident from research that the recruitment and retention of staff in health and social care sectors has become a challenge. An explicit action in the Workforce Plan and the incremental developments for the HSCP, is establishing a Learning & Development Group.

To support some of the above challenges, there is a work required to identify what should change in terms of current service models, and what actions can be taken, so as to continue to attract people into the health and social care sectors, and in particular to Inverclyde. The HSCP is committing to -

- equip staff with the skills they need to deliver better outcomes for them and service users.
- enable and up skill all of those who need support, focusing on their abilities and what they can do, rather than limitations
- consider ways in which careers in Health & Social Care in Inverclyde are more attractive.
- consider options to make the best use of resources to deliver services, in the most effective and efficient way.

## Staff Engagement

Due to the COVID-19 pandemic, this year's iMatter was not progressed. However, as part of the HSCP's response to sustaining and improving staff health and wellbeing, a series of staff engagements were carried out.

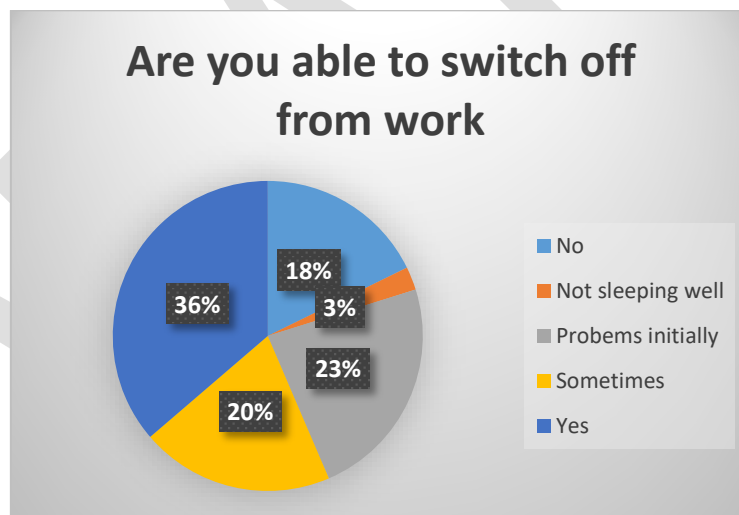
All of the following has been developed through the HSCP's Staff Wellbeing Task Group established recently to oversee and develop a Wellbeing and Resilience Action Plan.

### Wellbeing Telephone Calls for Care at Home Staff

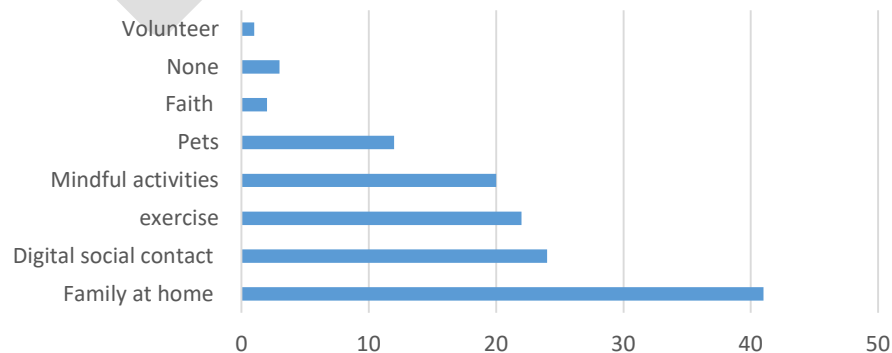
In the early stages of lockdown, it was identified the size and number of Care at Home staff working for the HSCP was seen as the largest in terms of lone working capacity in the local area. While this is well supported in terms the staff's day to day leadership and management and the work carried is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

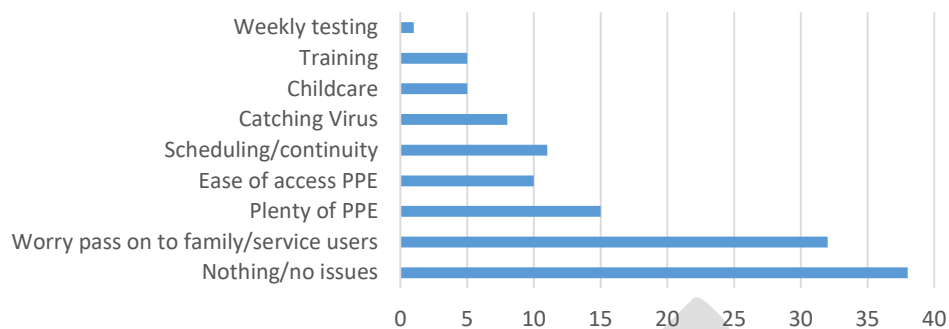
- 191 wellbeing telephone calls were carried out
- 12% (n=15) were follow up calls for staff who felt they would benefit from an additional wellbeing call



### Coping Strategies



## Worries and Anxieties Themes



All of the above data suggests-

- There are no major concerns
- Reports of staff coping well and good resilience in place, due to very good business continuity planning, leadership and management, open conversations and team spirit

## 9. COVID-19 Pandemic Response

Earlier in the year, the UK began its response to the COVID-19 pandemic with Scottish Government's directing Health Boards and Health & Social Care Partnerships to respond to initially contain and then manage a continuous community spread of the virus.

After review of staff resources within the HSCP and wider NHS and Commissioned Services with cognisance to national self-isolation guidance, the HSCP activated the following organisational actions that are in addition to those highlighted in the service response sections:

- Establishment of a Local Resilience Management Team with key services from within the HSCP, Inverclyde Council and key partners from commissioned services.
- Development of a Care at Home and Residential Home group to coordinate partnership working with Residential Services supporting our most COVID-19 vulnerable members of our community.
- The creation of service hub model to maximise available HSCP staff capacity to ensure that all critical mandatory and support functions are maintained.
- The purchase of 50 commissioned Care Home Beds to alleviate pressure on the NHS inpatient system by facilitating discharge from hospital
- Fast track training program for available staff from across the HSCP to appropriately support staff to work in critical key areas e.g. Homecare, Supported Living Services and supporting critical service structures.
- The development of a COVID-19 Assessment hub at Greenock Health Centre.
- The development of a Health & Social Care Staff Testing facility at Port Glasgow Health Centre.
- The development of a Personal Protective Equipment (PPE) at the Fitzgerald Centre
- The deployment of a Mobile Testing Centre staffed by the Army
- The recruitment of 47 volunteers to support the Care at Home Service
- Emergency recruitment of staff, again to support the Care at Home and Residential Care Services

Inverclyde HSCP, along with all communities within Scotland, faced an unprecedented challenge in managing the continuous community transmission of the virus COVID-19. It was clear from early on in the pandemic that COVID-19 was a new condition that did not follow the planned Pandemic Flu planning and appeared to impact on the elderly, people with existing health conditions and people with South Asian ethnicity.

Inverclyde HSCP's Local Resilience Management Team, chaired by the Chief Officer and attended by Heads of Service and Chief Social Work Officer, ensured that key support services and commissioned partners developed critical support to our community, based on the guidance produced by the Scottish Government via Health Protection Scotland and Greater Glasgow & Clyde Health Board to ensure staff and service users received safe and effective support in an ever changing environment of clinical information as more became known about COVID-19.

One key area of governance was in the work undertaken with Commissioned Services providing Residential Care for Older People and Adults. This community nationally was impacted by COVID-19 and Inverclyde sadly recorded 39 deaths over the period between March – July 2020. This is a source of deep sadness for all of the Inverclyde Community. We do know that the combined efforts of our community, staff across all sectors and the governance work undertaken by the HSCP and our commissioned partners worked diligently and will continue to do so to protect and care for our citizens affected by this dreadful disease.

Scottish Government issued new guidance around support and governance of care homes in May 2020. The letter emphasised the need to monitor and support care homes around 3 key areas;

- Ensure support around workforce to maintain safe staffing levels
- Infection control
- Supply of Personal Protective Equipment. (PPE)

NHS Boards and Councils have direct oversight of care home standards of care with scheduled meetings to be led by the Nursing Director, Chief Social Work Officer and Chief Officer. IHSCP have in place:

- Daily Care Home Safety Huddle
- Representative from Care Homes on the LRMT
- Weekly meeting with Care Home Managers
- Series of governance meetings in place with Care Home Companies
- Weekly Multi-Disciplinary Public Health Meeting

Inverclyde HSCP has completed all assurance visits and has in place action plans for any Care Home not ascribed as Green in terms of risk. There is full involvement in the Care Home Assurance & Governance Group (Chaired by Chief Officer for IHSCP)

Inverclyde HSCP has also developed a Care Home resource pack for all care homes across NHSGGC and a programme of webinars to share good practice.

IHSCP has agreed to a funding package to help sustain Care Homes through the current pandemic.

## **Personal Protective Equipment**

One key area in ensuring protection for Health & Social Care Staff and service users, especially service users who were shielding as a result on pre-existing health condition, was Inverclyde HSCP's ability to source and maintain a robust supply of PPE.

Inverclyde HSCP has been in the fortunate position in maintaining a robust supply of fluid resistant masks, disposable gloves, disposable aprons and eye protection as advised by Public Health Scotland for managing COVID-19 within community health & social care settings.

The HSCP, in line with National guidance, has established a PPE Supply Hub for social care providers, commissioned services, care homes, carers and personal assistants where they can locally obtain a supply of PPE when their normal supply chain has been unable to deliver PPE to them. This allows services to maintain their support to service users whilst protecting care staff and services users as per Public Health Scotland infection control advice.

The HSCP sources PPE through two main supply chains; NHS Greater Glasgow & Clyde NHS supplies for health care as well as National Services Scotland for social care provision.

Through an online national stock control system the HSCP receives a weekly top up delivery of PPE based on the previous week's usage.

Where there has been pressure on deliveries on individual items of PPE, the HSCP has been proactive in sourcing this directly from the supplier/stores.

Another area of partnership working in our COVID-19 response has been our approach to the wider testing of key staff and community for COVID-19.

## **Mobile Testing Units**

On 19<sup>th</sup> May 2020, Scottish Government COVID-19 Testing capacity was expanded to anyone in Scotland aged 5 or over who is self-isolating because they are showing symptoms. Priority for testing appointments will be maintained for key workers and their household members to support them returning to work where it is safe to do so.

A COVID-19 Mobile Testing Unit (MTU) managed by the Army, was located initially at the Waterfront Leisure Car Park Greenock, moving to St Andrews, Larkfield and later to Port Glasgow.

## Residential Care Home Testing

Working in partnership with residential care homes, the HSCP has supported the weekly testing of residential care home staff, initially through HSCP resources until the Social Care Portal was established, to allow residential care homes to manage staff testing through this process. The HSCP also supports residential partners by the surveillance testing of service users on a rolling program to ensure we have an indication of potential infection rates within our community.

Partnership working has proven invaluable in supporting our commissioned residential providers during the COVID-19 pandemic when there has been national coverage of how residential care home communities have been impacted by COVID-19.

Areas of good practice developed during COVID-19 response have been:

- Service User Meal provision to service users who are shielding unable to source cooked meals.
- Service user transport to aid discharge from hospital where an ambulance is not required.
- The development of a COVID-19 Assessment Centre utilising the skills of Health & Social Care Staff bring on line a fully functional Assessment Centre at Greenock Health Centre integrating NHS24 referrals and patient transport
- The young people in our Proud2care group partnering with older residents in our care homes
- The partnership between education services and children and families social work supporting our most vulnerable children.
- Cross HSCP planning for the early release of prisoners.
- Cross HSCP planning for adults vulnerable because of mental health issues , drugs and alcohol and homelessness

## Communities

The communities in Inverclyde have demonstrated significant compassion, kindness and a willingness to help during the Covid-19 pandemic. As the local Third Sector Interface (TSI) organisation, CVS Inverclyde has undertaken a key role in coordinating the community and third sector response to COVID-19 in partnership with a variety of organisations including Inverclyde's Third Sector, Inverclyde HSCP, Inverclyde Council, Housing Associations, Scottish Government and the local community at grassroots and individual level.



Working in partnership with Inverclyde Council and HSCP and delivered by the Partnership Facilitator, Community Link Workers and local volunteers, the shielding service supported people across Inverclyde who were identified by Government and the NHS as requiring “shielding”. With people confined to their homes for many weeks, our service, through partnership with the diverse third sector in Inverclyde supported the most vulnerable to fulfil tasks and activities they were unable to do themselves. Additionally, this team was also available to support individuals who required “humanitarian aid” assistance. These 2 services included but were not limited to:

- self-isolation boxes provided by Belville Community Garden, access to hot meals from Branchton Community Centre and/or access to a lifeline grocery service delivered through The Trust, Belville Community Garden Trust and the covid-19 volunteers.
- ensuring that people had heating & cooking facilities (with iHeat) and/or power card and telephone card top-up
- self-care items including nightwear, through Compassionate Inverclyde
- collecting medication - CVS Inverclyde volunteers in partnership with Compassionate Inverclyde and volunteers from Inverclyde Council Education Services
- telephone isolation and befriending calls provided by Your Voice and The Trust
- Cleaning supplies from Starter Packs for people who were shielding
- general wellbeing checks
- signposting to relevant services within the community

At a strategic level, CVS Inverclyde has worked closely with national partners to coordinate the local coordination of volunteers. The Ready Scotland campaign was launched by the Scottish Government on the 30th March 2020. This was to encourage people to volunteer and give their time over the COVID-19 period. Volunteer Scotland worked in partnership with SCVO and TSI organisations to cascade this information down to each locality. The campaign had an excellent response and had to be paused to provide organisations an opportunity to process applications from those interested in becoming volunteers. Furthermore, the local volunteer management website, Volunteer Inverclyde, has had more than 600 people register to become a volunteer. Some of these volunteers went on to participate in the:

- Shielding and Humanitarian Aid service
- Prescription Collection Service
- Flu Clinic greeters
- Opportunities with other local 3<sup>rd</sup> sector organisations

Staff from the Public Protection service within Inverclyde Council, in close partnership with HSCP and CVS Inverclyde undertook the task of co-ordinating and providing assistance to those Inverclyde residents identified as being within the shielding category throughout the lockdown period. Contact was made to all those identified both through telephone call and visits to their addresses. In addition to this, wider humanitarian aid was provided to those identifying a need within the community.

The service worked closely with partners to provide emergency food supplies, prescriptions, access to support whether financial or emotional, as well as assisting with access to emergency household repairs.

There were in excess of 4500 calls handled, support provided as requested and strong partnership working within the partners; this continues today.

## 10. Conclusion

The content of this report outlines some of the work streams and initiatives that have been delivered by social work and social care services over the last year. The scope and depth of service delivery is significant and this report can only provide a flavour of the overall delivery landscape. However the report highlights that social work is an activity that supports the most vulnerable in our community often at times of crisis in people lives and is delivered 24 hours a day, 365 days a year. Social work services in Inverclyde remain focussed and committed to ensuring that delivery is of the highest possible standard delivered by the hard work commitment and sheer resilience of our staff.

Self-evaluation, audit, review and external scrutiny of service delivery provided strong evidence of services across the board performing to a consistently high standard and making a real difference to the lives of the people of Inverclyde.

A significant part of this last year has been marked by the impact of the global pandemic. Inverclyde was particularly affected by the progression of the virus in our community and many of our residents and our staff were touched by the loss of loved ones. Many others have been and continue to be deeply affected both directly and indirectly. Separation and loss, loss of employment, income, disruption to education and family life have all had varying degrees of impact on the health and wellbeing of our community.

Nonetheless this last year, throughout the year has seen a determined effort to provide the best possible responses to the needs of our services users and at the same time support the wellbeing needs and resilience of our staff. At the time of writing this report our attention is focused on recovery even as we make plans for what will be a challenging winter. Our recovery plans and actions will be based on reflecting on what we have learned over the past year, what has worked well and what we can improve upon. Our approach however will remain consistent and that is based on a clear ambition to deliver the best possible outcomes for the citizens of Inverclyde.

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 2 NOVEMBER 2020

---

### Inverclyde Integration Joint Board Audit Committee

**Monday 2 November 2020 at 1pm**

**Present:** Councillors L Rebecchi and E Robertson, Mr A Cowan, Ms P Speirs, Ms G Eardley and Mr S McLachlan.

**Chair:** Mr Cowan presided.

**In attendance:** Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms L Aird, IJB Chief Financial Officer and Interim Head of Strategy & Support Services, Ms S McAlees, Head of Children's Services and Criminal Justice, Ms A Priestman, Chief Internal Auditor, 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.

- |           |  |           |
|-----------|--|-----------|
| <b>18</b> | <b>Apologies, Substitutions and Declarations of Interest</b>   | <b>18</b> |
|           | No apologies for absence or declarations of interest were intimated.   |           |
| <b>19</b> | <b>Minute of Meeting of Inverclyde Integration Joint Board (IJB) Audit Committee of 21 September 2020</b>  | <b>19</b> |
|           | There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 12 September 2020.<br><b>Decided:</b> that the minute be agreed.   |           |
| <b>20</b> | <b>IJB Audit Committee Rolling Action List</b>   | <b>20</b> |
|           | There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.<br><b>Decided:</b> that the Rolling Action List be noted.   |           |
| <b>21</b> | <b>IJB Audit Committee Workplan 2020/21</b>  | <b>21</b> |
|           | There was submitted a draft workplan for the IJB Audit Committee for 2020/21.<br><b>Decided:</b> that the draft IJB Audit Committee workplan 2020/21 be agreed.  |           |
| <b>22</b> | <b>Annual Report by the IJB and Controller of Audit for the Financial Year ended 31 March 2020</b>   | <b>22</b> |
|           | There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' Letter to the Integration Joint Board (IJB) Members for the financial year ended 31 March 2020 which had been prepared by the IJB's external auditors, Audit Scotland.<br>Mr Brian Howarth and Mr Mark Laird presented the report which had the following key findings:<br>(1) The Audit opinions on the Annual Report and Accounts were all unqualified;<br>(2) The 2019/20 budget was balanced with the IJB reporting an underspend of £1.2m due to achievement of savings and some non-recurrent underspends; |           |

**INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 2 NOVEMBER 2020**

---

(3) 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 Greater Glasgow and Clyde but to date, the NHS GG&C offer had not been formalised and the indicative budget therefore remained active;

(4) As at August 2020, net additional costs of £6.7m were projected in 2020/21 due to COVID-19 but further funding was expected to cover this. The medium-term financial plan agreed in March 2020 would require revision to account for the impact of COVID-19;

(5) Overall, governance and transparency arrangements were effective although the arrangements for demonstrating Best Value required to be formalised;

(6) The COVID-19 pandemic had a significant impact on service demand and delivery models, the review of the Integration Scheme, implementation of Locality Planning Groups and performance reporting.

Five recommendations had been made following the audit and these were:

(1) The financial plan should be updated to account for the scale of the financial challenge posed by COVID-19;

(2) Savings, plans and proposals should continue to be developed to meet anticipated savings targets;

(3) The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable;

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

(5) A periodic and evidenced formal review should be undertaken of how the IJB is achieving Best Value.

The following issues were highlighted during the course of discussions:

(1) The IJB continued to operate with a surplus, with a significant level of reserves making it in a stronger financial position than a number of other Integration Joint Boards in Scotland. It was noted that sixteen of the IJBs were operating with deficits and that five had a surplus or were in a break-even position. Inverclyde was one of only nine which required no year-end support;

(2) Staff underspends were not being used to achieve a balanced budget and action was being taken to fill vacant posts;

(3) The medium-term financial plan was reviewed every year as part of the budget and involved forward projections and scenario planning. Although the offer from the Scottish Government was not known, Inverclyde IJB was taking action to ensure a balanced budget and forward planning allowed corrections and adjustments to be made as required. The annual update on the five year financial plan would be submitted in March 2021;

(4) As to the impact of key performance indicators, reference was made by the Chief Officer to the review of the implementation progress relative to the HSCP Strategic Plan at the last meeting of the IJB. The IJB was committed to addressing inequalities and achieving lasting impact and while there were a number of Transformation Fund activities in abeyance because of the unprecedented circumstances, many of the big change programmes such as the Learning Disability Redesign and Alcohol and Drugs Review were progressing with modifications. Reference was also made to the recent Community Justice and Children's Houses inspections which had been evaluated as amongst the best in Scotland;

(5) In relation to the status of locality planning, it was noted that Inverclyde was now at the implementation stage which was a later stage in the process than a number of other local authorities. Locality Plans were in place for the six localities in Inverclyde and virtual meetings would commence as soon as a number of digital issues had been resolved;

(6) With regard to the five recommendations made by the External Auditors, the Chief

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 2 NOVEMBER 2020

---

Internal Auditor confirmed that she would submit a progress report relative to the External Audit Action Plan to the January IJB Audit Committee and to each IJB Audit Committee thereafter.

**Decided:**

- (1) that the contents of the Annual Report to the IJB and Controller of Audit for the financial year to 31 March 2020 be endorsed;
- (2) that it be recommended to the IJB that the Chair, HSCP Chief Officer and Chief Financial Officer be authorised to accept and sign the final 2019/20 Accounts on behalf of the IJB;
- (3) that the Letter of Representation set out in Appendix 2 of the Annual Report be endorsed and it be recommended to the IJB that this be signed by the IJB Chief Financial Officer; and
- (4) that the Chief Internal Auditor submit a report to the January 2021 meeting of the IJB Audit Committee on progress relative to the External Audit Action Plan and that progress reports be submitted to each meeting of the IJB Audit Committee thereafter.

### 23 IJB Best Value Statement 2019/20

23

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a statement in relation to how the IJB has delivered Best Value during the previous financial year.

**Decided:**

- (1) that the report be noted; and
- (2) that the ten questions detailed in the Best Value Statement be issued to all IJB Audit Committee Members and the wider IJB for comment prior to submission of the Best Value Annual Report in March 2021.

### 24 Audit Scotland COVID-19 Guide for Audit Committees

24

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a position statement and action plan in relation to the Audit Scotland COVID-19 Guide for Audit Committees published in August 2020.

The report advised that of the 46 areas recommended by Audit Scotland for review by Audit Committees, 23 audits were complete or required no action by the IJB, 20 were considered low risk with work already in progress and 2 (Performance of IT Services during the pandemic and the impact of COVID-19 on existing financial risks and the effect on short, medium and long-term financial plans) were considered low – medium risk with mitigation actions already in place.

**Decided:** that the report and the work which had taken place around the Audit Scotland guidance be noted.

At the conclusion of the meeting, the Chair thanked both Mr Howarth and Mr Laird of Audit Scotland for their attendance.