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| Report To: | Inverclyde Integration Joint Board Audit Committee | Date: 29 March 2021 |
| Report By: | Louise Long, Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership | Report No: IJBA/07/2021/LA |
| Contact Officer: | Lesley Aird | Contact No: 01475 715381 |
| Subject: | IJB BEST VALUE STATEMENT 2020/21 | |

1.0 PURPOSE

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

2.0 SUMMARY

- 2.1 Appendix A contains the Draft Best Value Statement for 2020/21. This is reviewed and updated annually as part of the annual accounts process.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the IJB Audit Committee approves the Best Value Statement enclosed at Appendix A.

Louise Long
Chief Officer

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs are required to have effective arrangements in place for scrutinising performance, monitoring progress towards achieving strategic objectives and holding partners to account.
- 4.2 Part of evidencing the work that the IJB does in relation to this is through officers reviewing and updating the Best Value Statement enclosed at Appendix A each year as part of the annual accounts process.
- 4.3 The statement considers Inverclyde's position in relation to 10 key Audit Scotland Best Value prompts. Based on this statement and placing appropriate reliance on the Best Value arrangements in place through the Council and Health Board, no additional action is required by the IJB at this time over and above the actions already taking place as detailed in the statement. These 10 questions and draft responses were sent to all IJB members during the year for comment and those comments were used to update the enclosed draft statement.
- 4.4 In compiling the response a survey monkey questionnaire was sent to all IJB members in January 2021. The survey detailed the 10 Best Value prompt questions recommended by Audit Scotland and showed the proposed responses to each of those. 7 responses were received to the questionnaire. In the main respondents agreed with the proposed narrative. Where changes were proposed these have been shown as tracked changes on the attached appendix. The table in Appendix B details the responses received and action taken.
- 4.5 Within the responses were 3 comments which were not specific wording changes. Where possible the response has been amended to reflect these. The comments received were:
- Q2. *"For clarity, more information should be included about the controls and procedures of partner organisations."* – Response wording was amended to reflect this.
- Q3. *"This statement does not reflect the wider collaborative approach to Health and Social Care in Inverclyde. To demonstrate Best Value, the contribution of all relevant partners should be included."* – Response wording amended to reflect this.
- Q8. *"I do not believe it is possible to continue to save money without compromising the quality, diversity and availability of care."* - Response wording amended to reflect this.

5.0 DIRECTIONS

| | | | |
|-----|--|---------------------------------------|---|
| 5.1 | Direction Required to Council, Health Board or Both | Direction to: | |
| | | 1. No Direction Required | X |
| | | 2. Inverclyde Council | |
| | | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | | 4. Inverclyde Council and NHS GG&C | |

6.0 IMPLICATIONS

6.1 FINANCE

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

- 6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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YES (see attached appendix)

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

- 6.5 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

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

6.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

6.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

IJB Best Value – Draft Statement 2020/21

| | Audit Scotland Prompt | Response |
|---|---|--|
| 1 | Who do you consider to be accountable for securing Best Value in the IJB? | <p>The duty of Best Value applies to all public bodies in Scotland. It is a statutory duty on local authorities (Inverclyde Council) and a formal duty on Accountable Officers, such as the Chief Executive of NHS GG&C.</p> <p>The IJB is responsible for directing its partners (the Council and Health Board) to commission all IJB services in line with the principles of Best Value. Ultimately the Chief Officer is accountable to the IJB. However, this does not remove the accountability within partner organisations for their own responsibilities under Best Value legislation. Commissioning from third sector providers should be evaluated with Best Value principles during procurement.</p> |
| 2 | How do you receive assurance that the services supporting the delivery of the strategic plan are securing Best Value? | <p>IJB directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan and that all services must be procured and delivered in line with Best Value principles.</p> <p>There are current arrangements for monitoring the delivery of the Strategic Plan this within various IJB/HSCP forums, including:</p> <ul style="list-style-type: none"> • Integration Joint Board Meetings • Transformation Board • Audit Committee • Inverclyde Health & Social Care Committee • Clinical & Care Governance Committee • Strategic Planning Group • Senior Management Team (HSCP) • Corporate Management Teams of the Health Board and Council <p>Performance is scrutinised regarding the targets met or any issues that arise from this. Systems of control within the IJB are subject to Internal Audit review and scrutiny by the IJB Audit Committee. The Committee also receives a regular summary of all internal audit reports relating to the IJBs partner organisations which provides further assurance in relation to Best Value. The IJB also places reliance on</p> |

| | Audit Scotland Prompt | Response |
|---|--|---|
| | | <p>the controls and procedures of our partner organisations in terms of Best Value delivery which are also subject to regular audit and review directly through those partner organisations.</p> <p>IJB directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan and that all services must be procured and delivered in line with Best Value principles.</p> |
| 3 | Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members? | <p>Yes - the IJB has good joint working arrangements in place and has benefited from ongoing support from members and officers within our partner organisations over the last year in order to deliver the IJBs longer term vision. Within Inverclyde there is a wider collaborative approach to Health and Social Care with a commitment to Best Value from all relevant partners which is evidenced through their own Best Value processes and audit arrangements.</p> <p>This support is evident through additional funding which is often agreed in year by one or both partners to address demographic pressures within Health & Social Care.</p> <p>The IJB also works closely with Community Planning Partners through the Strategic Alliance.</p> |
| 4 | How is value for money demonstrated in the decisions made by the IJB? | <p>All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, HR, equality and diversity and linkage to the IJBs strategic objectives.</p> <p>The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions. In addition IJB directions to the Health Board and Council require them to deliver our services in line with Best Value principles.</p> |
| 5 | Do you consider there to be a culture of continuous improvement? | Yes – IJB, SPG and SMT development sessions over the past 12 months have sought to enhance the operational effectiveness of the IJB, SPG and SMT and of the services the HSCP delivers. |

| | Audit Scotland Prompt | Response |
|---|---|--|
| | | <p>Many of these development sessions have been focussed around service redesign and improvement plans within services to ensure the IJB and SPG members are fully informed and engaged in our continuous improvement process. Both the IJB and SPG have staff-side representation, so staff and trade unions are also fully involved in shaping continuous improvement.</p> <p>We have also redesigned our Transformation Board arrangements to make clearer and closer links between the work of that Board and the Strategic Plan and Strategic Planning Group. Feedback from officers has been very positive on the new Board format.</p> |
| 6 | <p>Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working?</p> | <p>Several reviews have taken place with many still ongoing. This work is overseen operationally by Review Boards for each Service Review and the Transformation Board oversees all of the reviews and redesigns with feedback on the planned and delivered service improvements and efficiencies of each.</p> <p>Some of the major reviews include: Learning Disabilities Review, Addictions Review and AHP Review. There has also been a major review of Health Improvement Services, shifting the focus from single topic project work to more of a Public Health approach. This has been done in a bid to embed a strategic approach to tackling inequalities across the whole Community Planning Partnership (the Inverclyde Alliance). All of these redesigns have been very recent, and the impacts have not yet been evaluated.</p> <p>Further information can be provided on request.</p> |
| 7 | <p>Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?</p> | <p>Yes – Prioritised improvement actions in Inverclyde are managed through the Service Review Boards, Heads of Service, Transformation Board and the SMT with the Health Board and Council CMTs involved as required. All reviews are aligned to the overall Strategic Planning process which is monitored and controlled through the SPG. Annual implementation plan for each of the 6 Big Actions are in place and progress reports against these implementation plans go to the SPG and IJB to provide guidance on overall performance in delivering the Strategic Plan.</p> |

| | Audit Scotland Prompt | Response |
|----|---|---|
| 8 | What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures? | <p>Staff and clinical representation is in place on all Review Boards, the SPG and IJB. All redesigns are discussed at the Clinical and Care Governance Group, and potential implications are required to be assessed and included in IJB reports. In addition, Equality Impact Assessments are required for savings proposals. The IJBs Clinical Care Strategy puts a firm focus on the quality and safety of care across all services.</p> <p>The integrated ways of working in Inverclyde ensure that residents experience a quality standard of care. As an example, one of the key emerging priorities for the HSCP is supporting the 3rd sector's readiness to bid for contracts. Working in partnership with the local TSI, this commitment to supporting partners in the 3rd sector will improve both the quality of the tender bids and the capacity of the 3rd sector.</p> <p>Given the level of savings, demographic demands is becoming more difficult to deliver savings, there is a concern that this will impact on quality in the future.</p> |
| 9 | Is performance information reported to the board of sufficient detail to enable value for money to be assessed? | The IJB has oversight of IJB performance both operationally and financially through regular financial and performance monitoring reports. |
| 10 | How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable? | Regular budget and performance monitoring reports to the IJB give oversight of this. All IJB reports contain a section outlining the financial implications of each paper. The IJBs internal control reporting mechanisms linked to the Risk Register require reporting to the Audit Committee on any High/Significant operational risks in addition to the IJB strategic risks. This additional process helps ensure the IJB has sight of any potential concerns, enabling them to manage and mitigate any resource risks. |

APPENDIX B

Summary of Questionnaire Responses

| Question/Prompt | Survey Responses | | | |
|---|------------------|----------|----------------------------|------------------------------|
| | Agree response | Disagree | Not sure/No strong opinion | Proposed change |
| 1. Who do you consider to be accountable for securing Best Value in the IJB? | 7/7 | - | - | - |
| 2. How do you receive assurance that the services supporting the delivery of the strategic plan are securing Best Value? | 6/7 | - | - | 1/7 Response wording amended |
| 3. Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members? | 7/7 | - | - | Response wording amended |
| 4. How is value for money demonstrated in the decisions made by the IJB? | 7/7 | - | - | - |
| 5. Do you consider there to be a culture of continuous improvement? | 6/7 | - | 1/7 | - |
| 6. Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working? | 6/7 | - | 1/7 | |
| 7. Have identified improvement actions been prioritised in terms of those likely to have the greatest impact? | 5/7 | - | 1/7 | 1/7 Response wording amended |
| 8. What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures? | 4/7 | 1/7 | - | 2/7 Response wording amended |
| 9. Is performance information reported to the board of sufficient detail to enable value for money to be assessed? | 6/7 | - | 1/7 | - |
| 10. How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable? | 6/7 | - | - | 1/7 Response wording amended |