

A meeting of the Inverclyde Integration Joint Board will be held on Monday 24 January 2022 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.

Information relating to the recording of meetings can be found at the end of this notice.

Anne Sinclair
Interim Head of Legal Services

BUSINESS		
1.	Apologies, Substitutions and Declarations of Interest	Page
ITEMS FOR ACTION:		
2(a).	Minute of Meeting of Inverclyde Integration Joint Board of 1 November 2021	p
(b).	Minute of Meeting of Inverclyde Integration Joint Board of 29 November 2021	p
3.	Financial Monitoring Report 2021/22 – Period to 31 October 2021, Period 7 Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4.	Model Code of Conduct Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
ITEMS FOR NOTING:		
5.	Chief Social Work Officer Annual Report 2020/21 Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6.	Update on Support to Care Homes During the COVID-19 Pandemic Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	Chief Officer's Report Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	

8(a).	Minute of Meeting of IJJB Audit Committee of 20 September 2021	
(b).	Minute of Meeting of IJJB Audit Committee of 29 November 2021 Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.

ITEMS FOR ACTION:

9.	Reporting by Exception – Governance of HSCP Para 6 & 9 Commissioned External Organisations Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the developments, proposals and finance to support a new management structure for the Senior Management Team.	p
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10.	Appendix to Minute of Meeting of Inverclyde Integration Para 1 & 6 Joint Board of 20 September 2021 Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the finance and management structure in relation to a proposal to provide intensive, wraparound support to those with complex housing needs.	p
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ITEM FOR NOTING:

11.	Tender for New Social Care Case Management Solution Para 6 & 9 Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	p
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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>

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Enquiries to – **Diane Sweeney** - Tel 01475 712147

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

Inverclyde Integration Joint Board
Monday 1 November 2021 at 2pm

PRESENT:**Voting Members:**

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Jim Clocherty (Vice Chair)	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Flavia Tudoreanu	On behalf of Simon Carr, Greater Glasgow and Clyde NHS Board
Dorothy McErlean	Greater Glasgow and Clyde NHS Board
Paula Speirs	Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Allen Stevenson	Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Dr Chris Jones	Registered Medical Practitioner

Non-Voting Stakeholder Representative Members:

Diana McCrone	Staff Representative, NHS Board
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Margaret Moyes	On behalf of Hamish MacLeod – Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Christina Boyd	Carer's Representative

Also present:

Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Anne Malarkey	Interim Head of Homelessness, Mental Health & Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Lynn Smith	Service Manager, Children & Families, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
George Barbour	Corporate Communications Manager, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice Inverclyde Community Care Forum

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

Chair: Alan Cowan presided

The meeting took place via video-conference.

73 Apologies, Substitutions and Declarations of Interest

73

Apologies for absence were intimated on behalf of:

Simon Carr	Greater Glasgow and Clyde NHS Board (with Flavia Tudoreanu acting as proxy)
Sharon McAlees	Chief Social Worker, Inverclyde Health & Social Care Partnership
Gemma Eardley	Staff Representative, Health & Social Care Partnership
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group (with Margaret Moyes acting as proxy)
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Home

Ms Boyd declared an interest in Agenda Item 12 (Reporting by Exception – Governance of HSCP Commissioned External Organisations).

Prior to the commencement of business the Chair welcomed Ms Tudoreanu, Ms Moyes and Ms Smith to the meeting and thanked the Board for their contribution to the discussion on the National Care Service Consultation, advising that the formal response has now been collated and will be submitted. The Chair also noted that Agenda Item 7 (Inverclyde Wellbeing Service) would be considered after Agenda Item 2 (Minute of Meeting of Inverclyde Integration Joint Board of 20 September 2021) on the agenda.

74 Minute of Meeting of Inverclyde Integration Joint Board of 20 September 2021

74

There was submitted the Minute of the Inverclyde Integration Joint Board of 20 September 2021.

The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

75 Inverclyde Wellbeing Service

75

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress of the Action for Children Inverclyde Wellbeing Service Tier 2 mental health service which was established and launched in August 2020.

The report was presented by Ms Smith and noted that Inverclyde HSCP and Education Services have made a commitment to improve children and young people's mental health in Inverclyde via the Action for Children Inverclyde Wellbeing Service for 5 to 18 year olds. The report provided an overview of the main elements of the service; one-to-one counselling, counselling delivery, group work programme, single point of access (centralised referral system), key performance indicators and the next steps for Year 2. The Board welcomed the introduction of the Wellbeing Service and sought reassurance that, with the Year 1 Outcomes surpassing the initial targets set for the Service, there

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

were adequate resources in place to continue this level of provision into Year 2. Ms Smith confirmed that there was funding in place for the initial planned provision for Year 2 and summarised changes to planned service provision due to the Covid pandemic, with more virtual counselling and a waiting list for face-to-face counselling. Ms Smith further noted that a second counsellor was to be employed in Year 2.

The Board sought further detail on the 77 children and young people noted at paragraph 4.3 of the report as remaining on the waiting list, and sought reassurance that they would receive access to the Service. Ms Smith provided reassurance that they would, and advised that they had expressed a preference for face-to-face counselling, that staff were maintaining contact with them, and that, with the employment of a second counsellor for Year 2, she was confident that the waiting list would be cleared.

The Board referred to the Key Performance Indicators at paragraph 4.6 of the report and 'Outcome KPIs: Reduced Tier 3/CAMHS referrals', and asked if the impact and demand on CAMHS (Children and Adolescent Mental Health Services) was being monitored. Ms Smith assured it was and provided an overview of the multi-agency referral system currently in place.

The Board enquired about services available after the age of 18 and suggested that the public should be made aware of what help is available. Mr Stevenson advised the service is working on a Digital Directory which will provide this information.

In closing discussion the Chair welcomed the introduction of the Wellbeing Service and the direction of travel.

Decided: that the content of the report and the progression to Year 2 of service development be noted.

Ms Smith left the meeting at this juncture.

76 Financial Monitoring Report 2021/22 – Period to 31 August 2021, Period 5

76

There was submitted a report by the Interim 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 2021.

The report was presented by Mr Given and noted that the Covid-19 pandemic had created significant additional cost pressures across the HSCP and that the figures presented included projected Covid costs offset against confirmed Covid funding. The report advised that at Period 5 there was a projected overspend of £0.522m in Social Care core budgets and that this, with the IJB financial commitments, mean that the IJB reserves are forecast to decrease in year by a net £5.872m.

Although not an item in the report, The Board asked about how the money previously used to provide respite care was used, noting that respite care provision was affected by Covid. Mr Given advised that he would look into this matter.

The Board sought reassurance that Covid costs are to be funded by the Scottish Government and Mr Given advised that he was confident they would be.

There was discussion on the Transformation Fund, with the Board asking for clarification on what was new and what was updated, and Mr Given provided an explanation regarding this.

The Board enquired about progress with Crosshill Children's Home and Mr Given and Ms Pollock provided a brief update, reminding the Board that they were in public session.

Ms McCrone joined the meeting during consideration of this item.

Decided:

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

- (1) that the current Period 5 forecast position for 2021/22 as detailed in the report at appendices 1-3 be noted and that it be noted that the projection assumes that all Covid costs in 2021/22 will be fully funded by the Scottish Government;
- (2) that it be noted 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) that the proposed budget realignments and virement as detailed in appendix 4 to the report be approved and that officers be authorised to issue revised directions to Inverclyde Council and/or the Health Board as required on the basis of the revised figures as detailed in appendix 5 to the report;
- (4) that the planned use of the Transformation Fund as detailed in appendix 6 to the report be noted;
- (5) that the current capital position as detailed in appendix 7 to the report be noted; and
- (6) that the key assumptions within the forecasts as detailed in paragraph 11 of the report be noted.

77 Inverclyde ADRS – Conclusion of Service Redesign

77

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing the Board with a final overview of the work progressed within the Inverclyde Alcohol and Drug Recovery Service (ADRS) to conclude the service redesign.

The report was presented by Ms Malarkey and advised that the ADRS has undergone a service review over the past 2-3 years, and that the final phase was now being implemented.

The Board welcomed the report, thanked the staff involved and anticipated the positive impact the redesign would have on service provision.

The Board sought reassurance that the needs of Carers had been factored into the service redesign, and Ms Malarkey advised that this was included in routine assessments.

Decided:

- (1) that the level and activity undertaken as part of the service redesign as detailed in appendix 1 to the report be noted;
- (2) that it be agreed that the work of the ADRS Steering Group and associated sub-groups be concluded;
- (3) that it be agreed that future work will be delivered as part of the service operational plan and that future reports will be scheduled through the Alcohol and Drug Partnership; and
- (4) that thanks be conveyed to all staff involved in the service design of the Inverclyde Alcohol and Drug Recovery Service.

78 Non-Voting Membership of the Integration Joint Board

78

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of a change in its non-voting membership arrangements.

The report was presented by Ms Pollock and noted that at its meeting on 2 March 2021 the Board had approved the appointment of a full-time Chief Nurse in Inverclyde. The report advised that Dr Deirdre McCormick, the Professional Nurse Advisor (non-voting member), no longer represented Inverclyde IJB and that this membership role would now be filled by Ms Laura Moore, who had been appointed by Greater Glasgow and

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

Clyde NHS (NHS GG&C) Board in terms of Regulation 3(2) of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Mr Stevenson added that he anticipated a positive impact from Inverclyde now having a full-time Chief Nurse and the Chair welcomed Ms Moore's appointment.

Decided: that the appointment by NHS GG&C Board of Laura Moore as the Professional Nurse Advisor (non-voting member) of the Inverclyde Integration Joint Board be noted.

79 **Unscheduled Care Commissioning Plan**

79

There was submitted a report by the Interim Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the NHS GG&C unscheduled care commissioning programme, and appending the draft 'Unscheduled Care Joint Commissioning Plan: Design and Delivery Plan 2021/22-2023/24' document.

The report was presented by Mr Stevenson and Mr Best and noted that the Board had considered a report in June 2020 on this matter, and that subsequent changes in unscheduled care services in response to the Coronavirus pandemic were reflected in the attached draft Plan. The report also advised of the main changes to the refreshed programme and noted that the other five HSCPs in NHS GG&C and the Health Board would be considering similar reports.

The Chair invited Dr MacDonald and Dr Jones to comment on the report, and both observed that the Covid pandemic had necessitated a change in medical provision, with an increased focus on IT technology and more efficient communication with colleagues and patients, and that changes had generally been well received.

The Board, whilst welcoming the report, commented that there was a focus on Acute Care and not the same level of detail on Primary Care. There was discussion on national initiatives, the need to see unscheduled care in the context of broader health and social care systems and the importance of having accurate data to enable decision making and service planning. Mr Stevenson provided reassurance that work was being done on these matters and that he would pass concerns on to the working groups involved. Dr MacDonald advised that 20% of GP practices within GG&C were now contributing data to NHS GG&C but that, although this was positive, it was too soon to assess trends. The Board also commented that whilst the report focussed on the benefits to the NHS that the needs of the patient should not be overlooked.

Decided:

- (1) that the content of the draft Design & Delivery Plan 2021/21-2023/24 as appended to the report be noted as the updated and Board-wide unscheduled care improvement programme;
- (2) that the financial framework as detailed in section 7 of the Plan be noted, specifically that the funding shortfall of £29.2m across NHS GG&C will require to be addressed to support the full implementation of phase 1; and
- (3) that it be noted that the Plan will be reported to all six IJBs and the Health Board's Finance, Audit and Performance Committee during the next meeting cycle, and that a further update on the draft Design & Delivery Plan including the financial framework will be received towards the end of 2021/22.

80 **Chief Officer's Report**

80

There was submitted a report by the Interim Chief Officer, Inverclyde Health & Social Care Partnership providing an update on a number of areas of work underway across the Health & Social Care Partnership.

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

The report was presented by Mr Stevenson and provided updates on (a) the Dementia Care Co-ordination Programme, (b) District Nursing Workforce, (c) the Learning Disability Resource Hub and (d) Covid and Seasonal Vaccination.

Mr Stevenson provided a verbal update on the report, adding that HSCP staff had recently assisted at the Greenock Town Hall vaccination centre and that a report on the District Nursing Workforce will be brought to the Board in spring 2022.

Decided: that the content of the report be noted.

81 Proposed Approach – 2022/23 IJB Budget

81

There was submitted a report by the Interim Chief Officer, Inverclyde Health & Social Care Partnership advising the Board of the proposed approach to approving the 2022/23 Revenue Budget and providing an update in respect of the current overall position, the proposed process/timelines and the current position of savings proposals and cost pressures.

The report was presented by Mr Given and noted that the main budget announcement from the Scottish Government is due on 9 December 2021, which will highlight the core funding available for both NHS and Council in determining the IJB's core Resource Allocation. The report advised that the IJB is required to approve its approach to the 2022/23 Budget in March 2022 and identify the key assumptions for funding from both the Health Board and the Council, and also detailed the funding expectations.

The Board expressed concern that the pressures noted at paragraph 9.1 of the report in relation to Children & Families Care Packages, Continuing Care and Learning Disabilities Care Packages could lead to a reduction in care packages which would have an impact on unpaid carers. Mr Stevenson and Mr Best provided reassurance that any changes to care packages are done in consultation with families and provided an overview of the mechanism for reviewing packages to ensure appropriate support to individuals.

The Board acknowledged the need to maintain budgets within the financial settlements and Mr Stevenson advised that spend to save initiatives are being developed, with a focus on early intervention and prevention, which will be reported to the IJB at a future date.

In closing discussion the Chair reminded the Board that there will be a development session on this matter, and that the proposals will be revisited after Inverclyde Council announces the budget.

Decided:

- (1) that the proposed approach to the 2022/23 Budget be noted;
- (2) that the key timelines and Budget announcements relative to the preparation of the 2022/23 Budget be noted; and
- (3) that the following be noted (a) the funding pressures identified in the report, and (b) that officers have developed initial savings proposals which will be reported to a future meeting of the Board.

Dr Jones, Ms Elliot and Ms Haldane left the meeting at this juncture.

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 items on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

Item	Paragraph(s)
Advanced Clinical Practice Proposal	1
Homeless Service – Development of Rapid Rehousing Support Provision September 2021	1 & 6
Reporting by Exception – Governance of HSCP Commissioned External Organisations	6 & 9
Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 20 September 2021	1
82 Advanced Clinical Practice Proposal	82
<p>There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the developments, proposals and finance to support a new management structure for the Senior Management Team.</p> <p>Dr MacDonald and Ms Moyes left the meeting during consideration of this item.</p> <p>The Board noted the report and agreed the staffing issues detailed, all as detailed in the Appendix.</p>	
83 Homeless Service – Development of Rapid Rehousing Support Provision September 2021	83
<p>There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the finance and management structure in relation to a proposal to provide intensive, wraparound support to those with complex housing needs.</p> <p>The Board noted the report and the proposals detailed, all as detailed in the Appendix.</p>	
84 Reporting by Exception – Governance of HSCP Commissioned External Organisations	84
<p>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 for the reporting period 17 July to 24 September 2021.</p> <p>The report was presented by Mr Stevenson and appended the mandatory Reporting by Exception document which highlighted changes and updates in relation to quality gradings, financial monitoring or specific service changes or concerns identified through submitted audited accounts, regulatory inspection and contract monitoring.</p> <p>Updates were provided on establishments and services within Older People, Adult and Children's Services.</p> <p>Ms Boyd declared a non-financial interest in this item as a Director of Inverclyde Carer's 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.</p> <p>Ms Tudoreanu left the meeting during consideration of this item.</p> <p>Decided:</p>	

INVERCLYDE INTEGRATION JOINT BOARD – 1 NOVEMBER 2021

(1) that the Governance report for the period 17 July to 24 September 2021 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.

85 Appendix to Minute of Inverclyde Integration Joint Board of 20 September 2021 85

There was submitted an Appendix to the Inverclyde Integration Joint Board Minute of 20 September 2021.

The Appendix was presented by the Chair and checked for fact, omission, accuracy and clarity.

Decided: that the Appendix be agreed.

86 Ms Dorothy McErlean 86

At the conclusion of business the Chair acknowledged that this was Ms McErlean's last meeting and thanked her for her valuable contribution and regular attendance at the Board. Mr Stevenson thanked Ms McErlean on behalf of himself and Ms Louise Long, Chief Executive of Inverclyde Council, for being an outstanding and supportive Board member. The Chair and Mr Stevenson both wished Ms McErlean well in her forthcoming retirement.

INVERCLYDE INTEGRATION JOINT BOARD – 29 NOVEMBER 2021

Inverclyde Integration Joint Board
Monday 29 November 2021 at 2pm

PRESENT:**Voting Members:**

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Jim Clocherty (Vice Chair)	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Simon Carr	Greater Glasgow and Clyde NHS Board
Paula Speirs	Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Allen Stevenson	Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Anne Glendinning	On behalf of Sharon McAlees, Chief Social Worker
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, NHS GG&C

Non-Voting Stakeholder Representative Members:

Diana McCrone	Staff Representative, NHS Board
Christina Boyd	Carer's Representative

Also present:

David Jamieson	Audit Scotland
Grace Symes	Audit Scotland
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Anne Malarkey	Interim Head of Homelessness, Mental Health & Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice Inverclyde Community Care Forum

Chair: Alan Cowan presided

The meeting took place via video-conference.

INVERCLYDE INTEGRATION JOINT BOARD – 29 NOVEMBER 2021

87 Apologies, Substitutions and Declarations of Interest**87**

Apologies for absence were intimated on behalf of:

Sharon McAlees	Chief Social Worker, Inverclyde Health & Social Care Partnership (with Anne Glendinning substituting)
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group

No declarations of interest were intimated.

Prior to discussion on the following item the Chair thanked Mr Given and his finance team, Andi Priestman, Inverclyde Council's Chief Internal Auditor, the IJJB Audit Committee and Audit Scotland for their contributions and efforts to finalise the Annual Report and Accounts in what was a difficult year.

88 Annual Report to the IJJB and the Controller of Audit for the Financial Year Ended 31 March 2021**88**

There was submitted a report by the Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership appending the Annual Report and Auditor's Letter to the Board for the financial year ended 31 March 2021 which had been prepared by the IJJB's external auditors, Audit Scotland.

The Chair invited Mr Jamieson to present the Audit Scotland Report, which had the following findings:

- (1) the audit opinions on the annual accounts of the IJJB are unmodified;
- (2) the Covid-19 pandemic had an impact on the timing of assurances provided by partner bodies;
- (3) an error in the Set Aside amount of £4 million has been corrected in the audited accounts. There is no net effect on the outturn as this is fully funded by NHS GG&C;
- (4) the IJJB budget is generally delayed by NHS GG&C though indicative budgets are agreed;
- (5) additional funding and an underspend on core activities resulted in a surplus of £6.5 million in 2020/21, with the majority of savings delivered;
- (6) a £0.5 million overspend is currently forecast for 202/21 with additional Covid-19 costs fully funded;
- (7) the IJJB has a medium-term financial plan;
- (8) there was a rapid response to the pandemic and Strategic Plan priorities have been revised;
- (9) management changes in the IJJB have been significant;
- (10) review of the integration scheme has been delayed; and
- (11) there were no recommendations made regarding the 2020/21 accounts.

The Chair invited Councillor Robertson, as Chair of the Inverclyde Integration Joint Board Audit Committee, to address the Board.

INVERCLYDE INTEGRATION JOINT BOARD – 29 NOVEMBER 2021

Councillor Robertson advised that the Audit Committee had met at 1pm with representatives from Audit Scotland, and having considered and discussed the Annual Report, were content to (a) recommended that the IJJB authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the final 2020/21 accounts on behalf of the IJJB, and (b) recommend that the Letter of Representation be signed by the Chief Financial Officer, subject to two requested changes in the narrative of the Audit Scotland Annual Audit Report (the Report) as follows:

(i) the Key Message at page 9 and heading at page 11 of the Report (pages 13 and 15 of the agenda) referencing 'set aside'...'not working' – be changed to reflect the Audit Committee's opinion that the policy had not been implemented; and

(ii) that the identified problems with Unscheduled Care referred to at paragraphs 35 to 37 of the Report (page 15 of the agenda) are appropriately contextualised as being national in scale and are not specific to Inverclyde.

Councillor Robertson commented favourably on the report and noted that the Audit Committee had earlier expressed thanks to all involved in the process.

The Chair sought reassurance that the narrative changes indicated above would not prevent the IJJB agreeing to authorise the signing of the accounts and Letter of Representation as recommended, and Mr Jamieson provided assurance that the narrative changes requested by the Audit Committee did not impact on the annual report being signed.

The Board requested further information on the Set Aside budget error referred to in the Report and Mr Given provided an overview as to how the error had occurred, noting that incorrect information had been provided by NHS GG&C, and assured that the matter had now been resolved.

The Board sought reassurance that the cost of supplying medicines was not impacted by the pandemic, and Mr Stevenson and Mr Best assured that contracts for medicines were heavily regulated as part of a national procurement service with robust control mechanisms. The Board questioned how the supply of medicines was monitored in order to prevent short supply, and Mr Best provided an overview of the HSCP processes to ensure continued supply of medicines, and noted that he was not aware of any particular short supply at present.

The Board commented on the Integration Scheme Review, detailed at the 'Follow-up of prior year recommendations' at page 18 (Appendix 1) of the Report (page 22 of the agenda), and observed that the 31 March 2022 deadline was ambitious and asked if there was flexibility in this. Mr Stevenson provided assurances that all HSCPs in NHS GG&C were experiencing the same issues and were working collegiately to resolve them, that it was anticipated the deadline would move to summer 2022 and that a report would be submitted to the IJJB once timescales were confirmed and discussions concluded with the Scottish Government.

In closing the Chair noted the underspend in the accounts, which he commented could be spent on services, the reserve balance, and reminded the Board that they faced challenges in maintaining services within the resource envelope.

Decided:

- (1) that the contents of the Annual Report to the IJJB and Controller of Audit for the financial year to 31 March 2021 be endorsed;
- (2) that the Chair, HSCP Chief Officer and Chief Financial Officer be authorised to accept and sign the final 2020/21 Accounts on behalf of the IJJB; and
- (3) that the Letter of Representation, as detailed at appendix 2 of the report, be endorsed and that approval be given to the signing of this by the Chief Financial Officer.

Report To: Inverclyde Integration Joint Board **Date:** 24 January 2022

Report By: Allen Stevenson **Report No:** IJB/11/2022/CG
Interim Corporate Director (Chief
Officer)
Inverclyde Health & Social Care
Partnership

Contact Office: Craig Given **Contact No:** 01475 715381
Chief Financial Officer

Subject: FINANCIAL MONITORING REPORT 2021/22 – PERIOD TO 31
OCTOBER 2021, 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 2021.

2.0 SUMMARY

- 2.1 The detailed report outlines the financial position at Period 7 to the end of October 2021. 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 £7.833m of net Covid-19 costs for which full funding is anticipated from Scottish Government through local mobilisation plans and current Covid Earmarked reserves. At Period 7 there is a projected overspend of £0.066m in Social Care core budgets. Without a further reduction in costs this overspend would be met from within our existing free reserves.
- 2.3 As in previous years, the IJB has financial commitments in place in relation to 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. This together with the in year overspend means that the IJB reserves are forecast to decrease in year by a net £7.185m.
- 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 £1.022m for 2021/22 with £0.183m 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 £14.191m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £14.932m. The projected year-end position is a carry forward of £7.745m. This is a decrease in year due to anticipated spend of funding on agreed projects.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 7 forecast position for 2021/22 as detailed in the report Appendices 1-3 and notes that the projection assumes that all Covid costs in 2021/22 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. 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);
4. Approves the planned use of the Transformation Fund (Appendix 6);
5. Notes the current capital position (Appendix 7);
6. Notes the key assumptions within the forecasts detailed at section 11.

Allen Stevenson
Interim Chief Officer

Craig Given
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 2021/22 was set on 29 March 2021 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The table below summarises the agreed budget and funding together with the projected operating outturn for the year as at 30 October:

	Revised Budget 2021/22 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	73,008	73,074	66
Health Services	82,792	82,792	0
Set Aside	28,177	28,177	0
HSCP NET EXPENDITURE	183,977	184,043	66
FUNDED BY			
Transfer from / (to) Reserves	0	66	66
NHS Contribution to the IJB	129,265	129,265	0
Council Contribution to the IJB	54,714	54,714	0
HSCP FUNDING	183,979	184,045	66
Planned Use of Reserves	(7,187)	(7,187)	
Annual Accounts CIES Position (assuming Covid costs are covered in full)	(7,185)	(7,185)	

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.

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 for the year based on the July submission are £7.833m (£6.610m Social Care and £1.223m Health).
- 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.

4.6 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. The IJB expects these costs to be fully funded from a combination of Scottish Government funding and the existing £2.89m Covid 19 Earmarked Reserve carried forward from last year.

5.0 SOCIAL WORK SERVICES

5.1 The projected net Social Care Covid spend is £6.610m 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 £0.066m 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. In order to get to this projected outturn position, Inverclyde Health and Social Care Partnership needs to use £1.071m of its smoothing reserves.

5.2 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 Appendix 2 contains details of the Social Work outturn position. The main projected variances are linked to Covid. Key projected social work budget variances which make up the projected core budget overspend, excluding covid costs, include the following:

Main areas of overspend are:

- A projected overspend of £0.590m in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the £0.350m smoothing Earmarked Reserve. This is a reduction of £116k since the last IJB as a result of 2 less placements in Inverclyde. At Period 7 there is a projected net overspend of £0.130m in Continuing Care. This is being funded out of the smoothing Earmarked Reserve
- Within Criminal Justice a £0.191m projected overspend as a result of client package costs. This is a reduction of £0.063m due to a reduction in costs due to staff vacancies.

Main areas of underspend are:

- A projected underspend of £0.276m in Older People. This is mainly due to a projected underspend of £0.491m within External Homecare. This has increased due to the allocation of Carers funding, together with a slightly higher reduction in hours anticipated to be delivered. A projected overspend of £0.151m in Homecare employee costs, Community Alarms, Day Care & Respite, A reduction of £0.176m in the projected overspend within Residential and Nursing Care other client commitments which reflects the allocation of new carers and Living Wage funding. A projected shortfall in Homecare charging income of £0.058m as a result of a lower take-up of chargeable services.
- Any over / underspends on residential & nursing accommodation are transferred to the earmarked reserve at the end of the year. The opening

balance on the residential & nursing accommodation reserve is £0.617m. At Period 7 there is a projected overspend of £0.241m which would be funded from the earmarked reserve at the end of the year (£0.106m underspend reported at period 5) with increasing costs due to higher bed placements as a result of reduced care at Home capacity projecting 570 beds at period 7 compared with 551 at period 5.

- The projected underspend in Learning Disabilities mainly relates to £0.132m against employee costs due to vacant posts within day services resulting in additional turnover being projected.
- Any over / underspends on Learning Disability client commitments are transferred to the earmarked reserve at the end of the year. The opening balance on the Learning Disability client commitments reserve is £0.350m. At period 7 there is a projected net overspend of £0.413m of which £0.350m would be funded from the earmarked reserve at the end of the year if continues, leaving an overspend against Core of £63,000 across these services.
- The projected £0.184m underspend in Alcohol & Drugs underspend is against employee costs and due to a combination of delays in reviewing roles following the restructure together with slippage filling posts.
- A projected underspend in Mental Health services of £0.111m due to vacancies and slippage in filling posts.
- The projected underspend in Business Support of £0.96m due to vacancies and slippage in filling posts.
- A detailed analysis of the social care variances has been prepared by the Council for Period 7. This is seen in Appendix 2.
- An ongoing exercise is taking place to review the overall Children and Families Services looking at spend to save options to reduce the overall pressure on the service.

6.0 HEALTH SERVICES

6.1 For Health, Covid spend is projected to be £1.223m for the year with the biggest elements of that being additional staffing costs.

The projected outturn for health services at 31 October is in line with the revised budget. At Period 7 an underspend of £0.481m is being reported. The current underspend is detailed as follows:

- Alcohol & Drug Recovery – £0.087m underspend mainly due to vacancies.
- Adult Community Services - £0.097m underspend mainly due to vacancies in Management posts and nursing. These are currently being recruited to.
- Adult Inpatients - £0.456m overspend mainly due to the use of premium agency in the service.
- Children's Community Services - £0.146m underspend mainly due to Health visiting vacancies.
- Children's Specialist Services - £0.125m underspend again mainly due to vacancies.
- Planning & Health Improvement - £0.130m underspend mainly due to Vacancies. This will improve following the recent Management Restructure.
- Financial Planning - £0.180m underspend. This is mainly contingency funding which has been used to date.
- Management & Admin - £0.139m underspend due to vacancies mainly in Finance Services and Admin.

In line with previous years any underspend at year-end will be transferred to reserves. Detailed proposals will be brought to the next IJB highlighting potential transfers to reserves.

6.2 Prescribing

Currently projected at an underspend of £0.008m. The prescribing position will continue to be closely monitored throughout the year, at present no significant pressures have been identified which will have an impact or require the use of the Prescribing smoothing reserve.

6.3 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.

6.4 GP Prescribing remains a volatile budget; a drug going on short supply and the impacts of Covid and Brexit can have significant financial consequences.

6.5 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
- The current budget is based upon cost book information to calculate the set – aside calculation. This is consistent with the requirements of Scottish Government for preparing accounting estimates for inclusion in Health Board and IJB accounts. At present within the all the Greater Glasgow IJB’s actual costs of unscheduled care vastly overspend on their budget and are balanced overall at Board level. Work has been ongoing for a number of years now to try and find a methodology which could see these costs better split into IJB areas. To date there is no clear view and no national guidance which has led to this remaining as a notional budget in the IJB’s accounts with budget equally expenditure based on figures from Greater Glasgow.
- At present the set-aside calculation is very complex and requires significant manual intervention. This needs to be streamlined at Health Board level.
- Current set aside position is not a balanced budget therefore the IJB would not accept charges as per actual usage as this would put most IJB’s into a deficit position.
- Work is currently ongoing at Board level to continue to review this with the onus being on the Health Board to produce a set aside mechanism which is fair, transparent and of no financial detriment to the Inverclyde IJB before it is accepted.

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. At the beginning of this financial year, the Fund balance was £1.085m. 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 £0.318m 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

9.1 The Social Work capital budget is £10.829m over the life of the projects with £1.022m budgeted to be spent in 2021/22

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 original Crosshill building was completed in autumn 2018. Main contract works commenced on site in October 2018 and had been behind programme when the Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration.
- The COVID-19 situation impacted the progression of the completion works tender which was progressed in 1st Quarter 2021 as previously reported. The completion work recommenced on 4 May 2021 with a contractual completion date in early November 2021.
- The works are progressing on site as summarised below:
 - Internal wall linings/finishes in progress.
 - Electrical and plumber work 1st fix complete with 2nd fix in progress.
 - External drainage in progress with Scottish Water connection complete.
 - Main plant room works in progress.
 - The Contractor has intimated delays due to supply chain issues and anticipates completion in early March 2022 which is currently being assessed by Technical Services.

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 12th March 2020. The COVID-19 situation has impacted the progression of the project. The progress to date is summarised below:

- Site information and survey work has been completed including engagement of specialist consultants. Additional surveys have been undertaken to determine the exact location of the culverted Burn due to the close proximity to the proposed building. The culvert line has now been established and plotted. From the site investigation information it is known that bedrock is close to the surface of the site and will impact the design of the drainage attenuation and the drainage runs. An assessment is currently

- underway to determine the relative cost implications of cutting into the rock or raising the ground level by importing material.
- Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design. The approach to the structural solution for the building has been developed by the consultant engineers with the mechanical ventilation and heating system options currently under development.
- Property Services are progressing the procurement of a Quantity Surveyor to allow the cost of the developing design at Architectural Stage 2 to be checked against the original project budget. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the development of net zero carbon building standards.

Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.

9.4 Swift Upgrade

The project involves the replacement of the current Swift system. The March 2020 Policy & Resources Committee approved spend of £600,000. There has been a delay going back out to tender because of Covid and this is not now expected to take place until the new year. Consequently slippage of £500,000 is now being reported for 2021/22. There is a separate report on the agenda for this project.

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 £14.191m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £14.932m.
- To date at Period 7, £3.044m of new reserves are expected in year (mainly due to addition monies from Scottish Government for ringfenced projects). This also includes the addition of the new Earmarked Reserve of £0.164m for Autism Friendly transferring from the Council and £0.215m for Covid related projects transferring from the Council.
- £3.762m of the reserves funding has been spent in the year to date with an expected £10.165m to be spent by year-end.
- Projected carry forward at the yearend is £7.745m.
- Appendix 8 shows all reserves under the following categories:

	Opening Balance £000	New Funds in Year £000	Spend to Date £000	Projected C/fwd £000
Ear-Marked Reserves				
Scottish Government Funding - funding ringfenced for specific initiatives	4,798	2,529	2,744	678
Existing Projects/Commitments - many of these are for projects that span more than 1 year	4,807	472	567	3,992
Transformation Projects - non recurring money to deliver transformational change	2,888	43	451	1,661
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	1,698	0	0	739
TOTAL Ear-Marked Reserves	14,191	3,044	3,762	7,070

General Reserves	741	0	0	741
In Year Surplus/(Deficit) going to/(from) reserves				(66)

TOTAL Reserves	14,932	3,044	3,762	7,745
Projected Movement (use of)/transfer in to Reserves				(7,187)

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES) AND KEY ASSUMPTIONS WITHIN THE P7 FORECAST

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 2021/22, it is anticipated that as a portion of the brought forward £14.932m and any new Reserves are used the CIES will reflect a surplus. At Period 3, that CIES surplus is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 8.

11.2 Key Assumptions within the P7 Forecast

- These forecasts are based on information provided from the Council and Health Board ledgers
- The social care forecasts for core budgets and covid spend are based on information provided by Council finance staff which have been reported to the Council's Health & Social Care Committee and provided for the covid LMP returns.
- Prescribing forecasts are based on advice from the Health Board prescribing team using the latest available actuals and horizon scanning techniques.

12.0 DIRECTIONS

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

13.0 IMPLICATIONS

13.1 FINANCE

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

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

13.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

13.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

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

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

13.6 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

13.7 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 2021/22 PROJECTED POSITION****PERIOD 7: 1 April 2021 - 31 October 2021**

Check Subj tot:

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	52,863	60,610	59,928	(682)	-1.1%
Property Costs	1,002	1,039	1,054	15	1.4%
Supplies & Services	49,292	52,993	53,956	963	1.8%
Family Health Services	28,629	29,547	29,547	0	0.0%
Prescribing	18,508	19,346	19,346	0	0.0%
Transfer from / (to) Reserves	0	0	0	0	0.0%
Income	(2,440)	(7,735)	(7,965)	(230)	3.0%
Funding/Savings still to be allocated	0	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	147,854	155,800	155,866	66	0.0%
Set Aside	28,177	28,177	28,177	0	0.0%
HSCP NET TOTAL EXPENDITURE	176,031	183,977	184,043	66	0.0%

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,166	2,303	2,242	(61)	-2.6%
Older Persons	22,548	23,319	23,043	(276)	-1.2%
Learning Disabilities	8,974	9,002	8,870	(132)	-1.5%
Mental Health - Communities	4,098	4,388	4,277	(111)	-2.5%
Mental Health - Inpatient Services	9,310	9,839	9,839	0	0.0%
Children & Families	13,905	14,967	15,678	711	4.8%
Physical & Sensory	2,461	2,461	2,530	69	2.8%
Alcohol & Drug Recovery Service	2,717	2,809	2,626	(183)	-6.5%
Assessment & Care Management / Health & Community Care / Business Support	14,072	17,303	17,141	(162)	-0.9%
Criminal Justice / Prison Service	75	118	309	191	0.0%
Homelessness	1,218	1,218	1,238	20	1.6%
Family Health Services	28,649	29,539	29,539	0	0.0%
Prescribing	18,695	19,533	19,533	0	0.0%
Contribution to Reserves	0	0	0	0	0.0%
Funding/Savings still to be allocated	0	0	0	0	0.0%
Unallocated Funds	573	709	709	0	0.0%
HSCP NET DIRECT EXPENDITURE	147,854	155,802	155,868	66	0.0%
Set Aside	28,177	28,177	28,177	0	0.0%
HSCP NET TOTAL EXPENDITURE	176,031	183,979	184,045	66	0.0%
FUNDED BY					
NHS Contribution to the IJB	93,202	101,088	101,088	0	0.0%
NHS Contribution for Set Aside	28,177	28,177	28,177	0	0.0%
Council Contribution to the IJB	54,652	54,714	54,714	0	0.0%
Transfer from / (to) Reserves	0	0	66	66	0.0%
HSCP NET INCOME	176,031	183,979	184,045	66	0.0%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	0.0%
Anticipated movement in reserves *	0	(7,187)	(7,187)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	0	(7,187)	(7,187)		

* See Reserves Analysis for full breakdown

INVERCLYDE HSCP - COVID 19**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 7: 1 April 2021 - 31 October 2021**

SUBJECTIVE ANALYSIS - COVID 19 based on Q1 Mobilisation Plan submission	Social Care Projected Out-turn 2021/22 £000	Health Projected Out-turn 2021/22 £000	TOTAL Projected Out-turn 2021/22 £000
Employee Costs	1,879	0	1,879
Property Costs	0	0	0
Supplies & Services	4,489	1,223	5,712
Family Health Services			0
Prescribing		0	0
Loss of Income	243		243
PROJECTED COVID RELATED NET SPEND	6,610	1,223	7,833

SUMMARISED MOBILISATION PLAN	Social Care 2021/22 £'000	Health 2021/22 £'000	Revenue 2021/22 £'000
COVID-19 COSTS HSCP			
Additional PPE	400	3	403
Contact Tracing			
Testing			
Covid-19 Vaccination			
Flu Vaccination			
Scale up of Public Health Measures		97	97
Additional Community Hospital Bed Capacity			
Community Hubs		268	268
Additional Care Home Placements	163		163
Additional Capacity in Community			
Additional Infection Prevention and Control Costs			
Additional Equipment and Maintenance	104		104
Additional Staff Costs	857		857
Staff Wellbeing	38		38
Additional FHS Prescribing		113	
Additional FHS Contractor Costs		44	44
Social Care Provider Sustainability Payments	2,697		2,697
Social Care Support Fund Claims			
Payments to Third Parties			
Homelessness and Criminal Justice Services	216		216
Children and Family Services	1,649		1,649
Loss of Income	218		218
Other		15	15
Covid-19 Costs	6,342	540	6,882
Unachievable Savings	25	0	25
Offsetting Cost Reductions		0	
Total Covid-19 Costs - HSCP	6,367	540	6,907
REMOBILISATION COSTS - HSCP			
Adult Social Care			
Reducing Delayed Discharge	197		197
Digital & IT costs	46		46
Primary Care			
Other		683	683
Total Remobilisation Costs	243	683	926
Total HSCP Costs	6,610	1,223	7,833

SOCIAL CARE**REVENUE BUDGET 2021/22 PROJECTED POSITION****PERIOD 7: 1 April 2021 - 31 October 2021**

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	29,677	31,943	31,261	(682)	-2.1%
Property costs	997	996	1,011	15	1.5%
Supplies and Services	805	905	973	68	7.5%
Transport and Plant	378	348	301	(47)	-13.5%
Administration Costs	723	741	847	106	14.3%
Payments to Other Bodies	42,904	42,861	43,697	836	2.0%
Resource Transfer	(16,816)	(18,294)	(18,294)	0	0.0%
Income	(4,016)	(4,786)	(5,016)	(230)	4.8%
Funding/Savings still to be allocated	0	0	0	0	0.0%
SOCIAL CARE NET EXPENDITURE	54,652	54,714	54,780	66	0.1%

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Strategy & Support Services	1,649	1,675	1,614	(61)	-3.6%
Older Persons	22,548	23,319	23,043	(276)	-1.2%
Learning Disabilities	8,435	8,435	8,303	(132)	-1.6%
Mental Health	939	939	828	(111)	-11.8%
Children & Families	10,494	10,519	11,230	711	6.8%
Physical & Sensory	2,461	2,461	2,530	69	2.8%
Alcohol & Drug Recovery Service	960	871	688	(183)	-21.0%
Business Support	3,157	2,835	2,739	(96)	-3.4%
Assessment & Care Management	2,716	2,324	2,258	(66)	-2.8%
Criminal Justice / Scottish Prison Service	75	118	309	191	0.0%
Resource Transfer		0		0	0.0%
Unallocated Funds		0		0	0.0%
Homelessness	1,218	1,218	1,238	20	1.6%
SOCIAL CARE NET EXPENDITURE	54,652	54,714	54,780	66	0.1%

COUNCIL CONTRIBUTION TO THE IJB	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	54,652	54,714	54,714	0	
Transfer from / (to) Reserves			66		

HEALTH**REVENUE BUDGET 2021/22 PROJECTED POSITION****PERIOD 7: 1 April 2021 - 31 October 2021**

Check TOTALS Check TOTALS

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	23,186	28,667	28,667	0	0.0%
Property	5	43	43	0	0.0%
Supplies & Services	4,482	8,138	8,138	0	0.0%
Family Health Services (net)	28,629	29,547	29,547	0	0.0%
Prescribing (net)	18,508	19,346	19,346	0	0.0%
Resource Transfer	18,393	18,294	18,294	0	0.0%
Income	(1)	(2,949)	(2,949)	0	0.0%
Transfer to Earmarked Reserves	0	0	0	0	0.0%
HEALTH NET DIRECT EXPENDITURE	93,202	101,086	101,086	0	0.0%
Set Aside	28,177	28,177	28,177	0	0.0%
HEALTH NET DIRECT EXPENDITURE	121,379	129,263	129,263	0	0.0%

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,411	4,448	4,448	0	0.0%
Health & Community Care	6,420	10,300	10,300	0	0.0%
Management & Admin	1,779	1,844	1,844	0	0.0%
Learning Disabilities	539	567	567	0	0.0%
Alcohol & Drug Recovery Service	1,757	1,938	1,938	0	0.0%
Mental Health - Communities	3,159	3,449	3,449	0	0.0%
Mental Health - Inpatient Services	9,310	9,839	9,839	0	0.0%
Strategy & Support Services	517	628	628	0	0.0%
Family Health Services	28,649	29,539	29,539	0	0.0%
Prescribing	18,695	19,533	19,533	0	0.0%
Unallocated Funds/(Savings)	573	709	709	0	0.0%
Transfer from / (to) Reserves	0	0	0	0	0.0%
Resource Transfer	18,393	18,294	18,294	0	0.0%
HEALTH NET DIRECT EXPENDITURE	93,202	101,088	101,088	0	0.0%
Set Aside	28,177	28,177	28,177	0	0.0%
HEALTH NET DIRECT EXPENDITURE	121,379	129,265	129,265	0	0.0%

HEALTH CONTRIBUTION TO THE IJB	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	121,379	129,265	129,265	0	
Transfer from / (to) Reserves	0	0	0	0	

Budget Movements 2021/22

Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Transfers (to)/ from Earmarked Reserves £000	Revised Budget
	2021/22	Inflation	Virement	Supplementary	2021/22		
	£000	£000	£000	Budgets £000	£000		
Children & Families	13,905	0	354	708	0	14,967	
Criminal Justice	75	43	0	0	0	118	
Older Persons	22,548	414	357	0	0	23,319	
Learning Disabilities	8,974	0	17	11	0	9,002	
Physical & Sensory	2,461	0	0	0	0	2,461	
Assessment & Care Management/ Health & Community Care	9,136	(454)	318	3,624	0	12,624	
Mental Health - Communities	4,098	0	22	268	0	4,388	
Mental Health - In Patient Services	9,310	0	524	5	0	9,839	
Alcohol & Drug Recovery Service	2,717	0	(128)	220	0	2,809	
Homelessness	1,218	0	0	0	0	1,218	
Strategy & Support Services Management, Admin & Business Support	4,936	372	(629)	0	0	4,679	
Family Health Services	28,649	0	0	889	0	29,539	
Prescribing	18,695	0	316	521	0	19,532	
Resource Transfer	18,393	0	(99)	0	0	18,294	
Unallocated Funds *	573	1,587	(1,411)	(39)	0	710	
Transfer from Reserves							
Totals	147,854	1,988	(338)	6,298	0	155,802	

* 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

Social Care Budgets Service	Approved Budget		Movements			Transfers to/ (from) Earmarked Reserves £000	Revised Budget
	2021/22	Inflation	Virement	Supplementary	2021/22		
	£000	£000	£000	Budgets £000	£000		
Children & Families	10,494		25			10,519	
Criminal Justice	75	43				118	
Older Persons	22,548	414	357			23,319	
Learning Disabilities	8,435					8,435	
Physical & Sensory	2,461					2,461	
Assessment & Care Management	2,716	(454)	62			2,324	
Mental Health - Community	939					939	
Alcohol & Drug Recovery Service	960		(89)			871	
Homelessness	1,218					1,218	
Strategy & Support Services	1,649	26				1,675	
Business Support	3,157	372	(694)			2,835	
Resource Transfer	0					0	
Unallocated Funds	0					0	
Totals	54,652	401	(339)	0	0	54,714	

54,714

Health Budgets HEALTH Service	Approved Budget		Movements			Transfers to/ (from) Earmarked Reserves £000	Revised Budget
	2021/22	Inflation	Virement	Supplementary	2021/22		
	£000	£000	£000	Budgets £000	£000		

Children & Families	3,411		329	708		4,448
Learning Disabilities	539		17	11		567
Health & Community Care	6,420		256	3,624		10,300
Mental Health - Communities	3,159		22	268		3,449
Mental Health - Inpatient Services	9,310		524	5		9,839
Alcohol & Drug Recovery Service	1,757		(39)	220		1,938
Strategy & Support Services	517		20	91		628
Management, Admin & Business Support	1,779		65			1,844
Family Health Services	28,649			889		29,538
Prescribing	18,695		316	521		19,532
Resource Transfer	18,393		(99)			18,294
Unallocated Funds/(Savings)	573					573
Transfer from Reserves	0	1,587	(1,411)	(39)		137
Totals	<u>93,202</u>	<u>1,587</u>	<u>0</u>	<u>6,298</u>	<u>0</u>	<u>101,087</u>

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)
 (SCOTLAND) ACT 2014

THE INVERCLYDE COUNCIL is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2021/22 £000
SOCIAL CARE	
Employee Costs	31,943
Property costs	996
Supplies and Services	905
Transport and Plant	348
Administration Costs	741
Payments to Other Bodies	42,861
Income (incl Resource Transfer)	(23,080)
Unallocated Funds	0
SOCIAL CARE NET EXPENDITURE	54,714
Health Transfer to EMR	0

OBJECTIVE ANALYSIS	Budget 2021/22 £000
SOCIAL CARE	
Strategy & Support Services	1,675
Older Persons	23,319
Learning Disabilities	8,435
Mental Health	939
Children & Families	10,519
Physical & Sensory	2,461
Alcohol & Drug Recovery Service	871
Business Support	2,835
Assessment & Care Management	2,324
Criminal Justice / Scottish Prison	118
Unallocated Funds	0
Homelessness	1,218
Social Care Transfer to EMR	
Resource Transfer	0
SOCIAL CARE NET EXPENDITURE	54,714

This direction is effective from 1 November 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:

SUBJECTIVE ANALYSIS	Budget 2021/22 £000
HEALTH	
Employee Costs	28,667
Property costs	43
Supplies and Services	8,138
Family Health Services (net)	29,547
Prescribing (net)	19,346
Resources Transfer	18,294
Unidentified Savings	0
Income	(2,949)
Transfer to EMR	0
HEALTH NET DIRECT EXPENDITURE	101,086
Set Aside	28,177
NET EXPENDITURE INCLUDING SCF	129,263

OBJECTIVE ANALYSIS	Budget 2021/22 £000
HEALTH	
Children & Families	4,448
Health & Community Care	10,300
Management & Admin	1,844
Learning Disabilities	567
Alcohol & Drug Recovery Service	1,938
Mental Health - Communities	3,449
Mental Health - Inpatient Services	9,839
Strategy & Support Services	628
Family Health Services	29,539
Prescribing	19,533
Unallocated Funds/(Savings)	709
Transfer to EMR	0
Resource Transfer	18,294
HEALTH NET DIRECT EXPENDITURE	101,088
Set Aside	28,177
NET EXPENDITURE INCLUDING SCF	129,265

This direction is effective from 1 November 2021.

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 7: 1 April 2021 - 31 October 2021

Total Fund Balance as at 1 April 2021 Balance committed to date Balance still to be committed

Project Title	Service Area	Approved IJB/TB	Social Care/ Health Spend	Agreed Funding

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2020/21

PERIOD 7: 1 April 2021 - 31 October 2021

<u>Project Name</u>	<u>Est Total Cost £000</u>	<u>Actual to 31/3/21 £000</u>	<u>Revised Budget 2021/22 £000</u>	<u>Actual YTD £000</u>	<u>Est 2022/23 £000</u>	<u>Est 2023/24 £000</u>	<u>Future Years £000</u>
SOCIAL CARE							
Crosshill Children's Home Replacement	2,315	1,489	720	169	106	0	0
New Learning Disability Facility	7,400	67	200	14	1,500	5,498	135
SWIFT Upgrade	1,101	0	100	0	1,001	0	0
Completed on site	13	0	2	0	11	0	0
Social Care Total	10,829	1,556	1,022	183	2,618	5,498	135
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	10,829	1,556	1,022	183	2,618	5,498	135

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 8

INVERCLYDE HSCP

Period 7: 1 April - 31 August 2021

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2020/21 £000</u>	<u>New Funding 2021/22 £000</u>	<u>Total Funding 2021/22 £000</u>	<u>YTD Actual 2021/22 £000</u>	<u>Projected Net Spend 2021/22 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Scottish Government Funding			4,798	2,529	7,327	2,744	6,649	678	
Mental Health Action 15	Anne Malarkey	31/03/2022	343	326	669	0	669	0	Ongoing expenditure. Unspent budget will be carried into 22/23.
ADP	Anne Malarkey	31/03/2022	423	683	1106	423	875	231	Any remaining balance will be carried forward into 22/23.
Covid-19	Allen Stevenson	31/03/2022	2896		2,896	1,725	2,896	0	Balance of Covid -19 funding received in 2020-21. Will be spent in 2021-22
IJB Covid Sheilding SC Fund	Allen Stevenson	31/03/2022	34	0	34	34	34	0	Balance of Covid -19 funding received in 2020-21. Will be spent in 2021-22
Rapid Rehousing Transition Plan (RRTP)	Anne Malarkey	31/03/2022	136		136	2	60	76	RRTP funding- progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP plan
IJB DN Redesign	Allen Stevenson	ongoing	86		86		35	51	£35K to fund DN. £51k reallocated to Supplementary Fixed Term Staffing
PCIP	Allen Stevenson	31/03/2022	560	1305	1865	560	1,865	0	Any remaining balance will be carried forward into 22/23.
Covid Recovery - Establish Inverclydes Board and Memorial	Allen Stevenson	31/03/2022		40	40	0	40	0	Approved P&R 25/05/21 - Covid Recovery Plans Work underway to develop recovery priorities, Board established and memorial work progressing through a 2 stage process.
Covid Recovery - Provide Passes for leisure access for physical activity	Allen Stevenson	31/03/2022		50	50	0	50	0	Approved P&R 25/05/21 - Covid Recovery Plans £15k committed to Inverclyde Leisure (IL), for 3 months passes for 12-16 year olds being implemented. This is being monitored by IL. The remaining £35k is being used by Your voice to target hard to reach individuals to assist with health and wellbeing improvement. Your voice are monitoring progress and outcomes for each intervention by measuring what difference this assistance is making on their wellbeing.
Covid Recovery - Support participation in groups and to re engage with Communities	Allen Stevenson	31/03/2022		60	60	0	60	0	Approved P&R 25/05/21 - Covid Recovery Plans
Covid Recovery - Develop Food to Fork project to promote growing strategy	Allen Stevenson	31/03/2022		30	30	0	30	0	Approved P&R 25/05/21 - Covid Recovery Plans Direct award letter has been done and is going out this week. Advert is out for a horticultural worker to fulfil this
Covid Recovery - Develop Wellbeing Campaign	Allen Stevenson	31/03/2022		35	35	0	35	0	Approved P&R 25/05/21 - Covid Recovery Plans Work underway, progressing direct award letter to CVS/ your voice who are leading on this.
Community Living Charge	Allen Stevenson	31/03/2022	320		320		0	320	LD money for 3 years only for Placements.
Existing Projects/Commitments			4,807	472	5,279	567	1,287	3,992	
Self Directed Support	Alan Brown	31/03/2022	43	-43	0		0	0	Now reallocated to SWIFT Project.

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2020/21 £000</u>	<u>New Funding 2021/22 £000</u>	<u>Total Funding 2021/22 £000</u>	<u>YTD Actual 2021/22 £000</u>	<u>Projected Net Spend 2021/22 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Growth Fund - Loan Default Write Off	Craig Given	ongoing	24		24		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 2021/22. Possibly added to Capital or LD Hub
Integrated Care Fund	Alan Best	ongoing	109		109		0	109	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Alan Best	ongoing	88	334	422	245	422	0	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Full spend of £422k is expected for 2021-22.
Autism Friendly	Alan Best	ongoing	0	164	164		0	164	Plans currently being developed.
CJA Preparatory Work	Sharon McAlees	31/03/2022	88		88	0	13	75	Funding community justice Third sector work, £13k along with funding shortfall in prison income and shortfall of turnover savings against core grant in 21/22
Continuing Care	Sharon McAlees	ongoing	425		425	55	130	295	To address continuing care legislation. Based on period 7 projections it is assumed that £130k of the EMR will be utilised in 2021/22.
Children & Young Person Mental Health & Welbeing	Sharon McAlees	ongoing	329		329	7	202	127	Plan and implement a programme aimed at supporting children and young people whose life chances are negatively impact through community mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, two FTE staff from Barnardo's, one FTE research assistant based in Educational Psychology and 0.2 Educational Psychologist to act as development Officer with backfill. CAHMS Tier 2 now added to this.
Dementia Friendly Inverclyde	Anne Malarkey	ongoing	100		100	1	30	70	Now linked to the test of change activity associated with the new care co-ordination work. Proposals for spend of circa £90k over 18 months, to fund a Development Worker post and a Training Co-Ordinator post. This will continue to be reviewed at the Steering Group.
Primary Care Support	Alan Best	31/03/2022	274		274	105	105	169	Requires a spend plan to be created
Contribution to Partner Capital Projects	Craig Given	ongoing	610		610		35	575	This is a shared reserve & is coded to 94017. £130k was set up by L Aird at 17/18 & 18/19 year ends from health CFCR and Primary Care Reserve; £15k from the Council re Wellpark Centre. Full spend expected for Wellpark Centre. £310k complex care monies added to EMR at 2019-20 year end.
Welfare	Craig Given	ongoing	297		297		0	297	For IDEAS Plan
Anti Poverty - Community Support Fund	Craig Given	31/03/2022	0	17	17		17	0	£7k NDR relief Tail O The Bank, £10k HSCP Digital Devices
LD Redesign	Alan Best	31/03/2022	383		383	5	22	361	Balance of original £100k approved for spend in 2019-20 will be spent in 2021-22. No further new expenditure anticipated in year
Older People WiFi	Alan Best	31/03/2022	7		7		7	0	Work has been carried out with balance looking to be fully spent this year.
Refugee Scheme	Sharon McAlees	31/03/2025	737		737	149	194	543	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme.
CAMHS Post	Sharon McAlees	31/03/2022	68		68		68	0	IJB reserve to be allocated

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2020/21 £000</u>	<u>New Funding 2021/22 £000</u>	<u>Total Funding 2021/22 £000</u>	<u>YTD Actual 2021/22 £000</u>	<u>Projected Net Spend 2021/22 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
TOTAL IJB RESERVES			14,932	3,044	17,976	3,762	10,165	7,745	

b/f Funding 14,932
 Earmark to be carried forward 7,745
 Projected Movement in Reserves (7,187)

Reserves Summary Sheet for Covering Report**Appendix 9**

Ear-Marked Reserves	Opening Balance £000	New Funds in Year £000	Spend to Date £000	Projected C/fwd £000
Scottish Government Funding - funding ringfenced for specific initiatives	4,798	2,529	2,744	678
Existing Projects/Commitments - many of these are for projects that span more than 1 year	4,807	472	567	3,992
Transformation Projects - non recurring money to deliver transformational change	2,888	43	451	1,661
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	1,698	0	0	739
TOTAL Ear-Marked Reserves	14,191	3,044	3,762	7,070
General Reserves	741	0	0	741
In Year Surplus/(Deficit) going to/(from) reserves				(66)
TOTAL Reserves	14,932	3,044	3,762	7,745
Projected Movement (use of)/transfer in to Reserves				(7,187)

Report To:	Inverclyde Integration Joint Board	Date:	24 January 2022
Report By:	Allen Stevenson, Interim Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	VP/LS/008/22
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Model Code of Conduct		

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval from the Inverclyde Integration Joint Board (IJB) to adopt a revised code of conduct.

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 Model 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. There have been a number of consultations on a revised Model Code since 2020 and the final revised Model Code was approved by the Scottish Parliament and issued by the Scottish Government on 7 December 2021.

- 2.2 This report sets out the revised Code of Conduct for adoption by the IJB.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board :-
- (1) adopts the Model Code of Conduct for Members of the Devolved Public Bodies as detailed in Appendix 1 of this report;
 - (2) agrees to the submission of the adopted Model Code of Conduct to Scottish Ministers for approval; and
 - (3) notes that training for IJB Members on the revised Model Code of Conduct will be provided.

4.0 BACKGROUND

- 4.1 The IJB is a devolved public body in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000 (“the 2000 Act”). The 2000 Act sets out a framework for securing high standards by persons holding public appointments. It also requires Scottish Ministers to issue a Model Code of Conduct for Members of Devolved Public Bodies (“the 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. There have been a number of consultations on a revised Model Code since 2020 and the final revised Model Code of Conduct for board members of Public Bodies was approved by the Scottish Parliament and issued by the Scottish Government on 7 December 2021.
- 4.3 IJB Standing Order 19 describes that members of the IJB shall subscribe to and comply with the terms of the Model Code. Compliance with the Model Code is a personal responsibility for each member of the IJB.
- 4.4 It is a requirement that a new Model Code is produced and published by the IJB and approved by Scottish Ministers. A copy of the revised Model Code for the Inverclyde IJB is attached at Appendix 1. The Scottish Government has advised that the IJB is to submit its Model Code to the Scottish Government for approval by 10 June 2022.
- 4.5 The Scottish Government have issued a template Model Code which is to be adopted by IJBs. It is anticipated that the revisions to the Model Code are to be implemented in full, however it is recognised that some amendments may be required to reflect the individual circumstances of the IJB. The proposed minor amendments for the Inverclyde IJB Model Code are shown in strikethrough and bold at paragraphs 3.7, 3.10 and 6.5 of the Model Code attached at Appendix 1.
- 4.6 In relation to the deletion of paragraph 3.10, this section is not relevant to how IJBs operate. The Scottish Government has advised that the best way to resolve this point is by allowing IJBs to disapply/opt out of this paragraph when adopting their version of the Model Code.

5.0 KEY CHANGES TO THE MODEL CODE

- 5.1 The Model Code has been amended to bring it up-to-date and to make it more user friendly. The revised Model Code highlights the need for IJB members to take personal responsibility for their behaviour and to have an awareness of the IJB’s policies in relation to a number of areas – e.g. social media, equality, diversity and bullying and harassment.

The key changes in the Code are:

- a general rewrite to remove unnecessary information and repetition, 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;
- new provision regarding involvement in operational matters;
- new provisions regarding the treatment of employees;
- new provision requiring members to respect the principle of collective responsibility;
- clarification of the provisions regarding confidential information;
- 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;
- clarification of the provisions relating to registration of interests;
- 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 The Standards Commission's Guidance document on the Model Code has been comprehensively rewritten and Advice Notes have also been updated. The guidance and advice notes, which will help members' understanding of the Model Code can be found here - [Guidance Notes | The Standards Commission for Scotland \(standardscommissionscotland.org.uk\)](http://standardscommissionscotland.org.uk) and [Advice Notes | The Standards Commission for Scotland \(standardscommissionscotland.org.uk\)](http://standardscommissionscotland.org.uk).

5.3 Training for IJB members on the revised Model Code will be organised in early course.

6.0 PROPOSALS

6.1 It is proposed that the IJB adopts the revised Model Code attached at Appendix 1 and agrees to the submission of the Model Code to the Scottish Ministers for approval.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 The Model Code offers clarity as to the standards of conduct which are expected of members of the IJB in the important role which they exercise.

Human Resources

7.3 None.

Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

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

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

7.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing	None

any negative impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

8.0 DIRECTIONS

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

9.0 CONSULTATIONS

9.1 The Interim Chief Officer has been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 N/A



Code of Conduct

for

MEMBERS

of

INVERCLYDE INTEGRATION JOINT BOARD

JANUARY 2022

CONTENTS

Section 1: Introduction to the Code of Conduct

My Responsibilities

Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Respect and Courtesy

Remuneration, Allowances and Expenses

Gifts and Hospitality

Confidentiality

Use of Public Body Resources

Dealing with my Public Body and Preferential Treatment

Appointments to Outside Organisations

Section 4: Registration of Interests

Category One: Remuneration

Category Two: Other Roles

Category Three: Contracts

Category Four: Election Expenses

Category Five: Houses, Land and Buildings

Category Six: Interest in Shares and Securities

Category Seven: Gifts and Hospitality

Category Eight: Non-Financial Interests

Category Nine: Close Family Members

Section 5: Declaration of Interests

Stage 1: Connection

Stage 2: Interest

Stage 3: Participation

Section 6: Lobbying and Access

ANNEXES

Annex A Breaches of the Code

Annex B Definitions

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive **Officer** and **Executive Management Team**.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

~~3.10 I will respect and comply with rulings from the Chair during meetings of:~~

- ~~a) my public body, its committees; and~~
- ~~b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.~~

~~— IJBs can opt out of this paragraph when adopting their Code.~~

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to my public body;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides

for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

- a) The matter being considered by my public body is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive Officer or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

Report To: Inverclyde Integration Joint Board **Date:** 24 January 2022

Report By: Allen Stevenson
Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:** IJB/08/2022/AG

Contact Officer: Anne Glendinning
Head of Children & Criminal
Justice Services **Contact No:** 715282

Subject: Chief Social Work Officer Annual Report 2020/21

1.0 PURPOSE

- 1.1 The purpose of the report is to advise the Inverclyde Integration Joint Board of the content of the Inverclyde Chief Social Work Officer (CSWO) Report for 2020/21.

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 reports provided by all CSWO across the country allows the Chief Social Work Advisor to present a national picture of the social work profession and practice which in turn influences the development of social work practice and delivery.
- 2.3 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.
- 2.4 The report highlights the challenges facing the most vulnerable members of our communities and the action taken by social work services to address these challenges. As with previous years the 2020/21 CSWO report seeks to highlight the positive work undertaken and the continued strong track record of participation and consultation with the community.
- 2.5 This year's report is inevitably set within the context of the Global Pandemic. Reference is made to the pandemic 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.

3.0 RECOMMENDATIONS

- 3.1 The Inverclyde Integration Joint Board are asked to note and make comment on the content of the Chief Social Work Officer Report.

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 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
- 4.3 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 of vulnerability or crisis. Given the demographic profile of Inverclyde the report highlights the very many areas of challenge our community's experience and for this particular year reflects these challenges in the context of the pandemic.
- 4.4 The annual CSWO 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 is very much welcomed and valued by Council and HSCP 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. 2020/21 was unprecedented all of the same complex and challenging issues that affect Inverclyde 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 at times exceeding service delivery in preceding years and responding with incredible creativity and often courageously.
- 4.5 At the time of writing this report our attention is focused on recovery even as we lean into and make plans for what will be a challenging winter. Our recovery plans and actions are 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.

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

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The report provides information on delivery of social work services to protected characteristic groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	As above and service delivery is provided in a manner that does not stigmatise
People with protected characteristics feel safe within their communities.	CSWO report highlights how people with protected characteristics are supported to feel safe in community
People with protected characteristics feel included in the planning and developing of services.	Participation/consultation is a strength in the delivery of social work services
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	CSWO report provides information of the level vulnerability and needs of people with different protected characteristics across Inverclyde
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	As above
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	As above

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	CSWO report highlights Resourcing, Service performance and quality, Partnerships. Opportunities/Challenges Workforce planning Which contribute to the safety, health and wellbeing of the community.
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	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
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.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	CSWO Report has section specific to workforce and reflects the achievement of the workforce throughout the pandemic
Resources are used effectively in the provision of health and social care services.	CSWO Report highlights the use of resources in social work

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

- 8.1 None.

INVERCLYDE

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020/21



SECTION		PAGE
1	INTRODUCTION	4
2	ACHIEVEMENTS & DEVELOPMENTS	5
3	THE INVERCLYDE CONTEXT	12
4	GOVERNANCE	19
5	PARTNERSHIPS	23
6	SERVICE QUALITY AND PERFORMANCE	31
7	RESOURCES	87
8	WORKFORCE DEVELOPMENT	89
9	CONCLUSION	94

For
Kate Christmas
Service Manager
Children's Services
16.2.1976 - 14.7.2021

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. This year's report however will inevitably be set within the context of the Global Pandemic.

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 of vulnerability or crisis. Given our demography in Inverclyde the report highlights the very many areas of challenge our community's experience and for this particular year reflects these challenges in the context of the pandemic.

Reference is made to the pandemic 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 challenges 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 indeed 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 at times exceeding service delivery in preceding years and 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 and throughout this period of recovery.

2. ACHIEVEMENTS and DEVELOPMENTS

Staff Agility and Resilience

Reflecting on the many achievements and developments that it has been possible to include in this year's report, it is evident that they have in common the outstanding performance of the staff across the Health and Social Care Partnership. As this is the report of the Chief Social Work Officer the report does focus on the role of our social work and social care staff and services. However it is evident that it is the partnership effort that has sustained us all throughout this period and this theme is explored further in the section covering partnerships.

What has been marked this year however has been the agility and resilience of staff working in and across integrated teams, their willingness to respond with great flexibility, to move between roles and responsibilities and essentially to do what was asked of them to respond as best they could to the greatest need.

At the very outset of the pandemic, the HSCP services were reorganised over the course of a single weekend. Home working, hybrid working, hub working were all introduced. Revised standard operating procedures were written and put into operation and on many occasions staff were asked to provide services well beyond their existing remits and client groups. All of this took place within the context of escalating risk of harm from the pandemic and while staff were mitigating the challenges of their work role with concern for their own families and loved ones.

Staff did however respond and the HSCP was able to reorganise and reshape its service, not only at the outset but repeatedly as the pandemic unfolded and progressed. The degree of staff agility and resilience that made this possible is remarkable.

All staff groups contributed to the challenges faced. For some services the challenges were incredibly daunting. Those staff working in the residential care sector, care at home and with those service users most at risk from the impact of the pandemic required to confront unique challenges. This was across our public, third and independent services and again required new depths of agility, resilience and partnership working.

Over the course of this report many examples of this are noted. Each area is an achievement in itself, taken together the collective effort of our staff is the single most significant achievement of the last year.

Joint Adult Protection Inspection

Our social workers and assessment staff have provided a robust response to adult support and protection and welfare concerns throughout the pandemic. Responding timeously and appropriately to keep vulnerable adults safe across Inverclyde. Our staff have also contributed to a successful external inspection by the Care Inspectorate in relation to our adult support and protection duties and responsibilities.

The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the Covid-19 pandemic. Due to the impact of the pandemic the inspection was put on hold, however Inverclyde HSCP were keen to complete the process and agreed to restart the inspection on a virtual basis as a test of change. This was a complex activity given the range and scope of protection work which was successful in allowing the inspectors full access to Inverclyde Partners case files and staff. This included:

- Position Statement from Partnership
- Supporting evidence from Partnership
- Staff survey (187 responses)
- Focus Group with frontline staff
- Social work, Health and Police records for 50 individuals subject to ASP Process
- Audited 38 recordings of initial Duty to Inquire referrals where no further adult protection related action was taken

Feedback provided has been very positive in particular around practice, partnership working and outcomes for vulnerable adults

Assessment and Care Management

Though structurally there were necessary changes to working practice in terms of blended working safe visiting and safe guarding, the Inspection team did comment on the impact of Covid-19 pandemic and concluded that screening and triage of referrals before and during Covid-19 restrictions was of a good standard. Well-established referral processes between agencies were in place and were effective. Reassuringly, visits to adults at risk of harm were still being carried out in the most critical instances.

Support to Care Homes

The HSCP provided support to Local Authority, Independent and Third Sector care home providers to protect their staff and residents throughout the Covid-19 pandemic, ensuring that each person received the right care in the appropriate setting for their needs. HSCP staff worked very closely with local care homes to offer any support they required including (but not limited to) the following:

- appropriate information, guidance and support to safely admit, accept discharges from hospital, and care for patients during the pandemic with direct access to the Public Health Protection team
- the right information and the right support to care for people within their care home
- ensure fair and prompt payment for existing care commitments by working with Commissioners
- ensure they have the right equipment and supplies, this includes appropriate Personal Protective Equipment (PPE) for care homes and that staff receive the right training in donning the equipment, its safe removal (doffing) and disposal so that staff can provide care safely and that they are appropriately
- psychological support to staff working in care homes
- training opportunities and support to all care homes in GG&C through Webinars
- delivered the Covid-19 pandemic vaccination programme in all care homes

Care and Support at Home

Our managers and staff have made a significant contribution to improve outcomes for a wide range of service users their families and carers. We have provided person centred, safe and compassionate advice, guidance and supervision across all adult and older people services. Our care at home service have provided critical and substantial interventions providing emotional and personal care throughout the global pandemic period to many of our most vulnerable service users.

Over the past 12 months the Care and Support at Home Service, HSCP and commissioned combined have delivered 1,078,224 visits to 1804 service users in the community, with March 2021 seeing a gradual return to normal service following Covid-19 pandemic guidelines. The staff and management teams have continued to provide essential services throughout this very challenging year.

Learning Disability Community Hub



The development of the new Learning Disability Community Hub has continued throughout 20/21.

The Hub development has continued with a programme of consultation and engagement with users of the service, people with Learning Disabilities in the community, parents/carers, staff, union and Council Corporate Communications Team. Ensuring full involvement each step of the development. This work is facilitated by commissioned 3rd sector organisation TAG.

Learning Disability Day Opportunities

From March 2020 to August 2020 Learning Disability Day Opportunities in collaboration with volunteer Transport providers, Riverclyde Homes, Unity Enterprise and Education School meals, delivered over 15,000 hot meals to the most vulnerable people, shielding and in isolation throughout Inverclyde. Meals were provided 7 days per week.

From March 2020 to July 2021 the Learning Disability Day Opportunities Team and 2 voluntary transport providers formed a Covid-19 pandemic Transport Team, with a focus on Patient Transport from Hospital to home, same day and with additional 'settling in service' from experienced Day Opportunity Workers as escorts. This service provided over 40 transfers so far and will be evaluated under the Home1stf discharge framework, looking at what impact this service has had in supporting bed capacity and Strathclyde Passenger Transport service during critical periods.

Independent Living

Despite the pandemic we have rolled out the Rockwood Frailty tool across the area and are beginning to look at practical operational implementation of the tool to inform planning development and practice.

We have completed the building improvements at the Joint Equipment store and are now back on site and operational with the decontamination area.

We have completed the tender for the equipment and adaptation management system and are currently utilising within the team and testing before wider roll out across services.

Mental Health Officer Service (MHO) Review

Review of the MHO Service concluded with recommendations for improvement now incorporated in an action plan for completion during 2021. Key elements include an agreed increase in the full time MHO staff capacity from 3 to 6 with retention of the temporary full time MHO Service team lead on a permanent basis. This will help support the service respond to the increasing demand it has experienced while supporting the associated service governance assurances including national standards quality and related development work across the HSCP.

Criminal Justice Social Work Service Development

The Connecting Scotland programme aims to support the most vulnerable to get online, through the provision of digital devices, data and support. It was launched during the Covid-19 pandemic, which not only served to highlight the digital divide but also the importance of the internet in keeping us connected and informed and able to access public services.

The Service was successful in highlighting the circumstances of nine individuals who met the criteria of being within the age range of 20 to 70 and suffering from multiple health conditions, experiencing social isolation and on a low income. As a consequence these individuals received Chromebooks and were supported by their allocated worker (their Digital Champion) to develop their digital skills. This in turn enabled these individuals to stay connected with services and family during the pandemic.

Separately the Service has during the pandemic began to scope the extent of digital access among its service users group by asking and recording during completion of Criminal Justice Social Work Court Reports the extent of an individual's digital connectivity. It intends to use this information once aggregated to help with Service planning going forward.

Criminal Justice Promoting access:

To enhance the options that staff have to engage with service users during the pandemic all our operational staff were given access to Attend Anywhere. This web-based platform helps staff offer video call access to the Service as part of our day-to-day operations. Being able to see service users at least virtually is helpful to building relationships and in supporting more detailed and complex pieces of work.

In addition to the above, the Service has also been working with the wider HSCP on its digital strategy to set up virtual booths across the HSCP. One has recently been installed at HMH and the Service has been involved in the testing of this device and we await a go live date. Other proposed sites include our Hub at Unit 6, Port Glasgow and within the Inverclyde Centre run by the HSCP's Homelessness Services.

Going paperless:

The Service's main vehicle for both measuring impact (in terms of distanced travelled by service users) and capturing feedback on the service user's experience is via our bespoke Criminal Justice Needs Review Tool. Previously this was administered in a paper format and had then to be uploaded electronically for purposes of aggregating the data. The Service has worked alongside the HSCP's Performance and Information Team to migrate this onto a digital platform. This is now in an electronic touch screen format that all Criminal Justice Social Work staff now have installed on their laptops. These interviews can be completed 'in person' or virtually, eliminating paper copies and, the information loaded live as it happens to the database. This will assist in determining future service pathways for the service user and areas for development for the Service as a whole.

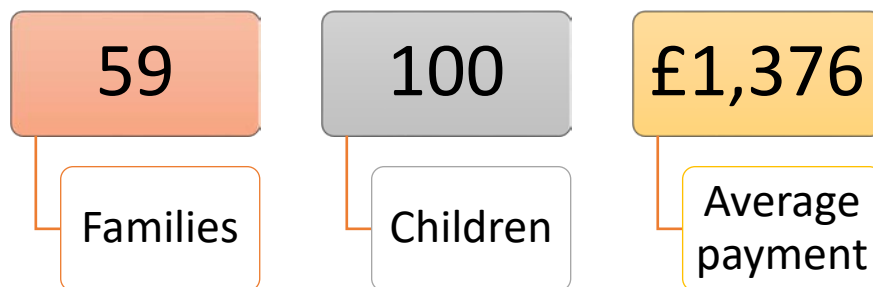
Children & Families

Prior to 2020/21 the service was already working through ongoing recruitment and retention challenges. Throughout this year the approach to recruitment and the offer of support and development has been changed. Throughout 2020/21, 12 newly qualified social workers have been recruited into the service. Recognising these newly qualified social work staff were embarking on their career during this most challenging of times we established an academy for new staff. A programme of support including managed caseloads, peer support and structured learning and development has been implemented. This programme has been managed despite the ongoing restrictions and limits on teams coming together. Whilst in the early stages of implementation and still to be fully evaluated the feedback has been positive and the impact on stability for staff as well as enshrining a culture of high standards and quality improvement in staff from the beginning of their careers. It is hoped this programme will put the service in a strong position as the SSSC look to implement a supported year of practice for NQSWs in the future.

Support during Covid-19 Pandemic

As part of recovery funding made available during the Covid-19 Pandemic, children's services were able to provide significant financial support to families most affected by poverty. It was observed that the Covid-19 Pandemic was having a greater impact on vulnerable families and limiting the choices and options they had to adapt to national lockdown. Social work staff applied for payments for identified families that reflected their situation and the most impactful way to support them. Underpinning all of this was personal choice and using a model comparable to self-directed support to promote choice and to fully enshrine the families as the expert in their own needs.

A further area of work within this fund was to look at some aspects of poverty related neglect, in particular the physical environment in which many families live and often do not have their own



financial means to make sustained changes. Whilst the average payment was around £1300 some families received significantly more allowing for large scale improvements to home environments for children and young people, promoting self-esteem, pride and overall safer living environments.

I am grateful to the Office of the Chief Social Worker for Scotland for the availability of this and a range of other supports that were forthcoming during the pandemic. Regular weekly engagement sessions between her office and CSWOs across Scotland proved an invaluable space for problem solving and support with the advantage of the challenges and needs of the profession being listened to, valued and fed through to National Government. The above is one positive demonstration of the impact of this support.

Homelessness

The pandemic has had a significant impact on the homeless service, with 697 households presenting to the service over the year and 310 requiring accommodation/full assessment. This represents a 20% increase in service activity.

Depopulation of the hostel in response to the pandemic resulted in a local RSLs making a number of temporary furnished flats available at an early stage. However as the lockdown continued, the service was unable to turnaround void properties as repairs and safety checks could not be undertaken by contractors. This resulted in out of area Bed and Breakfast having to be used for a period of time. An intensive plan was put in place to bring service users back into area and house them suitably. This was achieved by February 2021.

3. THE INVERCLYDE CONTEXT

Inverclyde Health and Social Care Partnership (HSCP) was established under the direction of Inverclyde's Integration Joint Board (IJB) in 2015 and has been built on a long history of integrated ways of working locally. Our Partnership has always managed a wider range of services than is required by the relevant legislation, and along with adult community health and care services, we provide health and social care services for children and families and criminal justice social work.

Inverclyde HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

Inverclyde HSCP's population is spread in the main across the three towns of Greenock, Port Glasgow and Gourock with the remainder of the population living in the villages of Inverkip, Wemyss Bay, Kilmacolm and Quarriers Village.

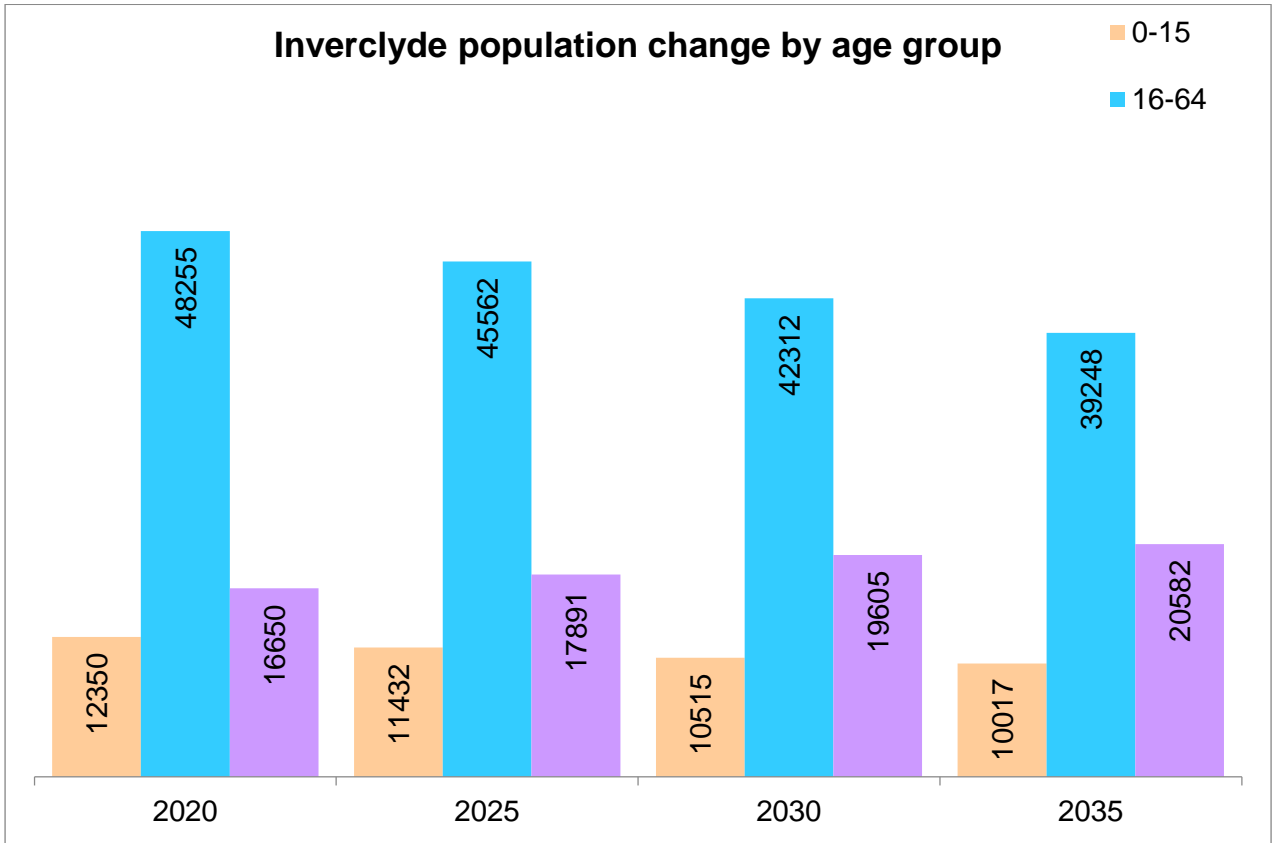
The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS). This gives us a total population of 77,060 (down 740 from 77,800 last year) as at the end of June 2020.

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.



Population projections have limitations and there is a real focus through the Inverclyde Community Planning Partnership, Inverclyde Alliance to try to reverse this population decline which is affected by decreasing births and outmigration.

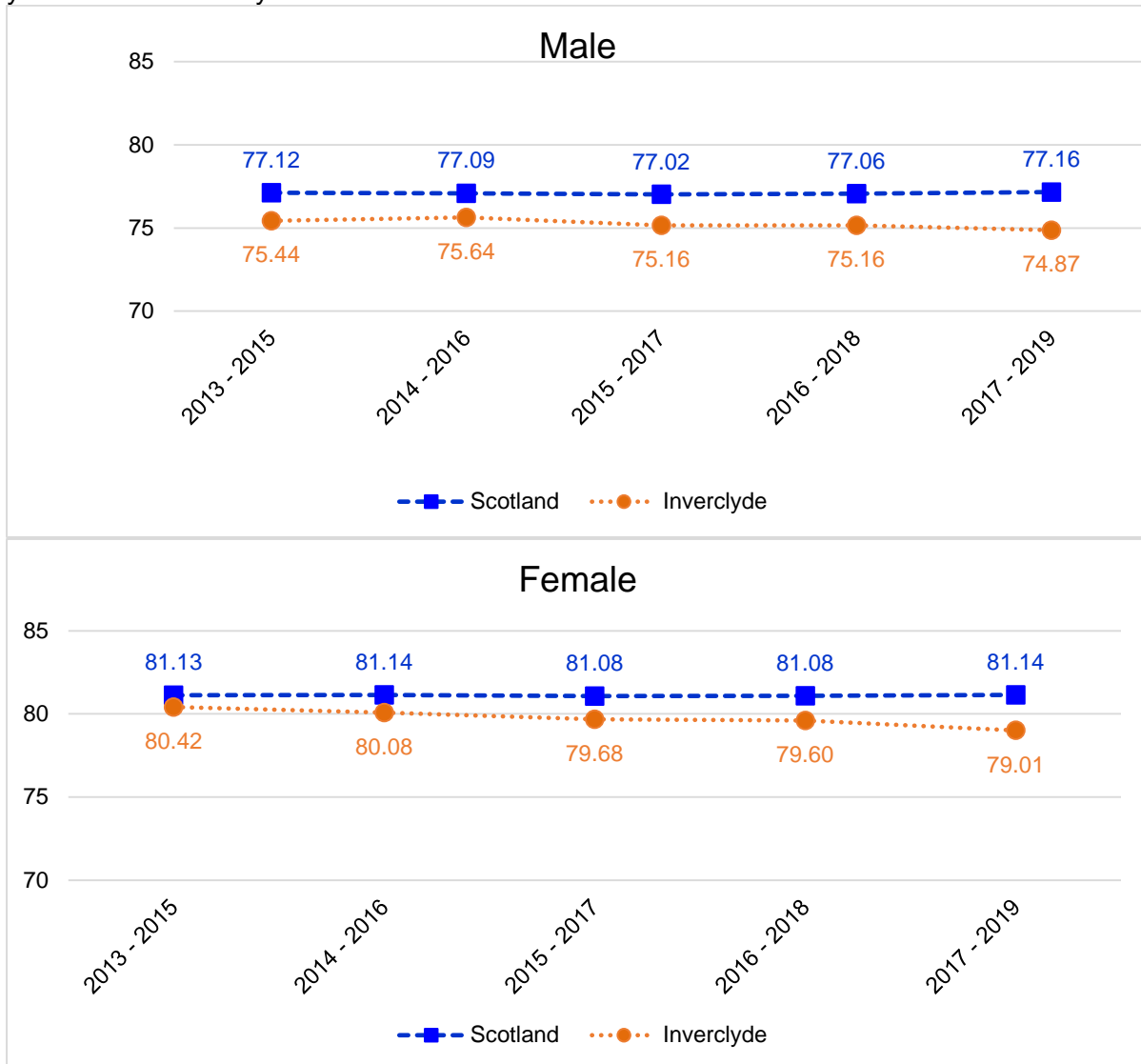
The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



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

Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2017 to 2019 (published by National Records of Scotland in September 2020). The charts below compare the average life expectancy in years across Inverclyde and Scotland.

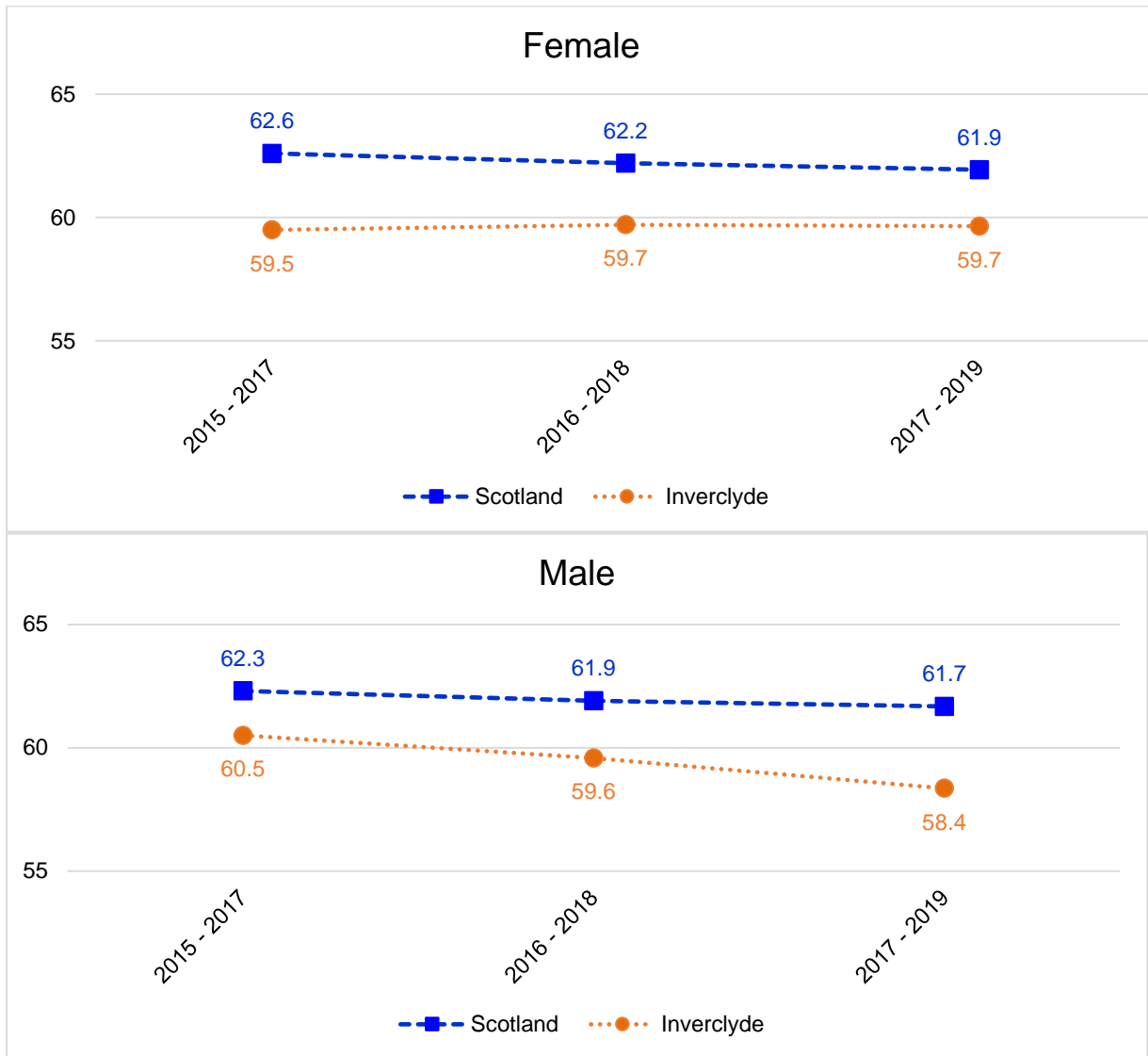


In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

Healthy Life Expectancy

Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health, based on how individuals perceive their state of health at the time of completing the annual population survey (APS).

Healthy life expectancy provides insight into the proportion of life expectancy spent in good health. HLE estimates are important to analyse alongside the life expectancy estimates, to understand the state of health the population is in, as well as their years of life expectancy.



The impact of population changes and levels of deprivation are real challenges for Inverclyde HSCP and impact on the needs and demands of local health and care services.

Deprivation

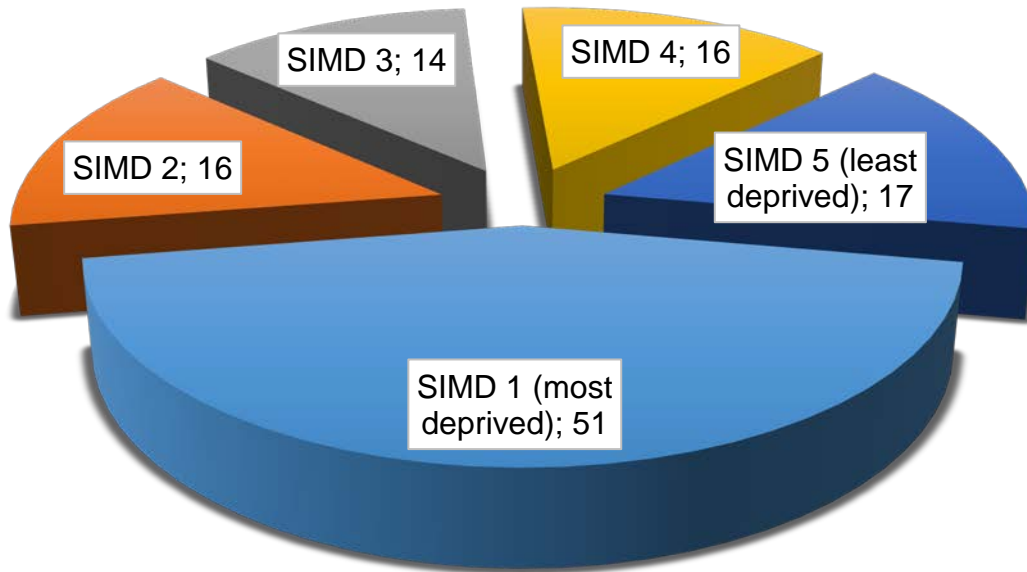
The Scottish Index of Multiple Deprivation (SIMD 2020) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

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.

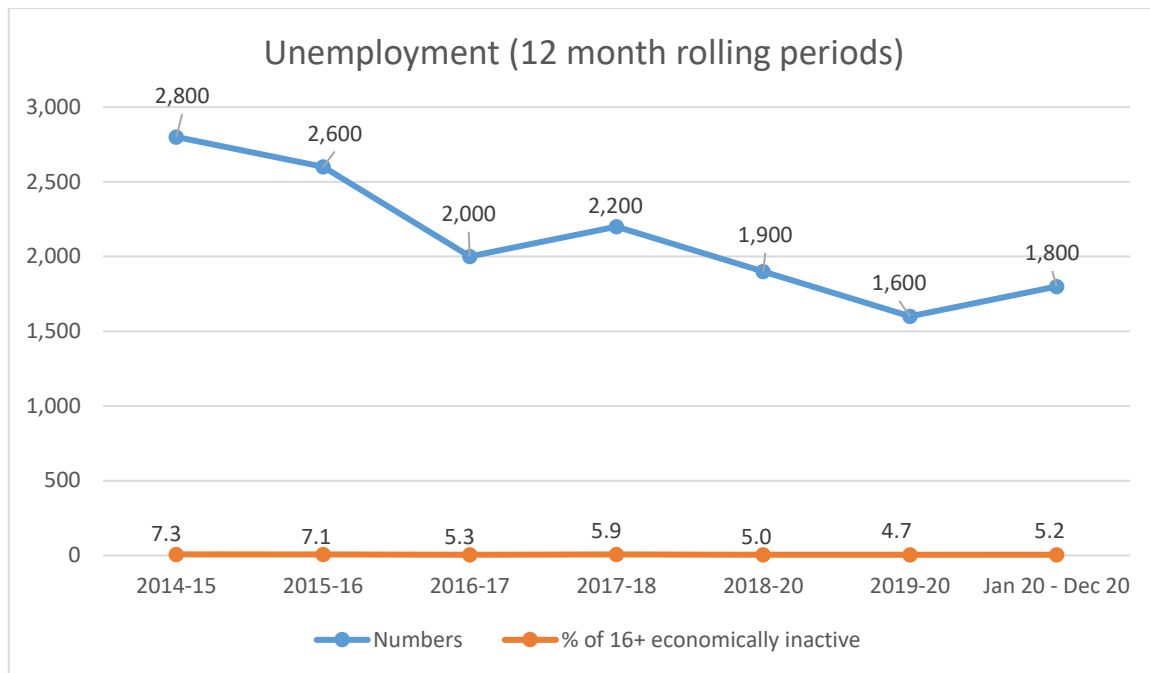
Inverclyde datazones by SIMD quintile



Source: Scottish Government SIMD 2020

Economy

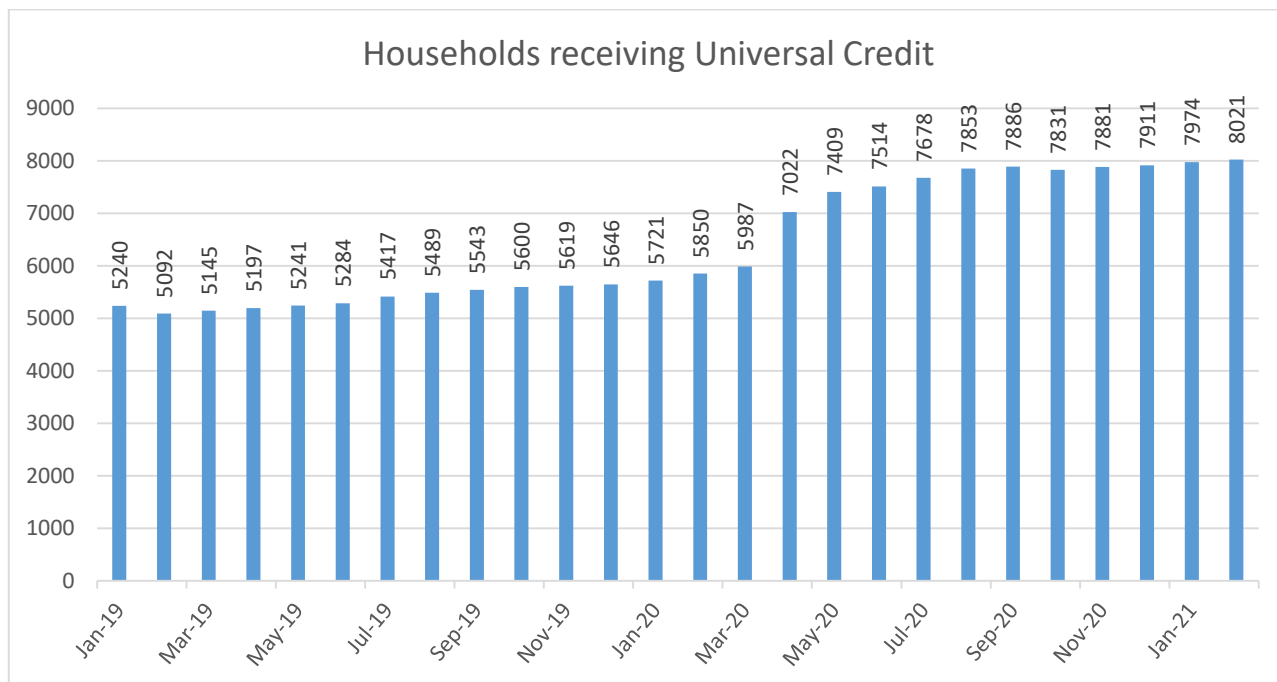
Employment for the people of Inverclyde remains heavily reliant on the public sector. Reductions in public sector budgets, resulting in a shrinking workforce in this area, will put additional pressure on the local employment market. Taken together with the reduction in the working age population of Inverclyde, 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)

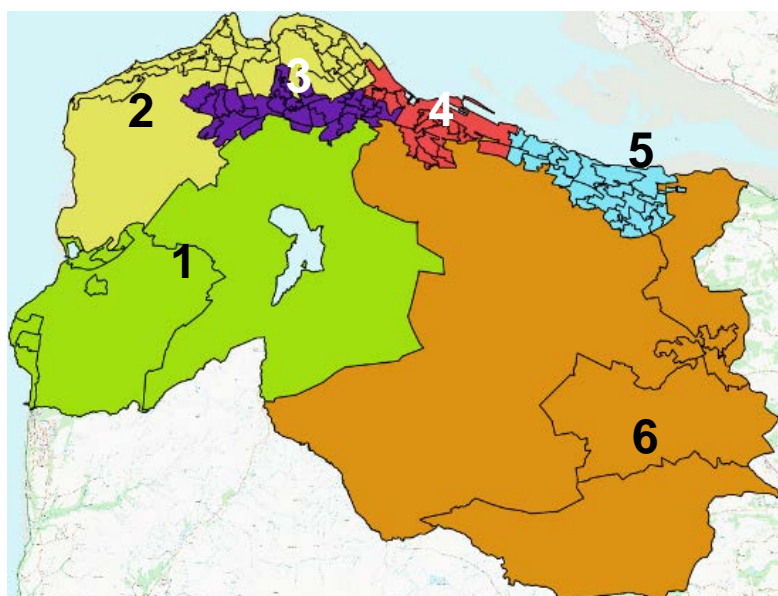
Unemployment figures

http://www.nomisweb.co.uk/reports/lmp/la/1946157422/subreports/ea_time_series/report.aspx



Number of Households receiving Universal Credit

Localities



Our 6 localities are:

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

4. GOVERNANCE

Role of the Chief Social Work Officer

Local authorities are required, under Section 3 (1) of the Social Work (Scotland) Act 1968 as amended, to appoint a Chief Social Work Officer (CSWO). The role of CSWO in Inverclyde is fulfilled by the Head of Service, Children's Services and Criminal Justice.

The role of the CSWO is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority or purchased through the third sector or independent sector.

In July 2016, the Scottish Government issued revised national guidance on the role and function of the CSWO (The Role of the Chief Social Work Officer: Principles, Requirements and Guidance pursuant to Section 5 (1) of the Social Work (Scotland) Act 1968), replacing guidance previously issued in 2009.

Delivery of Statutory Functions

The CSWO has specific responsibilities in respect of statutory decision making and ensuring the provision of appropriate advice in the discharge of a local authority's statutory functions.

The CSWO also has oversight of practice standards relating to services delivered by registered social workers, which will involve public protection and / or the restriction of individual liberty. This requires consideration of individual circumstances, with regard to rights, risks, needs and capacity. These judgements are rarely simple, and often require to take account of a range of issues, including the risks to the wider community.

These legislative provisions include the placement of children in secure accommodation, transfers of children subject to supervision requirements, adoption, fostering, community payback orders, statutory interventions linked to the mental health officer role, adults with incapacity measures; and the protection of children and adults at risk.

It has long been recognized that the role of the CSWO is a complex one and recent years has seen a number of additional duties and responsibilities become added to the role. This is within the context of the vast majority of CSWOs holding a full remit in respect of professional leadership for key service areas and increasingly general management responsibility for often complex integrated services. The Covid-19 pandemic has resulted in a new focus on this issue. Over the period of the pandemic, CSWOs required to carry out an increased range and depth of functions associated with the role. This is an area that is subject to discussion within Social work Scotland and between Social work Scotland and the office of the Chief Social work advisor for Scotland.

Key legislation relevant to the Chief Social Work Officer responsibilities include:

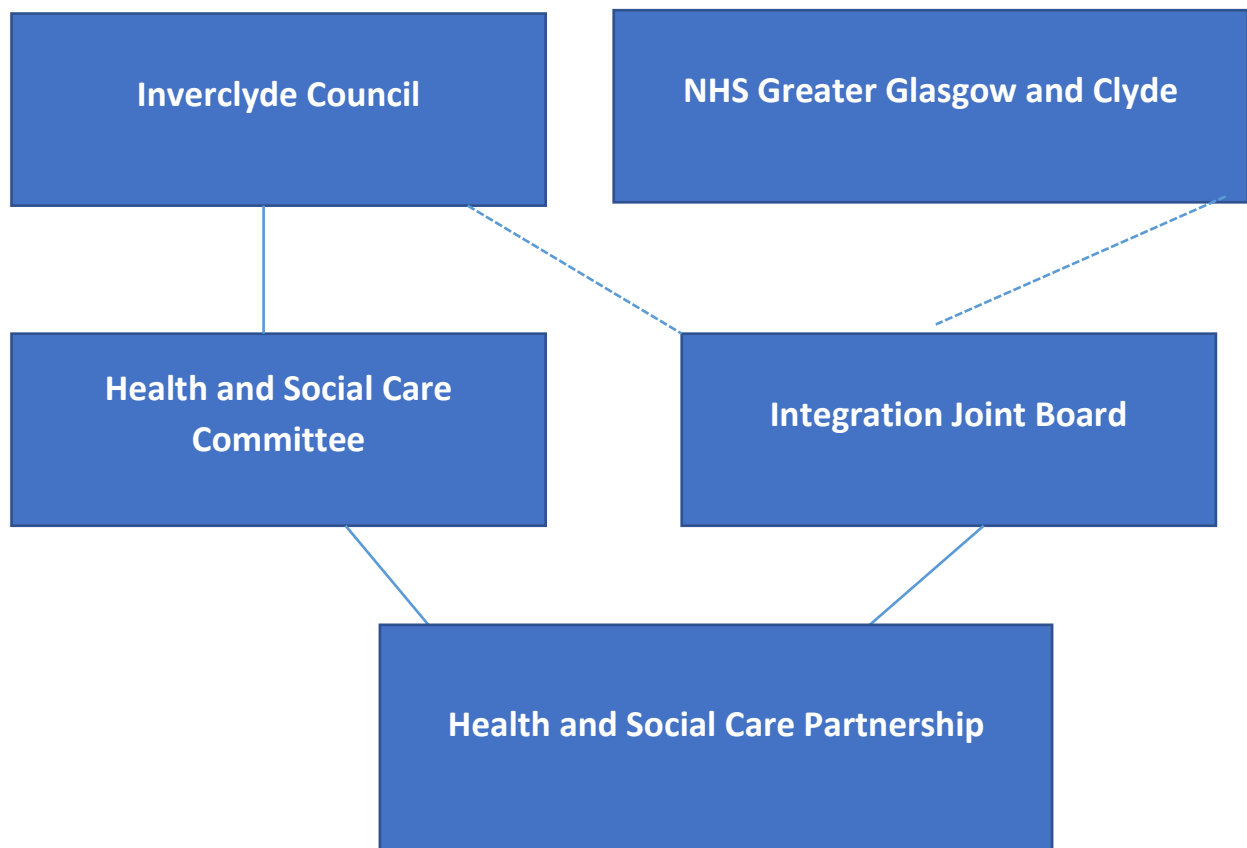
Social Work (Scotland) Act 1968	Children (Scotland) Act 1995
Criminal Procedures (Scotland) Act 1995	Adults with Incapacity (Scotland) Act 2000
Mental Health (Care and Treatment) (Scotland) Act 2003	Adult Support and Protection (Scotland) Act 2007
Children's Hearings (Scotland) Act 2011	Social Care (Self Directed Support) (Scotland) Act 2013
Children and Young People (Scotland) Act 2014	Public Bodies (Joint Working) (Scotland) Act 2014
Mental Health (Scotland) Act 2015	Community Justice (Scotland) Act 2016
Carers (Scotland) Act 2016	Domestic Abuse (Scotland) Act 2018
Duty of Candour (Scotland) Regulations 2018	Health and Care (Staffing) (Scotland) Act 2019

Organisational Governance

In Inverclyde, the Social Work Service (and CSWO) operates in the context of the following governance structures:

- Inverclyde Community Planning Partnership Board;
- Inverclyde Council;
- Inverclyde Integrated Joint Board.

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 the figure 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.

The CSWO is co-chair of the HSCP Clinical and Care Governance Group and provides regular update reports, and escalate issues when required. Each member will be accountable and responsible for ensuring the communication process into and from the group is transparent and that staff are fully aware of the remit, operating principles and processes of the group.

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.

A work plan for the Clinical and Care Governance Strategy was presented to the Integration Joint Board. This work will be monitored through the HSCP Clinical and Care Governance Group and each of the Clinical and Care Governance Groups for each head of service.

5. PARTNERSHIPS

Adult Protection Committee

The principal functions of the Adult Protection Committee (APC) are to promote the support and protection of adults at risk of harm through strategic planning, leadership, agreed priorities, objectives and actions.

The APC leads on developments and improvements in the following key areas:

- Procedures and practice;
- Skills and knowledge;
- Information and advice;
- Co-operation;
- Continuous Improvement.

The membership of the committee includes all the statutory bodies with a role to play in adult protection along with the third sector representatives of the Mental Welfare Commission, Office of the Public Guardian, Care Inspectorate, and Health Improvement Scotland are invited to attend, with minutes being sent out to all agencies.

The membership of the APC is kept under review to ensure that as the body of evidence around adult support and protection matters evolves, agencies who contribute to the local agenda are represented. The lack of links with Scottish Ambulance Service (SAS) was acknowledged as an area that required to be addressed and representation has recently been established.

Child Protection Committee

Inverclyde Child Protection Committee (CPC) is the multi-agency strategic partnership responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across Inverclyde. The CPC are responsible for the quality assurance of multi-agency practice and ensuring that the performance measures put in place ultimately lead to improving outcomes for children and young people. Child protection means preventing a child suffering significant harm from abuse or neglect. The CPC is committed to its responsibility to keep all children in Inverclyde safe from harm whether abuse or neglect has already taken place or looks likely to take place. In working to achieve that, the functions of the CPC are continuous improvement, strategic planning, public information and communication.

The CPC has senior membership across the full range of agencies and services with child protection responsibility including Inverclyde Council (Social Work, Education and Housing), Police Scotland, NHS Greater Glasgow and Clyde, the Reporter to the Children's Hearing, Inverclyde Violence against Women Partnership and the third sector. The CPC has a chair, a vice chair and a lead officer to ensure tasks are taken forward. All members aim to consistently improve upon the delivery of robust child protection practices across the public, private and wider third sectors.

The National Guidance for Child Protection in Scotland 2014, requires that each CPC be established and governed by a Chief Officer Group. The Local Police Commander and the Chief Executives of NHS Glasgow and Greater Clyde and Inverclyde Council are the Chief

Officers responsible for the leadership, direction and scrutiny of the local child protection local services and they have strategic responsibility for the CPC. Inverclyde CPC works collaboratively with other strategic partners; in particular, the Integrated Children's Services Board, Violence against Women Partnership, Adult Protection Committee and the Alcohol & Drugs Partnership. This means that child protection is seen alongside the wider context of supporting families and meeting children's needs. It ensures that partners are aligned in their aims, priorities and delivery of improvements as set out in the Child Protection Programme and the Local Outcome Improvement Plan.

Children's Strategic Partnership and Children's Services Plan

The strategic partnership responsible for the delivery of the Children's Services Plan is comprised of representatives of the main partner agencies – Health and Social Care Partnership, Education and Community Services, Police Scotland, Voluntary Organisations, Scottish Children's Reporter Administration, Skills Development Scotland.

The partnership is chaired by the Corporate Director for Education, Communities and Organisational Development and there is a leadership group that leads and reports on the priorities of the delivery plan.

An annual report is produced by the strategic leads and presented to the Alliance Board before submission to the Scottish Government. We will continue to consult with children, young people and families as part of our participation strategy.

Criminal Justice

North Strathclyde MAPPA

The North Strathclyde MAPPA Unit serves six Local Authorities, 3 Police Divisions and 2 Health Boards. The Unit itself is hosted by Inverclyde Council. Its purpose is to organise MAPPA meetings for individuals who by dint of the nature and seriousness of their offending require an active multi-agency response to managing the risk of serious harm posed. The function of these meetings is to create a Risk Management Plan to mitigate the identified risks and address outstanding needs that have a bearing on the potential to re-offend. Due to the impact of COVID 19 pandemic and specifically the Scottish Government restrictions on movement and social distancing requirements alternative arrangements for these meetings in common with all of our public protection responsibilities had to be found. Initially, this was achieved through telephone conferencing and latterly through virtual platforms such as WebEx and Teams.

In October 2020 the North Strathclyde SOG agreed to commence the preparatory work to appoint an independent chair of the SOG. All partners were in agreement that the provision of such a dedicated and independent resource would not only add additional capacity, thus strengthening activities around quality assurance and continuous improvement, but would also be able to act as a critical friend. In addition, moving to appoint an independent chair would mirror the directional of travel across Scotland. This post has been successfully established and recruited to, with the new chair taking up the post in 2021/22.

The North Strathclyde MAPPA Operational Group (MOG) supports the ongoing development of MAPPA and monitors performance at an operational level. This Group too continued to meet virtually throughout the pandemic and also fulfilled its requirement of four meetings taking place in 2020/21.

To support Criminal Justice Social Workers in their risk assessment and risk management activities the North Strathclyde SOG hosted the SAPROF (Structured Assessment of Protective Factors) training course. This was delivered by Dr Ruth Tully who is the national trainer for this course and the training was facilitated through the WebEx platform with 92 individuals successfully completing the course in February 2021. Not only will this course sharpen practice with regard to risk assessment and risk management it will also provide a helpful vehicle to engage with those individuals who both deny their offending and/or who have a learning disability. An implementation group has been established involving key operational staff to help ensure a co-ordinated and consistent approach to the application of this training in practice during 2021/22.

Inverclyde Community Justice Partnership

The Inverclyde Community Justice Partnership, chaired and hosted by Inverclyde Health and Social Care Partnership, continued to meet throughout 2020/21 and was mainly focused on supporting Covid-19 pandemic recovery. This work has included:

Prisoner Early Release



In response to the national Covid-19 pandemic; legislation was passed allowing for the early release of certain prisoners from custody. The Partnership supported colleagues in Criminal Justice Social Work, Alcohol and Drugs Recovery Service and Homelessness to proactively come together to offer support to prisoners identified for early release under this scheme; recognising that the Covid-19 pandemic would lead to additional challenges for an already vulnerable and complex group.

To this end, protocols were devised to utilise the 'email-a-prisoner' scheme to make offers of support. During April 2020, 16 individuals identified as part of the early release scheme were contacted; 13 of whom accepted an offer of support. Support provided to these individuals included making referrals to the appropriate agencies to provide support to address housing; mental health; addictions and benefits issues and referrals to third sector partners such as Shine and I-Fit. The Partnership supported the successful completion of an Information Sharing Agreement with the Scottish Prison Service which has enabled the effective and timeous sharing of information with key partners

Now under further review, it is hoped that the Partnership can build on the proactive approach established in the last year to create a more efficient and streamlined offer of support to this service user group using effective sharing of information between statutory and third partners agencies to ensure that such individuals are offered the right support at the right time.

Creation of an Unpaid Work sub group

During 2020-21 an Unpaid Work sub group (of the Community Justice Partnership) was created that aims to enhance the local offer in Inverclyde around Unpaid Work. The Group seeks to improve support for those service users who may require assistance with literacy and numeracy, improving employability opportunities for service users and promoting the community benefit of unpaid work. The Group will also support the Justice Manager in their annual return to Scottish Government.

Women with involvement in the Criminal Justice System

The Early Action System Change project focused on women with involvement in the Criminal Justice System (CJS) in Inverclyde has developed during 2020-21. Engagement with women with lived experience of the CJS and the formation of a co-production group were significantly disrupted by COVID 19 pandemic restrictions, however, an adapted approach focusing on remote engagement and collaboration with frontline services, including several Community Justice partners, to provide referrals has allowed for progress in developing relationships with women either currently involved in or with previous experience of the CJS. As a result, women have been involved in establishing the current context of CJS involvement for women in Inverclyde and identifying areas where limitations to their support exist which could be addressed and improved by a system change approach. This will be central to the development of a test of change proposal which, pending funder approval, will commence in 2021 and which women with lived experience of the CJS will continue to co-produce. Work has also continued around other elements of establishing an evidence base for the test of change, including the production of a literature review and a cost benefit analysis methodology.



Our social workers and Allied Health Professionals have successfully supported a range of adults and older people to remain at home through our Home 1st approach. This approach ensures people are supported to live at home and encouraged to maximise their independent living skills. We have supported people to return home after a hospital admission. Our performance in relation to discharges from hospital remains one of the best in Scotland.

The established partnership with Acute around Home 1st laid foundation for successful discharge planning during the pandemic. The established Discharge Hub at IRH ensured quality work continued with safe discharges reducing pressure on acute services and ensuring people were cared for in a safe environment of their choosing.

Care Homes

In late May early June 2020 all older people and adult care homes had Infection, Prevention and Control visits to ensure compliance with infection control guidance. These were joint visits by nursing staff and the service manager of the Quality and Development team.

Further assurance visits were also carried out earlier this year. Joint assurance visits to all older people care homes in the early part of 2021 was praised for not only an area of good practice but also ensuring some of our most vulnerable residents were safe but also introduced joint working between the Strategic Commissioning Team who normally carry out contract monitoring visits working with Senior Social Workers and Lead Nurses to carry out the assurance visits.

Independent Living

There is work underway with 3rd sector partners around the development of a Compassionate Inverclyde Award Scheme. This 3 tiered award will be open to people and organisations in Inverclyde who can demonstrate acts of kindness.

We are working with partners around early intervention, health promotion and signposting to other services and are developing a pathway with Inverclyde Leisure for this work. This work will support people to manage their own health and maintain their abilities as they age.

In March 2019, preceding the publication of both Housing to 2040 and the National Planning Framework 4 position statement, the Scottish Government published new guidance for local authorities to address unmet housing needs of wheelchair users. Local authorities are now required to set targets on the provision of wheelchair accessible housing across all tenures and report annually on progress. Through our Strategic Housing joint work we have been influential in setting a wheelchair target of 5% across all Housing tenures in the Local Development Plan.

Community Learning Disability Services

Partnership working has continued both within the Integrated Team and externally, with the commissioned support providers and voluntary sector. In March and April 2020, risk assessments were completed by the main support providers supported by the Learning Disability Day Opportunities Managers and Council Health and Safety Officer, regarding how they would continue to provide services during lockdown. Service users and carers were contacted by telephone and offered alternative services such as hot meal deliveries and food parcels.

Engagement with service users and community organisations has continued via virtual platforms. Partnership with 3rd sector Organisations, Transport Providers, Enable, Unity and the Trust Befriending has enabled an extended support network to continue throughout 20/21 during lockdown and restrictions.

Our supported living / day and respite staff have provided flexible services across Learning Disability and older people's services throughout the pandemic and have supported carers by establishing valuable services to ensure families and carers received a valuable break from their caring responsibilities.



Partnership working with Parklea Branching out during restrictions providing a safe and supportive environment for people with Learning Disability, Autism to attend providing much needed respite for carers and meaning activities for those where the impact of Covid-19 pandemic and restrictions has been profound. An informal secondment arrangement has taken place as a result of Covid-19 pandemic where 2 Learning Disability Day Opportunities staff are located Monday to Friday at Parklea providing much needed

personal care or additional support. This opportunity allows for sharing expertise across the 2 Organisations and making efficient use of resources, when workers were unable to work in public areas due to restrictions.

This arrangement will be evaluated and may continue beyond restrictions being lifted and remobilisation of day opportunities.

Collaborative Working

Service managers across Community Mental Health, ADRS, Learning Disability, and Assessment and Care Management have (re)established a shared forum for joint improvement work to ensure gaps in service provision are identified and addressed in a collaborative manner.

A quarterly interface forum has been convened by Service Managers across Mental Health, Criminal Justice, Homelessness and ADRS. This provides a platform for team leads collaboration and sharing learning to improve delivery of services.

Service Managers from Community Mental Health and ADRS/Homelessness have refreshed the approach and processes for the Resource Allocation Group and engagement with provider partners. This is enabling improved governance arrangements for commissioned supported living services in partnership between the services, users of our services, our providers, and HSCP contracts and finance colleagues.

Older People's Mental Health Team

Older adults social work staff have continued to work collaboratively with hospital staff to ensure safe discharges to the community or to a care home setting in difficult circumstances, close working with families, carers and advocacy has been crucial to ensure individuals needs and wishes have been respected at all times.

The recent Mental Welfare Commissioning idea report 'authority to discharge' highlighted no unlawful discharges for Inverclyde.

Alcohol & Drug Recovery Service

As the ADRS operational model evolves, improved collaborative working with Moving On, commissioned to provide support to less complex cases, ensures that people referred for drug and/or alcohol issues are seen by the right service at the right time through a joint allocation process.

The CORRA Foundation formed the new pathway for services users for Alcohol and Drugs:

- Improve engagement with more difficult to reach and hidden population by providing new routes to access services from GP practices and other partners such as Scottish Ambulance Service across extended hours.
- Prevent alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis; and
- Provide a community based treatment option for home alcohol detox.

Although this work was put on hold for a period the Co-ordinator has undertaken recruitment of staff, development of operating procedures and pathways and training have been progressed in order to achieve full roll out in the forthcoming year.

Advice Services

Inverclyde HSCP is the lead organisation for the Inverclyde Financial Inclusion Partnership. The Partnership is comprised of a range of public and 3rd sector organisations, working towards the shared objectives of ensuring that:

- Citizens of Inverclyde have access to relevant services for income maximisation
- Citizens of Inverclyde have access to relevant financial services and products which enable them to manage their money effectively; and Citizens of Inverclyde have the capacity to plan for the future and deal effectively with unexpected financial pressures

Health Improvement and Inequalities

The Health Improvement and Inequalities Team have had a particular focus on food insecurity and growing both during and as we emerge from the pandemic. Our lead for this programme has worked collaboratively with third sector organisations to ensure the Food Network has been fully involved. This has included not only the humanitarian aspects of ensuring access to food but also the development of growing and gardening projects which also improve mental and physical wellbeing. Whilst delivery of the usual range of cooking and nutrition classes could not be delivered, some online classes were developed and delivered. This will remain an important aspect of partnership working going forward.

6. SERVICE QUALITY and PERFORMANCE

How Social Work Services are Improving Outcomes for Children and Families

Throughout the last year the children and families teams have continued to provide a full service to families. Working in very different ways and navigating rapidly changing public health guidance, temporary legislation and fluctuating risk has presented new and unprecedented challenges for practice. Throughout the second national lockdown the children and families service fulfilled all statutory tasks as well as providing an ongoing and for the most vulnerable. An enhanced level of support to families with face to face visits increasing. The additional work and tasks expected of children and family staff occurred when many other support services had redeployed resources to other Covid-19 pandemic related tasks leaving a high level of risk and vulnerability to be managed by the service. The response to Covid-19 pandemic and the commitment, hard work and creativity of the service is an achievement to be celebrated.

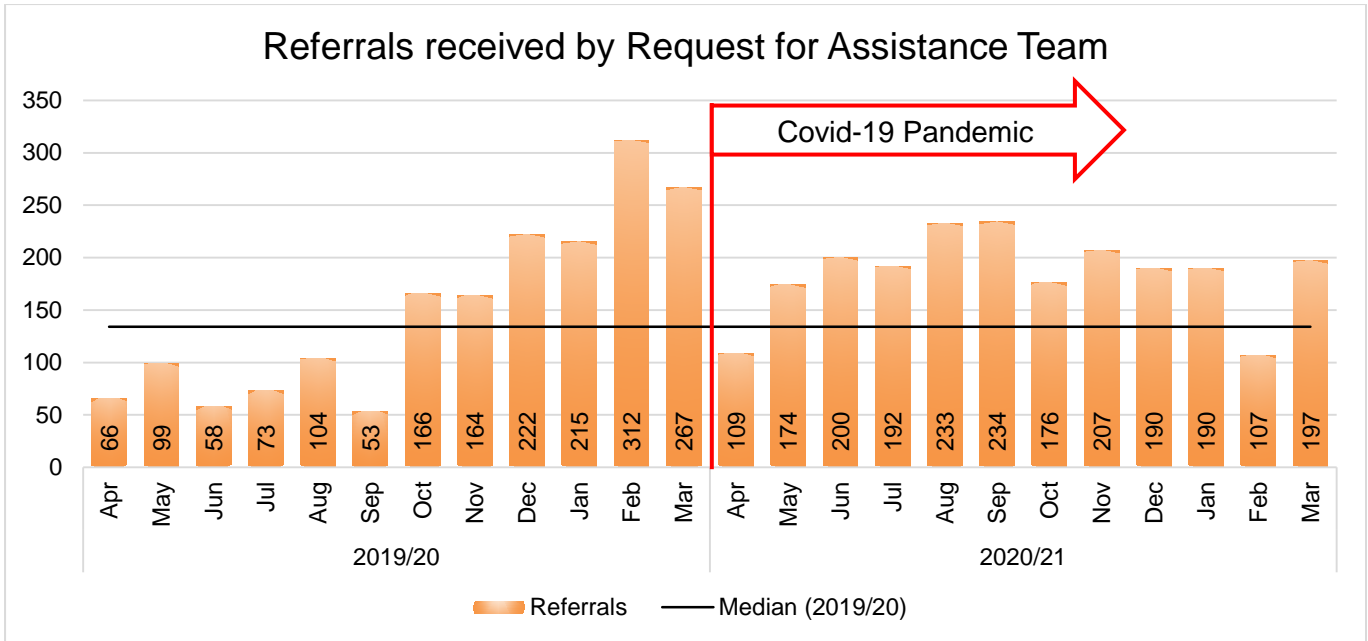
As we emerge from the Covid-19 pandemic restrictions the service will have many priorities that will overlap and link together. Children and Families social work along with other services and systems interacting with children and young people are at the beginning of a journey of development, redesign and systemic change as we seek to implement the recommendations of the National Care Review as outlined in *The Promise* and *The Plan*. The review led by thousands of care experienced voices will lead to wide ranging change across all services and this will be particularly acute for children and families social work.

Tied to the ambition of *The Promise* another key priority will be working alongside partners to embed whole family support to ensure the families receive the right support and the right time and in doing so we build the culture and conditions for supporting as many children as possible to live safe and ambitious lives at home with their family.

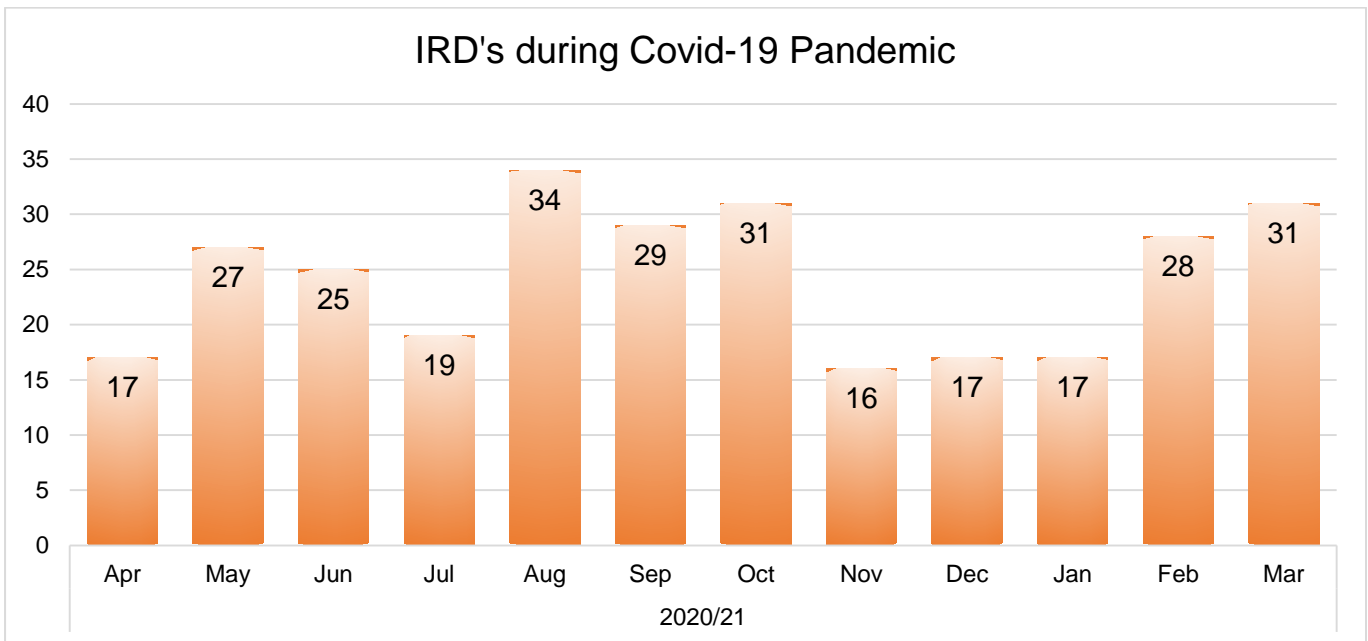
Underpinning all of the competing priorities as we look forward to moving out of Covid-19 pandemic restrictions will be the wellbeing, support and development of staff. Our practitioners remain the single biggest resource we have to offer vulnerable families and the impact of the pandemic, increased workload including managing higher levels of risk and complexity have accentuated the importance of staff wellbeing. We will continue to offer high quality supervision, look to build capacity for the workforce and ensure appropriate support to them.

Child Protection

Initial referrals around Child Protection are made to the Request for Assistance Team (RFA). The chart below shows the referrals received by the RFA team for the last 2 years. An increase in demand is apparent from October 2019 (pre-pandemic) and levels have, mostly, remained above the 2019/20 figures throughout the Covid-19 pandemic.



IRD's (Initial Referral Discussions)



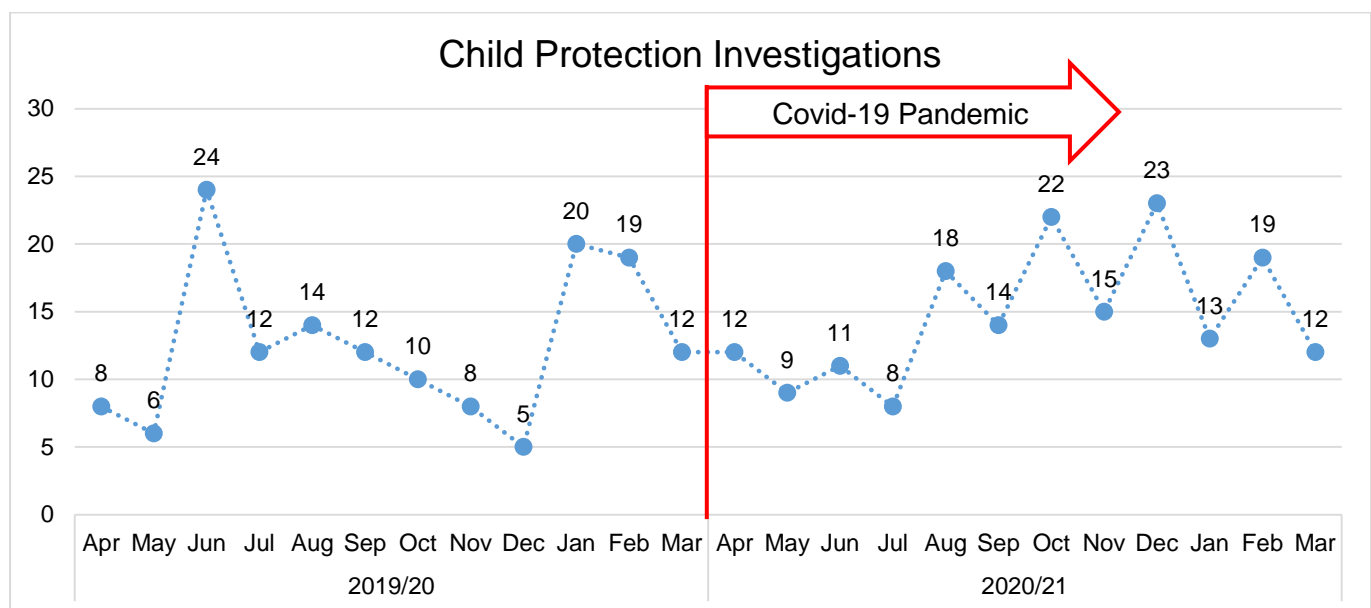
You will note that the number of Interagency Referral Discussions do not correspond to an equivalent number of Child Protection Investigations. This is not unusual as IRD's by their very purpose, share information on a multiagency level which can help to reduce the assessed level of risk as well as increase it. There is some evidence nationally that use of IRD's increased during the pandemic for the following reasons:-

- Well established local networks of early intervention and support were diminished overnight when lockdown commenced and it took some time to reconvene services
- Universal services, in particular education, were working remotely meaning less in person assessment of the level of risk.
- Practitioners may, understandably, have called for an IRD for reassurance and on the grounds of caution as the pandemic inhibited direct work with children and their families

Some of these elements will have been present within Inverclyde leading to a greater number of IRD's requested as we came out of lockdown but resulting in relatively fewer Child Protection Investigations. Correlations between IRD's and investigations begin to settle as we move into the winter through to spring.

Child Protection Investigations

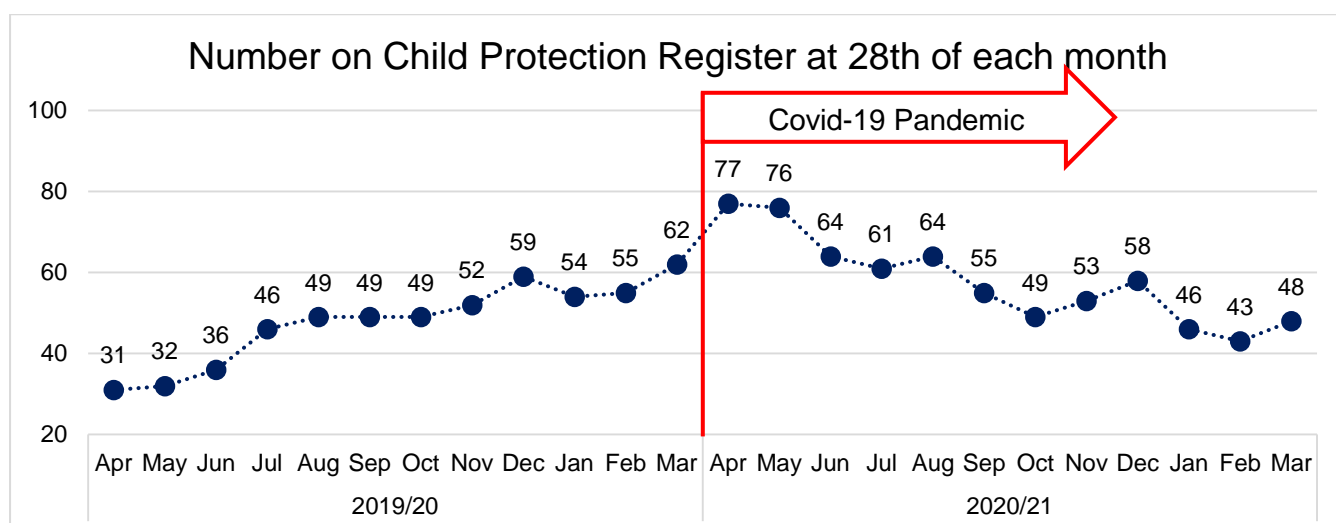
Where appropriate, an investigation is undertaken; the number of child protection investigations undertaken are shown in the chart below.



Child Protection Conferences / Register

The child protection data provided should be considered in the context of the Covid-19 pandemic and also aligned to increasing numbers of children and young people who were required to be looked after away from home. In April 2020, during the first national lockdown, a much higher than average number of children and young people were on the child protection register. This number remained high throughout most of 2020. The higher than average numbers, and the persistent nature of this can be in part explained by caution being applied by conference chairpersons in respect of stepping plans back from a child protection level whilst other multi-agency services were less available or less able to provide the usual level of support. One clear example would be children not attending school due to the national lockdown and therefore the ongoing assessment and support from the multi-agency team not being the same as pre-pandemic. The numbers do start to decrease as other services (some of which would have been impacted upon by redeployment of staff to the Covid-19 pandemic effort) progressed through their recovery plans and were able to play a fuller role in child's plans. As can be seen from the data the numbers of children on the child protection register stabilised in the last quarter of the year.

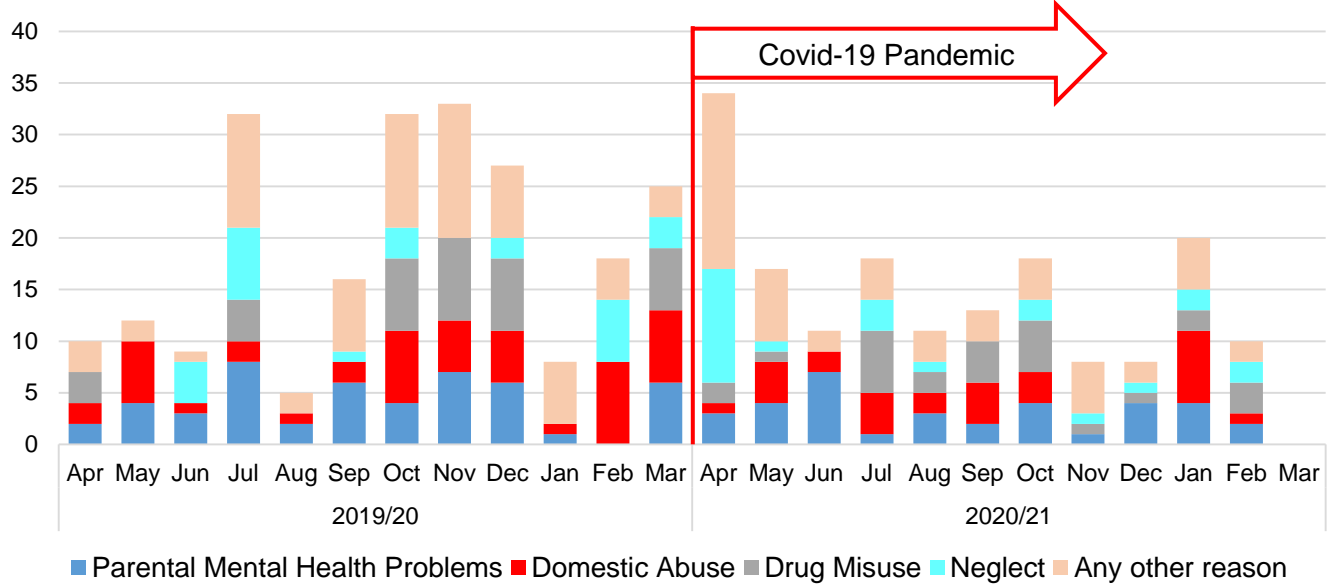
	Inverclyde	Scotland
Children with a child protection plan seen by a professional	100%	97%
Children with a multi-agency plan contacted by a professional	56%	44%
Young people eligible for aftercare	71%	65%



Areas of concern

After an investigation a child may be placed on the child protection register; there are various reasons for this and sometimes multiple reasons are identified. The chart below highlights the main reasons for a child being added to the register.

Areas of concern for children placed on the CP register



'Any other reason' includes emotional abuse, physical abuse, sexual abuse, the child placing themselves at risk, alcohol abuse and non-engaging family.

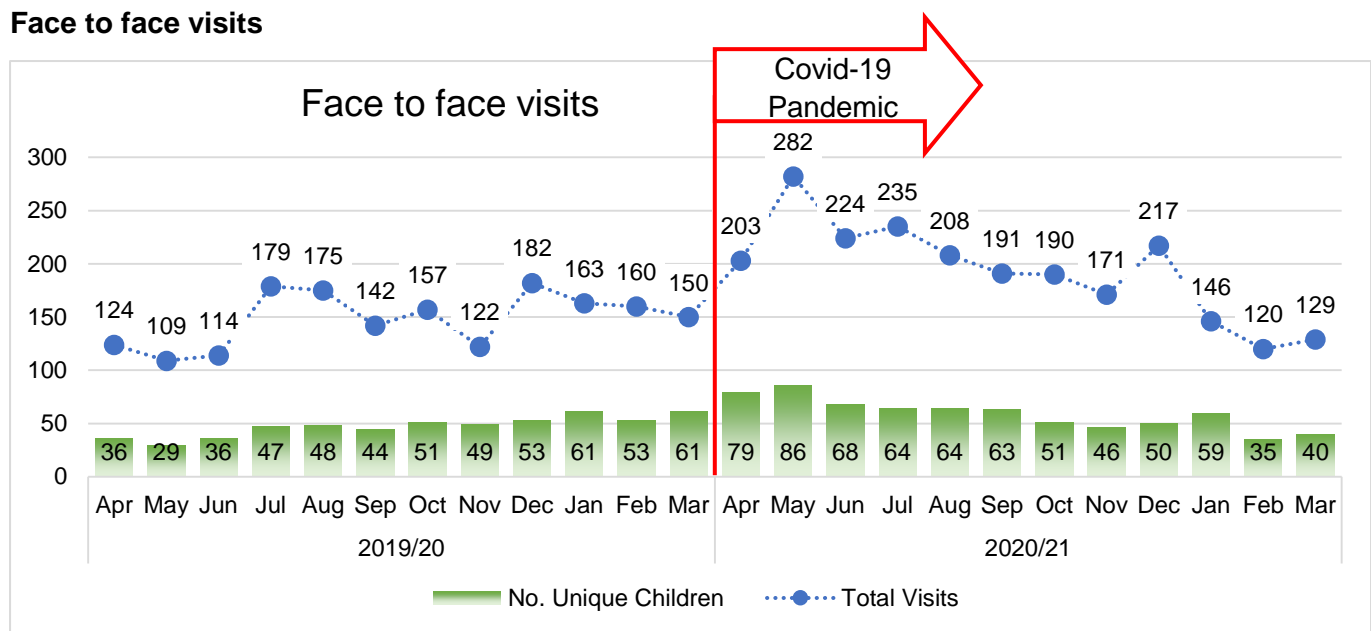
The other factor impacting on the increased activity around child protection is the recruitment and retention issues within the qualified social worker group. Throughout 2020/21 we have experienced a high number of vacancies resulting in higher workloads for more experienced staff which impacts the provision of effective and early assistance. As can be seen in data presented, the number of children requiring to be looked after away from their families has also increased this year. This represents the increased levels of complexity within the workload in children's services.

Joint Investigative Interviews



Children’s Services have continued to support the Joint Investigative Interview pilot along with partners in Police Scotland and colleagues from Renfrewshire, East Renfrewshire and East Dunbartonshire. The start was delayed due to Covid-19 pandemic however the team started interviewing from August 2020. Since this time 48 Joint Investigative Interviews have been conducted for Inverclyde, the data above highlighting a significant proportion resulted in a full or partial disclosure. Furthermore very few children have required a second interview. This is a highly skilled task for social workers and police officers and the pilot team are able to develop and use their skills daily to ensure best practice and to ensure a model exists to interview vulnerable children that seeks to get the best evidence whilst being trauma informed. The pilot will progress throughout 2021/22 and will include work to open the first “Barnahaus” or “House for Healing”. This will follow a Scandinavian model for supporting children and young people who are victims of abuse and aims to provide seamless support through investigation, interview and recovery.

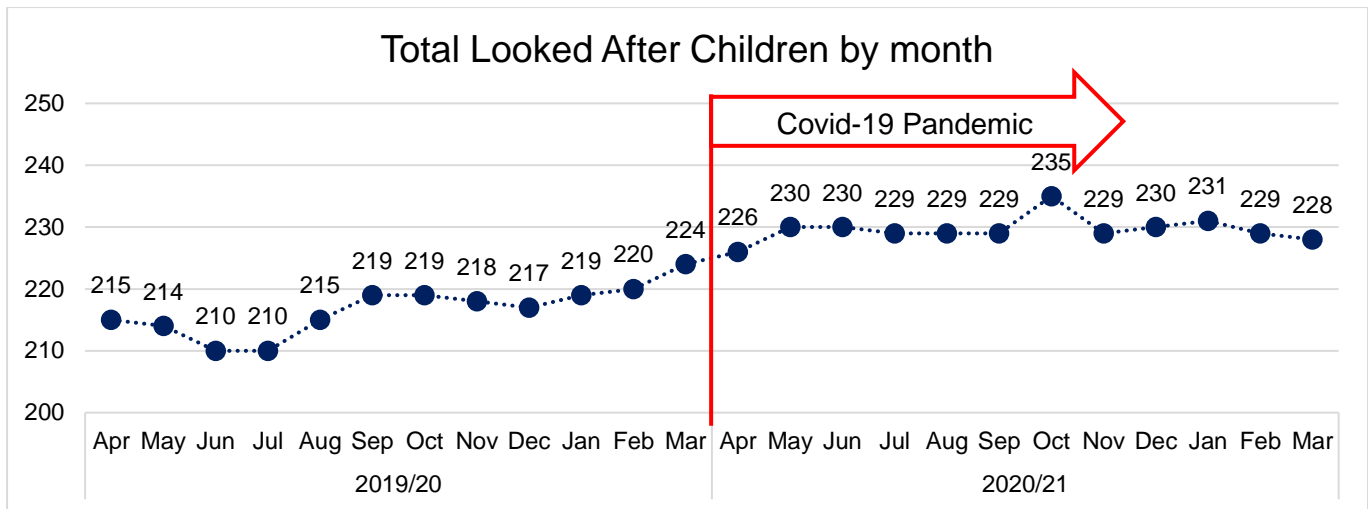
Face to face visits



Of particular note is that throughout the pandemic rather than decrease, children and families social worker visits to the most vulnerable children increased markedly.

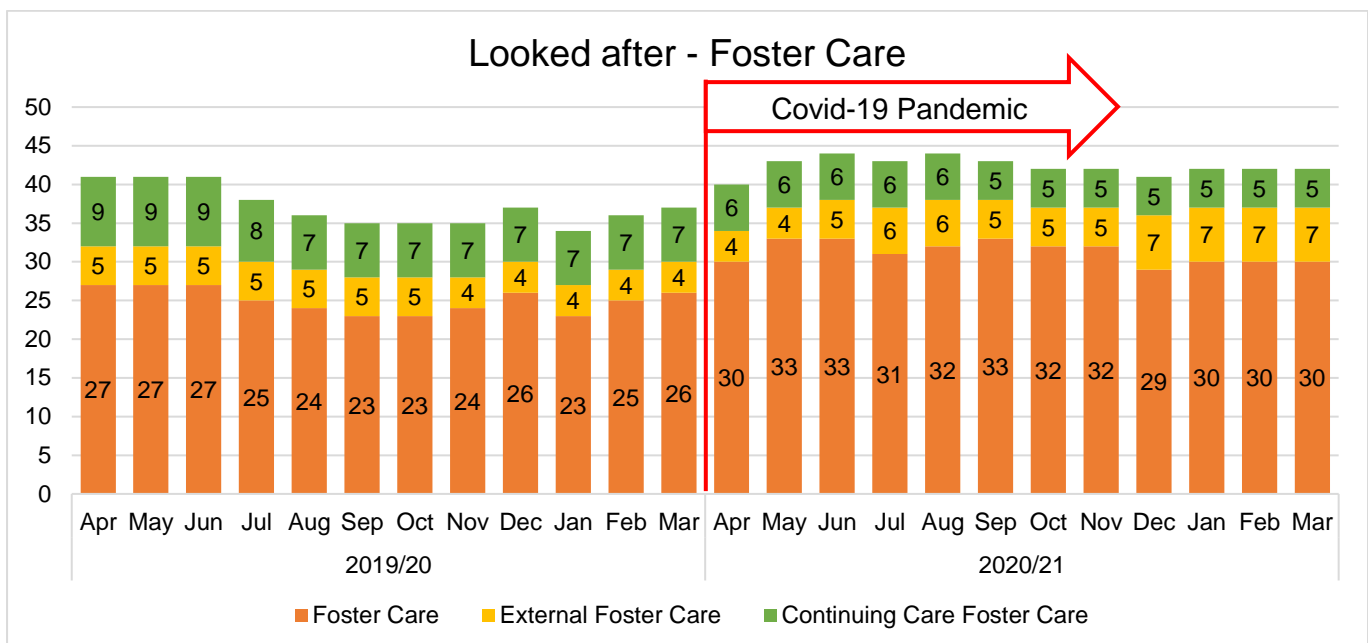
Looked After Children

Pre-pandemic the number of looked after children remained relatively static (averaging approximately 219) however the numbers started to rise steadily from the first lockdown with the balance of care shifting from looked after at home to an increase in looked after away from home in residential, fostering and kinship care.



Pre-pandemic the number of children and young people in fostering placements remained stable. The majority of placements were with local carers, this included young people who remained with carers beyond their 16th birthday in continuing care placement and externally commissioned placements being long term placements for young people subject of permanence orders.

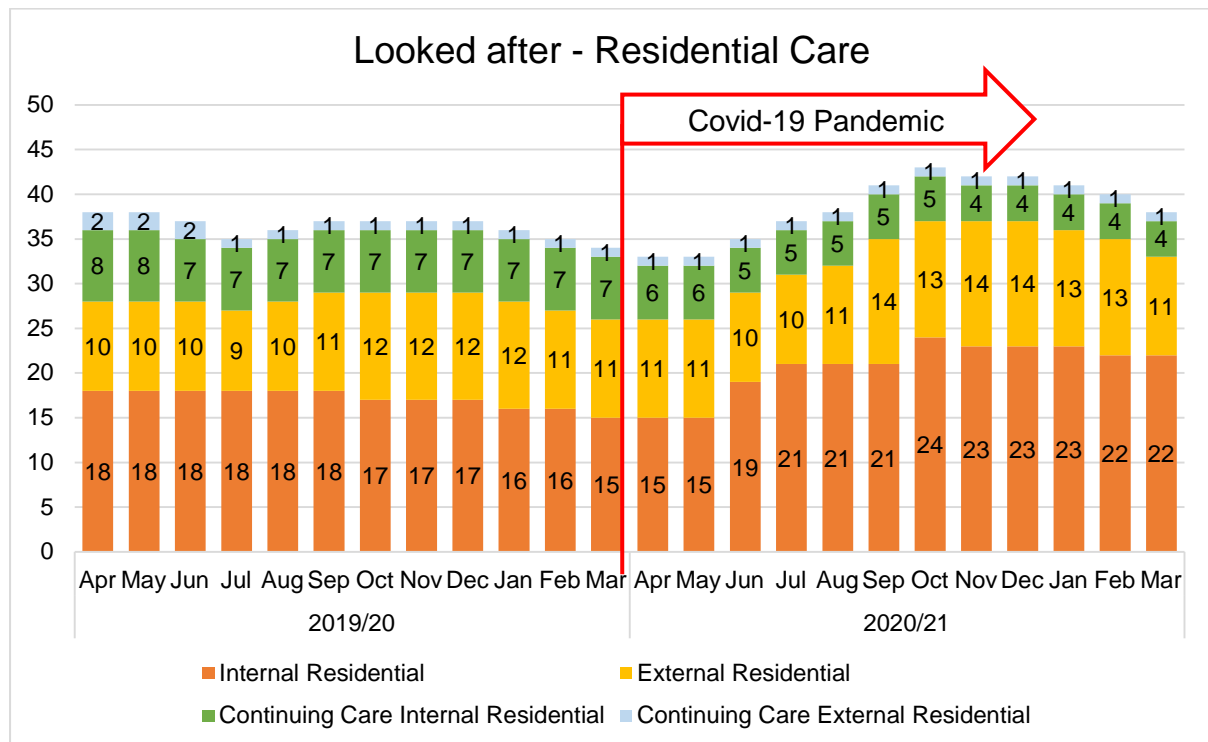
From the start of the Covid-19 pandemic the demand for fostering placements increased and the service experienced pressures in terms of placement capacity related to the pandemic and demographic profile of foster carers that limited their availability, hence the increase in the need to commission external placements.



The overall number of young people in residential care has increased steadily since pre-pandemic. Inverclyde is committed to keeping young people in local placements and to the benefit of continuing care, however this does create placement pressure. As with fostering placements the service has throughout the pandemic been able to effectively manage the number of continuing care placements and Kylemore and The View are now dual registered for care and housing support and this has enabled young people to settle in the new build transition accommodation.

The number of internal placements were increased during the pandemic; this included the necessity to open an additional house to ensure that a sibling group could be placed together.

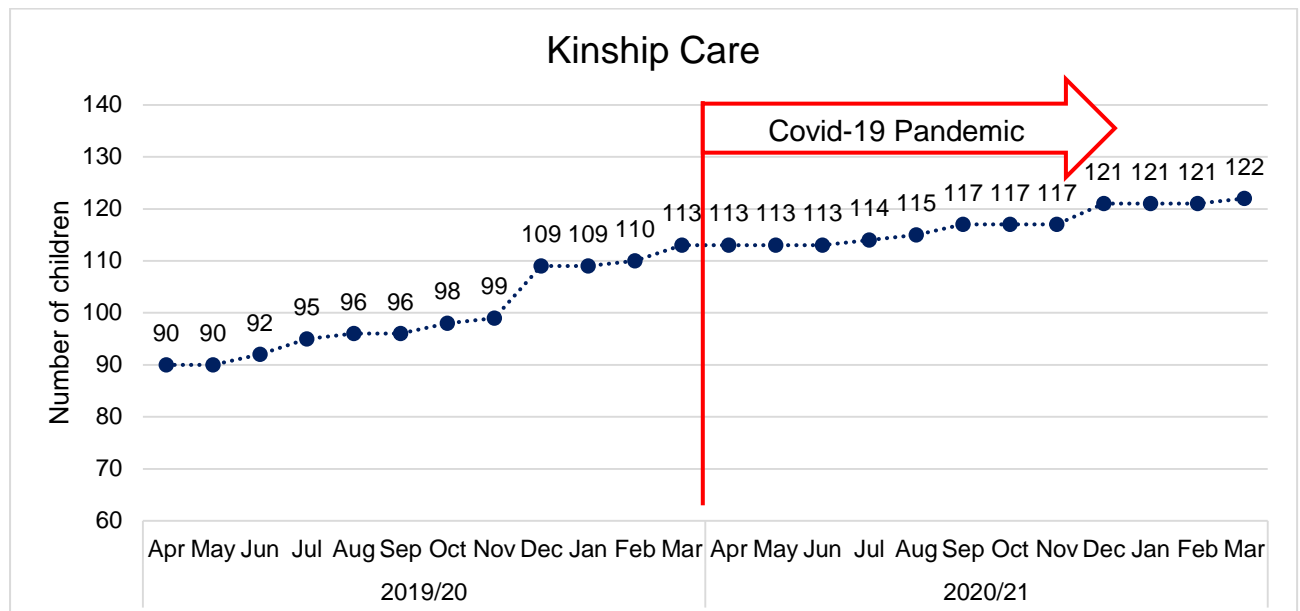
The pressures in local fostering and residential placement capacity in conjunction with the complex needs of young people who require to be looked after away from home is reflected in the steady increase in the use of externally commissioned placements. This is an area that does require deeper understanding and intervention to address the balance of care.



Kinship Care

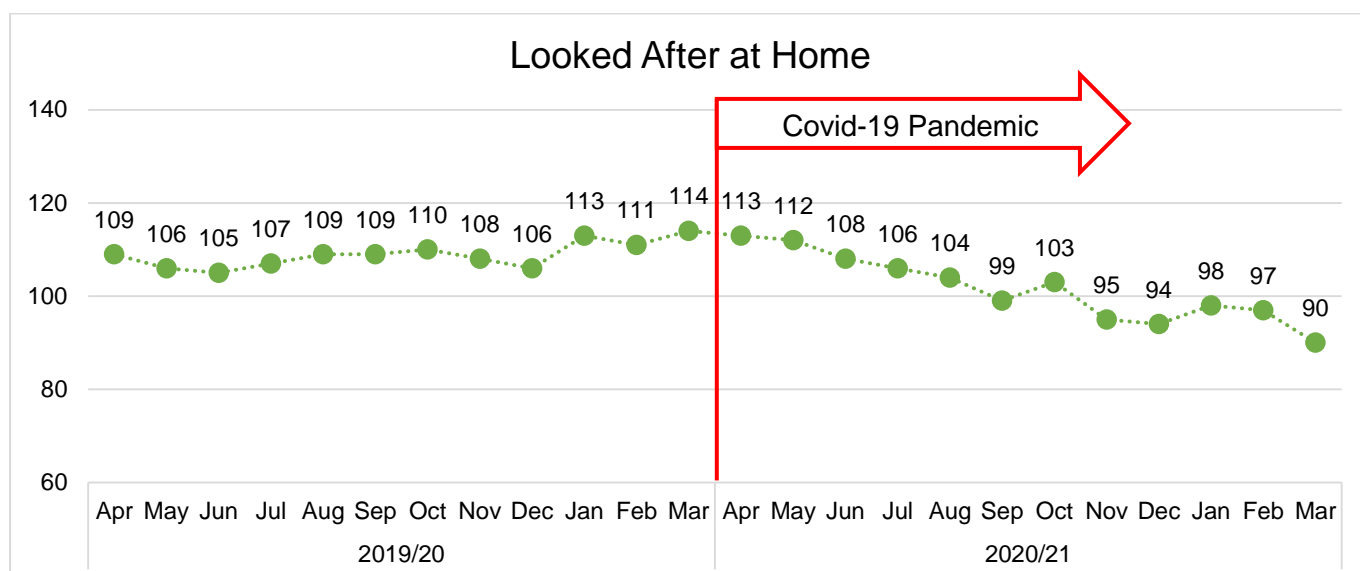
Inverclyde has a strong group of Kinship Carers who are not only committed to the children that they care for but also support one another. They have participated in a number of local and national events sharing their experience with government advisors and politicians. A common theme for many of our 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.

The provision of Kinship Care continues to grow steadily month after month and it is a significant factor in reducing the number of children who would otherwise require foster care. Although kinship placements have increased during the pandemic, the service noted that the demographics of Inverclyde and the pressure of the pandemic did impact on potential kinship carers' capacity to be able to take on the fulltime care of children.



Looked After at Home

At the start of the Covid-19 pandemic the looked after at home numbers were at their highest but have reduced throughout the pandemic. A number of factors may have influenced this and it does reflect the increase in children being looked after away from home in foster, residential and kinship care.



Planning Permanency for all Looked after Children

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. Inverclyde's Planning and Improvement Officers (CPIO) have a unique oversight of the impact of the GIRFEC pathway and the impact of the Child's Plan.

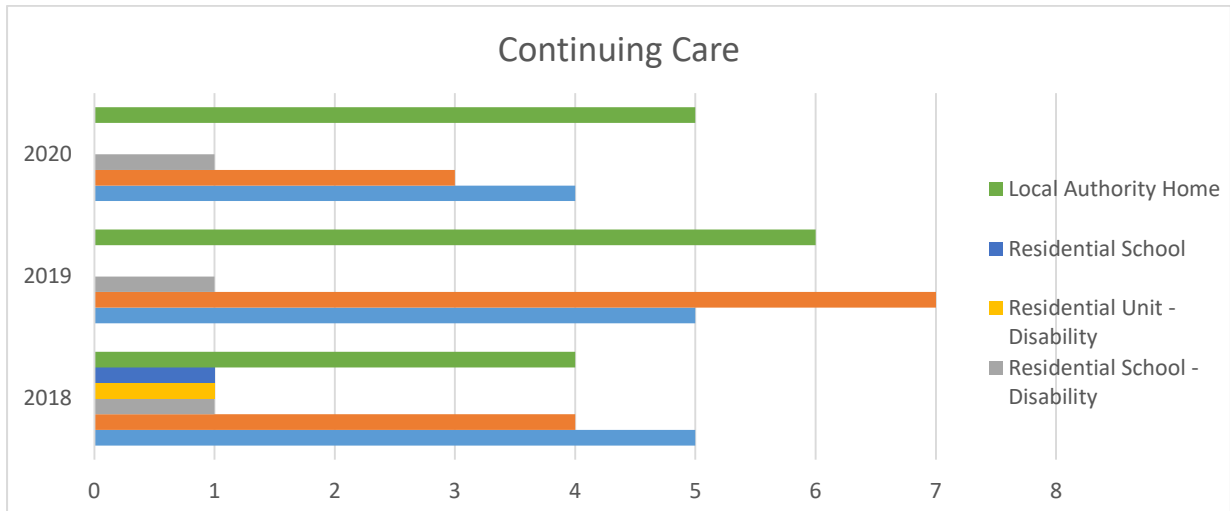
The CPIO's review each child's plan in accordance with the timescales set out in Inverclyde's HSCP's Assessment and Care Planning Manual ensuring arm's length scrutiny of the effectiveness of each child's care plan.

The CPIO's also play a role in progressing areas identified in Inverclyde's Children's Services 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, DVS, Adult learning disability and carers to provide a clear transition pathway that will prove a clear multi agency process to help signpost and plan for young people when the leave school;
- 6 weekly meeting 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 and further education. This is to prevent young people from leaving school with no plan for their future.

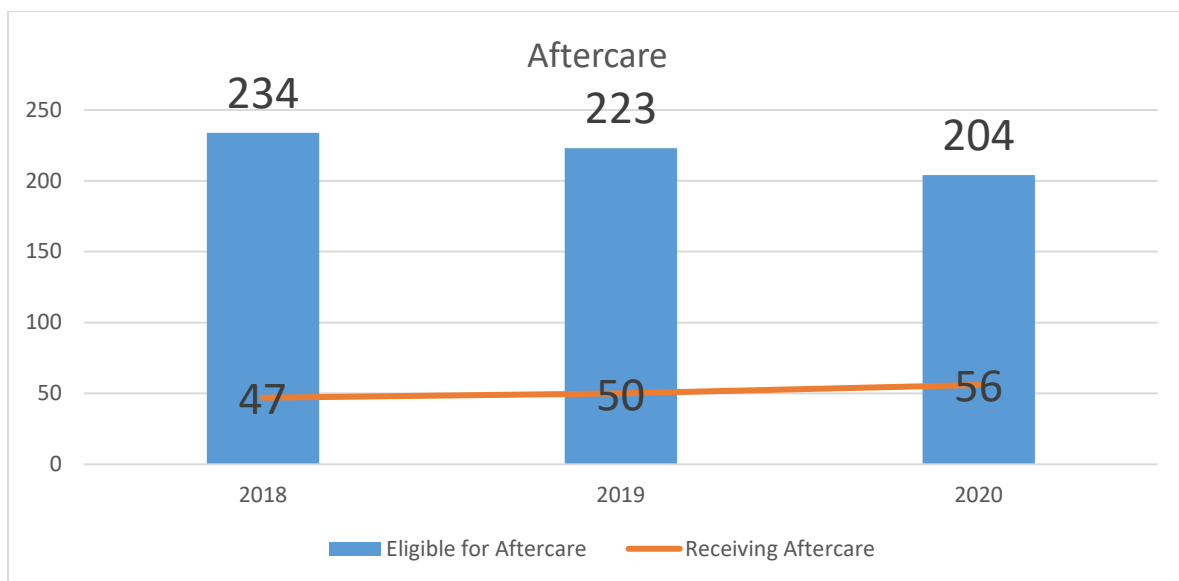
Continuing Care

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

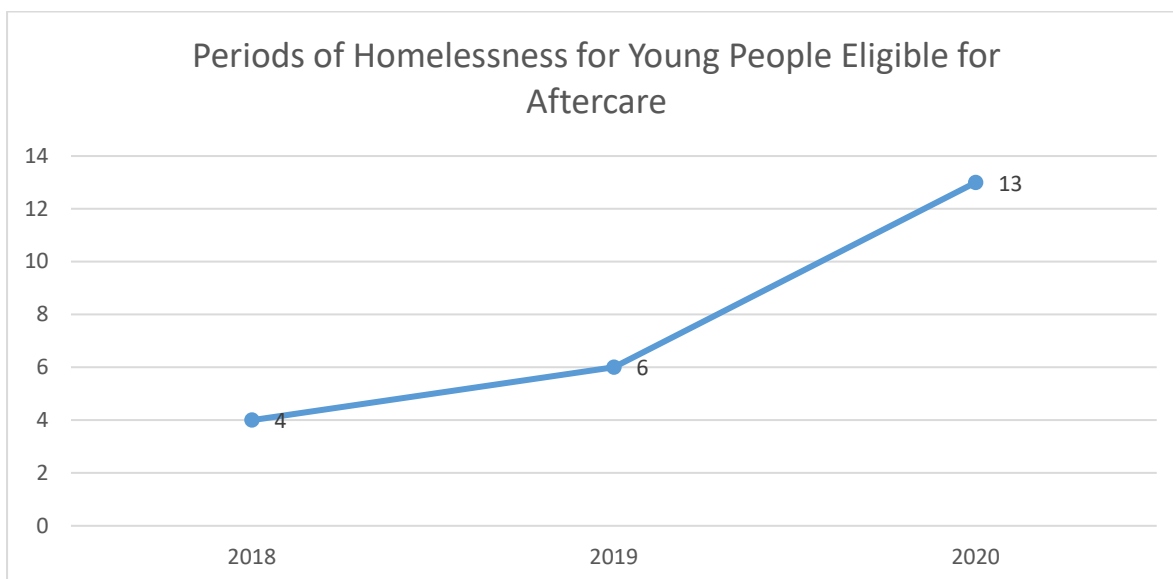


Eligibility for Aftercare

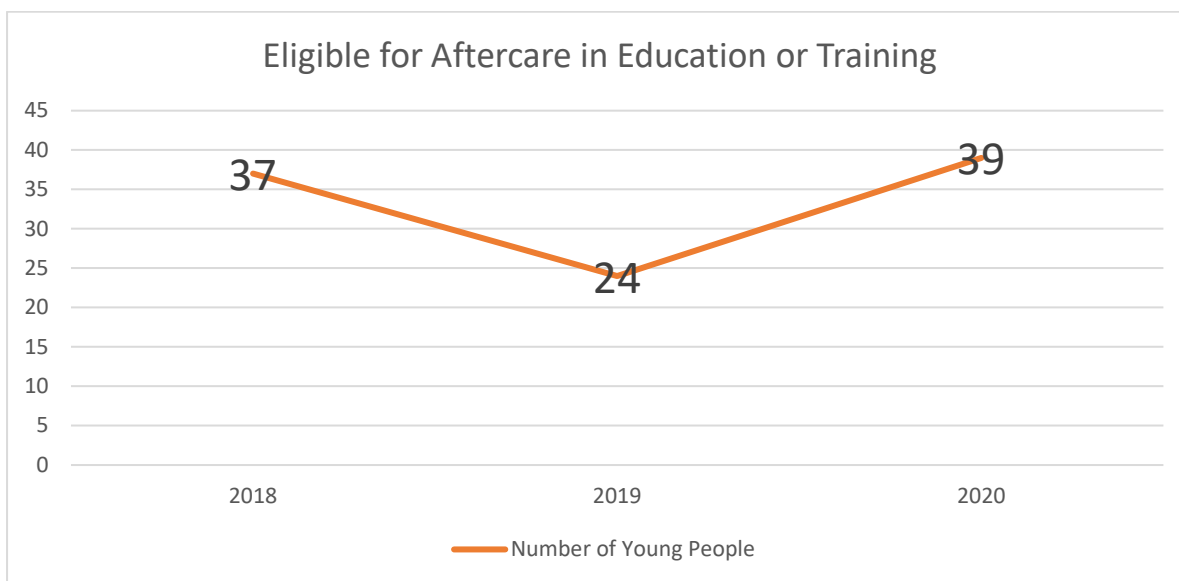
Work has taken place with young people to review pathway planning resulting in co-produced Going4ward paperwork for referral, assessment, planning focussed on the young person's views and support needs creating a partnership approach to their transition to independence. This has seen a change to the way the service engages with young people and will continue to follow up with all eligible young people until the age of 26 intervening when support needs are identified. Going4ward Young Person's Group through Proud 2 Care for older care experienced young people has also been established. These will be continued areas of development for the service into 2021.



At 31 July 2020, there were a total of 204 young people within Inverclyde eligible for Aftercare Services. All 204 were offered after care support and following this the uptake resulted in 56 young people being in receipt of ongoing planned support from the Aftercare Service on the 31st of July. The Aftercare Service operates a drop in duty facility for all eligible young people.



These figures reflect the cumulative periods of homelessness since young people became eligible for Aftercare and not periods within a particular year and takes account of the increase in eligibility to Aftercare support to age 26yrs.



The graph above shows an increase between 2018 and 2020 of those in receipt of aftercare who were in employment, education or training, from 37 in 2018 to 39 in 2020. There has been an increase in 15 from 2019 to 2020.

Adoption Assessment/Young People's Views

The form F has been replaced by the Permanence and Adoption Report – Scotland (PAR-S), and was implemented within the service for all new adoption assessments. Young people's involvement in an adoptive parent's journey has been a key focus and in 2020 the 'Adoption Reflections Workbook' has been implemented during home study. This was co-produced with adopted young people and ensures the questions they would wish asked of potential adoptive parents are answered. This is then presented to the adoption and permanence panel and enables the voice of the young person to be considered in adoption applications.

Sibling Relationships

The importance of sibling relationships and promoting these through placement or maintaining links has become a focus for the service in line with national Stand Up for Siblings movement. During 2020, the adoption team developed guidance for children and families social workers on undertaking sibling assessments. This is also a key focus of the adoption recruitment strategy.

Permanently Progressing Research

Inverclyde is participating in phase 2 of the permanently progressing research. The project is a longitudinal study which is following a cohort of 1,836 children who became looked after in 2012-2013 when they were five and under. The findings from Phase 1 of the study (2014-2018) provided children, carers, practitioners and policy makers with important information on children's experiences and their routes and times to different forms of permanence. In Phase 1, the participation of Inverclyde was enormously helpful and much appreciated by the researcher and in line with the permanent improvement plan will give a renewed focus on permanence planning for all children and young people in 2021 and 2022.

Birth Ties Support Project

2020 was an extremely difficult time for the birth parents the service supports given the restrictions on direct contact and the support services they could access. Practical support was offered and telephone contact was maintained, however, this was not comparable to the support usually offered by the service. Birth Ties Support Group was also cancelled for a period and was missed by those who normally attended. The number of crises experienced by birth parents increased particularly in terms of mental health. The main focus for 2021 will be rebuilding the supports offered by Birth Ties Support Project in line with government and Inverclyde HSCP guidelines and increasing the profile of the service and support available to birth family members affected by adoption.

Adoption Support

The support group did not take place during lockdown given the restrictions, however, the Adoption Service provided weekly activity packs to all adoptive families during lockdown and were available to offer support via telephone and email. The feedback was positive from adoptive families and moving forward if restrictions are re-imposed then support groups and spotlight sessions will follow the format of the adoption preparation groups and be delivered on line.

Children's Rights

A key area of focus has been how, as a service, we are accessible to young people who require support and how they are informed of their rights. The service has worked closely with the Children's Rights Officer to develop a focus group, Families Together Group, which consists of adopted young people and adoptive parents. The group worked 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 is now given to every adopted child from Inverclyde and all Inverclyde adoptive parents.

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 230 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 and community groups.

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

Care Experienced Children & Young Peoples Attainment Fund

Self-directed support model in line with GIRFEC Pathway and Team around the Child provided:-

Individual applications that enhanced children and young people's wellbeing and readiness to learn the biggest cohort was children and young people looked after at home	129
Digital Inclusion	41
Outdoor Activities	13
Access to Clubs/Hobbies	20
ASN Outdoor Play Equipment	3
Homework Space	22
Tutoring	6
Transition/Work Experience	2
Driving Lessons	11
Bespoke Education Support Including Counselling	4
Music Equipment	3
Gym Equipment	4

Group Activities

- 100 children and young people benefited from wellbeing packs aimed at reducing stress during lockdown
- All young people in local residential care benefited from camping and outdoor clothing – “Operation Fresh Air”
- 12 care leavers benefited from enhanced digital support enabling positive interaction with More Chances More Choices
- Attainment funded partnership between 3rd Sector and 2 Primary Schools cooking skills with parents and children through provision of recipe boxes.

Resource Enhancement

- A proportion of the Attainment Fund supplemented an additional Care Planning and Improvement officer post focusing on enhanced planning for looked after at home children.
- A teaching post focussing on S4 cohort enabled 26 pupils to benefit from additional support whilst creating capacity for staff to undertake some early intervention with parents, carers and pupils who were not fully in engaged with education.

The success of the Attainment Fund expressed through the voices of those of benefited

The support has been fantastic. From helping B feel relaxed and comfortable, which is hard for B due to her anxiety with meeting new people and going to new places to help B get back to getting her education, and helping B gain confidence in herself. There has been a big change in B's approach to education and life and that is due to the great work that has been put in with B. I am grateful to all.

Project Fresh Air – the purchase of camping equipment in our Children's Houses; allows young people to develop the safe skills of outdoor fun, team building and battling the midges! These activities promote the ethos of The Promise

A mum says a 'big thanks'; her daughter has her own homework space that she has chosen and is so happy with it.

O loves her dancing lessons, and can now do so many 'acro moves'. O didn't have a lot of friends, but the confidence that she has built through

Lone working parent was 'wowed by the support she didn't know existed; her child got a new bike that has helped with their co-ordination skills, promoted exercise and helped them to share an interest'



Wellbeing Service

The Action for Children Inverclyde Wellbeing Service was commissioned by Inverclyde HSCP / Inverclyde Council and established and launched in August 2020. There are two main elements to the service for school aged young people to support their emotional health and wellbeing:

- one to one counselling service
- programme based group work

One to one Counselling

The service has been published widely with referrals and self-referrals commencing in October 2020 with 8 counselling sessions offered to each young person for a wide range of issues. The Covid-19 pandemic has led to innovative ways of engaging including combination of telephone support, walk and talk sessions and accessing schools hubs to continue to offer support to Children and Young people. In addition, when access to school relaxed, teams worked in Notre Dame and Inverclyde Academy offering appointment based drop in, for counselling waiting list and/or young people identified by school as requiring further support. 22 sessions were held in total across Lomond View, Inverclyde Academy and Notre Dame High School.

125 referrals

61 offered support

43 engaging

4 declined

62 on waiting list

Programme Based Group Work

The impact of Covid-19 pandemic and its restrictions on delivery of targeted group work programmes in schools necessitated the need to provide alternative options to engage with Children and young people. To allow access to pupils in classes without the requirement to leave protective “bubbles” to work in smaller targeted groups, alternative programme delivery was agreed with schools which allowed for access to more pupils at an earlier level of intervention. “Bouncing Back” was devised during the initial lockdown in March 2020 by the Action for Children national Blues Programme and strategic Wellbeing steering group and consists of 2 sessions which are condensed versions of the Blues Programme principles, delivered to whole class groups.

Delivery of Bouncing Back began in Inverclyde Academy and Notre Dame and was delivered to all S3 pupils before the end the term at Christmas, as well as to pupils in Lomond View Academy. 225 pupils took part in Inverclyde Academy & Notre Dame prior to Christmas 2020. In addition, as part of the Inverclyde Academy’s Wellbeing Programme to welcome back pupils, sessions were delivered to 230 pupils across S1 to S3, on the return to school in March.

From all the group sessions delivered:

83% of Inverclyde Academy & Notre Dame pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5

57% of pupils showed an increase in confidence after the sessions, with an overall increase in scores of 9%

63% reported an improvement in coping with stress, with an overall increase of 11%

92% reported that they “now know WHEN to ask for help”

89% reported that they “now know WHO to ask for help”

Single Point of Access – Centralised Referral System

Through the partnership with Action for Children, a single point of access steering group has been established, led by HSCP senior management, and includes input from Educational Psychology, School Nurse team, Barnardos, CAMHS and Social Work. The intention is for all referrals to be discussed (with relevant data sharing protocols in place) to determine the correct route and service which should be offered and for any referrals. This pathway will continue to be developed throughout 2021.

Further information on the wellbeing service is available at:

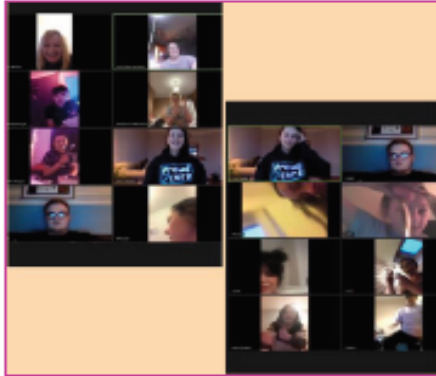
<https://services.actionforchildren.org.uk/inverclyde-children-and-young-peoples-wellbeing-service/>

COVID-19: RESPONSE



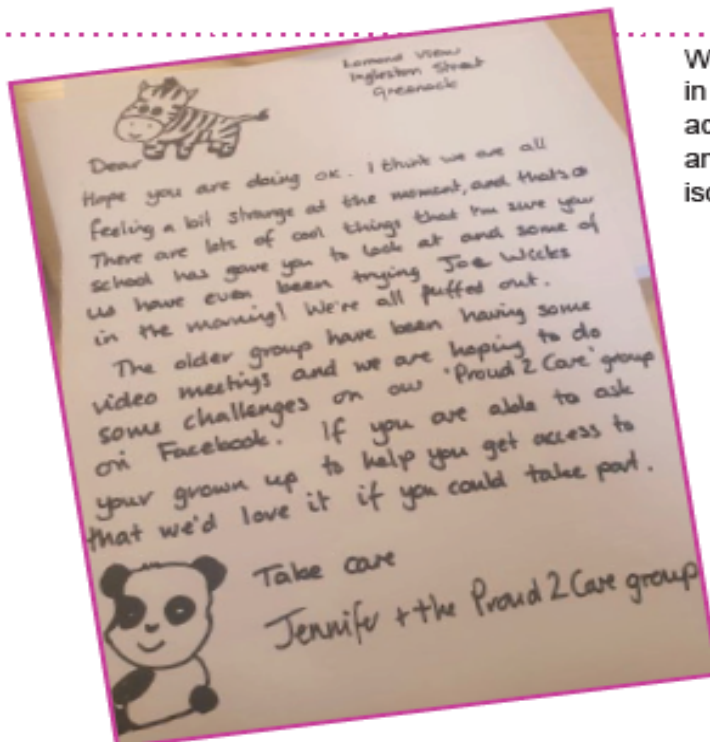
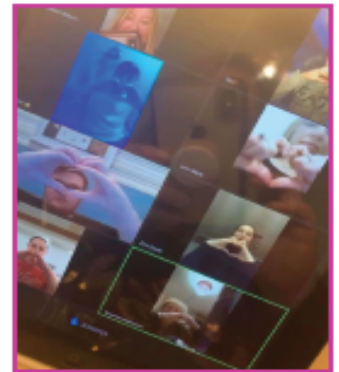
Physically distanced BUT Socially connected!

Being technically savvy young people we are now hosting Virtual Group Meetings on our usual Wednesday nights!



Magic Torch will be working with us virtually to develop our comic book. And we have plans in place to interview some of our corporate parents.

Proud2Care had so many things planned for over the coming months, including our Easter Camp activities. However, whilst we are feeling a little anxious and uncertain, we are as connected and creative as ever, we chat together on our Messenger group, play virtual scavenger hunts, quiz nights, sing alongs and support each other using online platforms. We have even tried PE with Joe Wicks and sharing our Tik Tok creations with each other. Creating a Proud2Care Tik Tok resource will be something we aim for over the coming weeks!



We have written a letter that is included in food isolation boxes being distributed across Inverclyde, offering some friendly and positive chat to those who are isolating in our community.



How Social Work Services are Improving Outcomes for People in Criminal Justice

Effective community based sentencing options are essential in achieving the National Outcomes for Criminal Justice. Community Payback Orders (CPOs) were introduced in February 2011 and can consist of nine possible requirements, the most common of which is Unpaid Work and Supervision. These requirements can be made separately or combined into one CPO. In addition our community based Criminal Justice Social Work staff also supervise those released from custody on licence from Parole Board Scotland.

Unpaid Work

Following the introduction of the first national lockdown on 23rd March 2020 our Unpaid Work placements had to be paused. Individual service users were advised of this both by telephone and in writing. Notwithstanding this their allocated worker remained in contact with them throughout the pandemic to support their Court orders and in particular to monitor their circumstances and offer guidance and support where appropriate. The nature and frequency of this contact was determined on an assessment of their level of vulnerability along with their risk and needs profile and this was kept under regular review.

During the period where our Unpaid Work placements were paused, the Service actively engaged in planning for recovery. Our priority was on identifying potential outdoor projects which offered sufficient space to support social distancing requirements and were also easily accessible to service users to minimise their use of public transport and thus potential exposure to the Covid-19 pandemic virus. Prior to Covid-19 Pandemic we would have routinely transported service users in vans to their placement sites. However this was no longer an option due to ventilation and social distancing considerations.

In addition to the above, all placement activities were risk assessed with support from our Council Health and Safety colleagues and included mitigating measures such as regular cleaning regimes, hand sanitisers and gloves.

As Government restrictions were relaxed and plans for a return to placement activities gained momentum staff met individually with all service users identified for the first phase of the Service's reopening to assess individual needs, allay anxieties and to assist them prepare for a resumption of placement activity.

Pre-Covid-19 pandemic the Service would have operated a group placement model of a ratio of supervisor to individual on Unpaid Work of 1:5 and the length of the placement would have been 6 hours. However, when the Service recommenced placement activity on 27th July 2020, we initially did so on a ratio of 1:1 and curtailed the length of the placement to 3 hours so as to limit the need for refreshments and toilet breaks. By the end of 2020 we were operating at a ratio of 1:3 and on most days providing the full 6 hours placement.

By late summer with support from our community partners a safe indoor placement was identified and this was used at times when the weather conditions did not permit outdoor work. The aforementioned model continued until the announcement of the second lockdown at Christmas 2020 and remained paused until 26th April 2021 when the advice from the Chief Medical Officer for Scotland to suspend such activity was lifted.

An example of the projects the Service engaged in includes the Coves Local Nature Reserve (LNR). We have had a relationship with the nature reserve since 2019 and, pre-pandemic, had been involved in developing and maintaining the area. With the onset of Covid-19 pandemic, the area received considerably increased footfall by members of the public which, in turn, increased the need for further development and maintenance.



This was the first site we returned to post-lockdown and were involved in a variety of tasks including litter picking, clearing and widening paths, clearing vegetation and preparing ground for tree planting.

Recipient Feedback:

“The work that has been ongoing at the Coves Local Nature Reserve has made a dramatic difference to this urban green space. The aesthetic improvements at the entrance to the nature reserve have had a profound effect on the way this space is perceived by the local community. Friends of Coves and the local community are so grateful for the assistance from Unpaid Work, helping us restore this unique habitat. It has already brought the community together, restoring pride of place. It has also encouraged and enabled more people to access the health and wellbeing benefits found in the natural environment. We cannot thank you all enough!”

Marie Stonehouse – Friends of Coves Community Project Leader.

The total number of hours of Unpaid Work completed in 2020/21 was 2617 and covered a variety of tasks such as: litter picking; ground work (reclaiming over grown paths, situating a new path, planting trees and servicing old drainage); preparing raised beds for planting; planting vegetables and fruit; painting raised beds; joinery work (constructing raised beds); removing/reducing bracken; trimming hedges and cutting grass.

The Service continues to plan for recovery and an important component of this has been the establishment in 2020/21 of an Unpaid Work Subgroup under the umbrella of the Inverclyde Community Justice Partnership. In addition to operational managers from the Service, membership also includes Inverclyde CVS and the Department of Works and Pension. It is the intention to co-opt other members from the Partnership as and when the need is identified.

Currently the focus is on developing third sector placements for service users, supporting transitions particularly in the area of enhancing employability opportunities and developing specialist placements for our younger service users.

'Other activity' is also a recognised component of Unpaid Work and can target areas that assists the individual to make positive changes in their life. By its nature it is bespoke to the individual's circumstances. Throughout the pandemic our staff have helped service users identify and access Other Activity resources online. Principally this has included accessing modules co-sponsored by Inverclyde Adult Education and West Scotland College with the aim of enhancing employability e.g., obtaining a health and safety qualification for work in the construction industry and/or addressing issues related to past offending e.g., completing a drink driving course. During 2020/21, 440 hours were completed in this manner.

Case Study

A is on a Community Payback Order with both Supervision and Unpaid Work Requirements. He complies fully with supervision and is currently undertaking an online certificated course in Awareness of Mental Health Problems run by West Scotland College in conjunction with Adult Education Services. This is giving him insight into his past difficulties, some of which had impacted upon his behaviour, including offending. He will be credited with Other Activity hours upon completion of this course. A is also becoming involved in voluntary work, the nature of which will be assessed as a potential Unpaid Work individual placement.

Community Supervision

As a consequence of the Covid-19 Pandemic and the lockdowns which followed the Service had to review its model for interacting with service users on supervision to ensure it was safe for both service users and staff particularly during periods of high community transmission. New protocols were developed to support face to face contact whether at the service user's home or in HSCP offices. Alongside this all open cases were reviewed to determine the nature and frequency of the contact required. As with Unpaid Work this was determined on an assessment of the level of vulnerability along with the risk and needs profile and this was kept under regular review.

The Service is acutely aware of the deprivation profile of its service user group, with previous analysis indicating that 81% currently experience among the highest levels of deprivation in Scotland. In addition, the pandemic exacerbated issues of social isolation, substance use and mental health. This strengthened the need for services to work closer together on an individual case basis and also strategically. This was particularly relevant in relation to Homelessness Services and Alcohol and Drug Recovery Services, where it was recognised that service users engaging with all three services were facing severe and multiple disadvantage. Thus a coordinated approach was adopted to ensure that support was made available throughout the week and that Services complemented one another without duplication.

Case Study:

B is an adult male who as a child reported he had been the victim of emotional and physical abuse from a family member. This impacted on his relationships with others. His behaviour was often physical and threatening, which brought him to the attention of services throughout his early years and into adulthood.

B was made subject to a community sentence by the Court. Prior to sentencing B had been homeless and had struggled previously to remain in settled accommodation. B also had a history of using illegal substances which impacted on his mental health with episodes of self-harm and hospital admissions. Prior to being placed on his community sentence B had agreed to intervention and support from a range of agencies including Criminal Justice Social Work, Homelessness, Health and Alcohol and Drugs Recovery Services. This plan was shared with the Sheriff via a Criminal Justice Social Work Court Report.

Lockdown has been particularly stressful for B, which resulted in a number of episodes of self-harm and self-medicating using illicit substances. Criminal Justice Social Work staff worked closely with colleagues from Homelessness, Health and Alcohol and Drugs Recovery Services to organise additional support for B which included counselling.

From a Criminal Justice Social Work perspective the frequency of contact was increased in response to his increasing vulnerability. This has included face to face, telephone and text contact. Indeed, during lockdown B has received a more intense level of support than he had done previously. This support is aimed at building his resilience and supporting him to manage his negative thoughts. In addition, evidence indicates B is accepting support from Alcohol and Drugs Recovery Service to assist him in stopping to use substances that are influencing his behaviour and impacting negatively on his mental health.

This collaboration between services has helped to ensure the support offered to B has been responsive to his changing needs and comprehensive in its approach.

The Service's new model of working during the pandemic also included a commitment to maintaining a key-worker system and this has remained in place through 2020/21. This has enabled the service user's relationship with their allocated worker to continue and develop and provided them with a named person to contact in times of difficulty. The importance of this approach for service users particularly in the early days of lockdown was reflected in the feedback we received when we reached out to understand their experience of our Service.

Direct Quotes from Service Users on their Experience of the Service during the pandemic:

"My Social Worker called me on the day of lockdown to inform me of the changes to contact arrangements and also ensured I had food and utility supply."

"Telephone contact goes well, my supervising officer always ensures I am ok to talk and in a safe place. I enjoy the calls as it gives me someone different to talk to in the week and we're usually on phone for an hour each time. "

"I do miss the face to face contact, as it is more personal, although I prefer that it is my allocated worker calling me rather than someone different like other services. I appreciate my social worker offering a face to face for my last appointment."

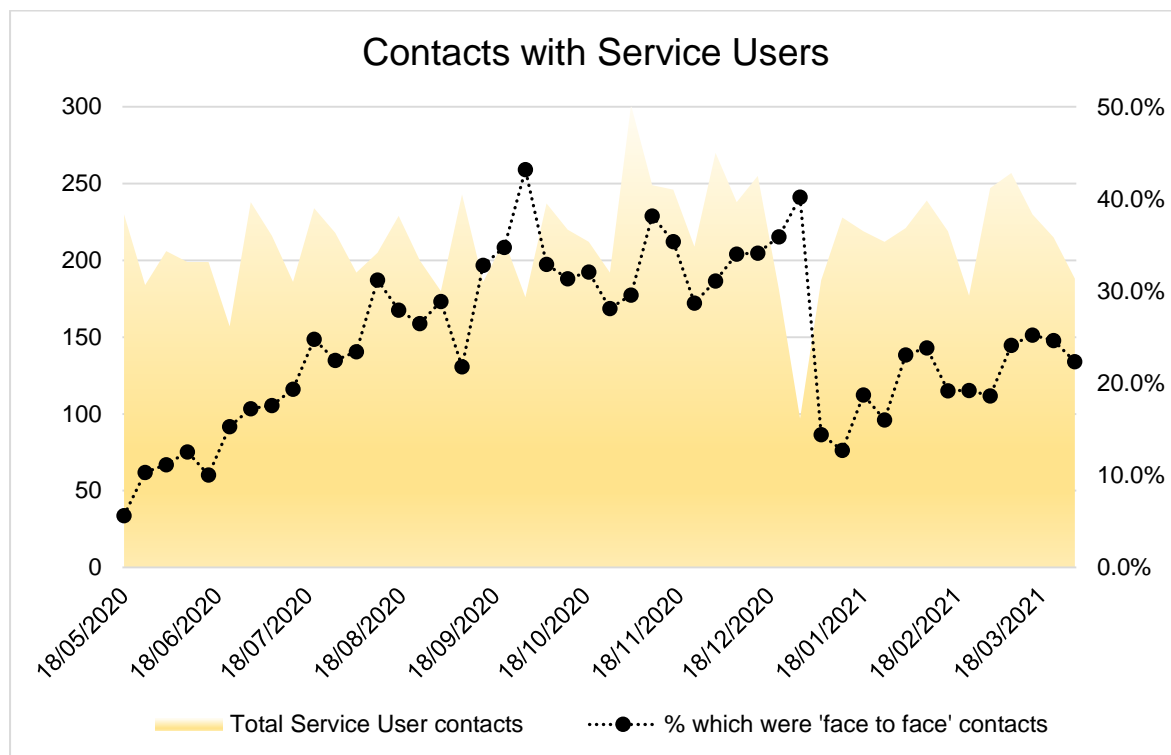
"I really appreciated the support from my social worker as it was a difficult time for everyone. On some occasions when I had disclosed that I hadn't spoken to anyone else she called back later in week as well which was nice and made me feel less isolated"

"It was good to see my Supervising Officer, much better than phone. Health and Safety was good"

"Positive experience, washed hands on arrival, social distancing, desk cleaned before and after, left by back door."

"I would not attend if I didn't feel safe. I have felt safe at all times."

From mid-May 2020, the Service began to capture data on the number and nature of all contacts with our service users and also our contact with other agencies. The purpose was to assist with our recovery planning as well as to understand the impact of decisions at a national level regarding lockdowns and changes to local authority Covid-19 pandemic protection levels. The data pertaining to service user contact is illustrated below: -



The above graphic captures both direct face to face contact and overall contact (which includes telephone contact). This has remained relatively stable throughout 2020/21 averaging 215 per week. Significantly as we moved through the first lockdown direct face to face contact increased steadily from approximately 5% of all contacts to around 35% as restrictions were eased. This fell sharply as we entered the second lockdown in January 2021. This is understandable given the concerns around new variants and their transmissibility. However it is worthy of note, this did not fall back to the levels seen at the start of the first lockdown and is showing signs of stabilising at 20% to 25%. We believe this is due in part to the systems and protocols that were already in place which have now become well established within the Service and are providing staff and service users alike with confidence in how they engage.

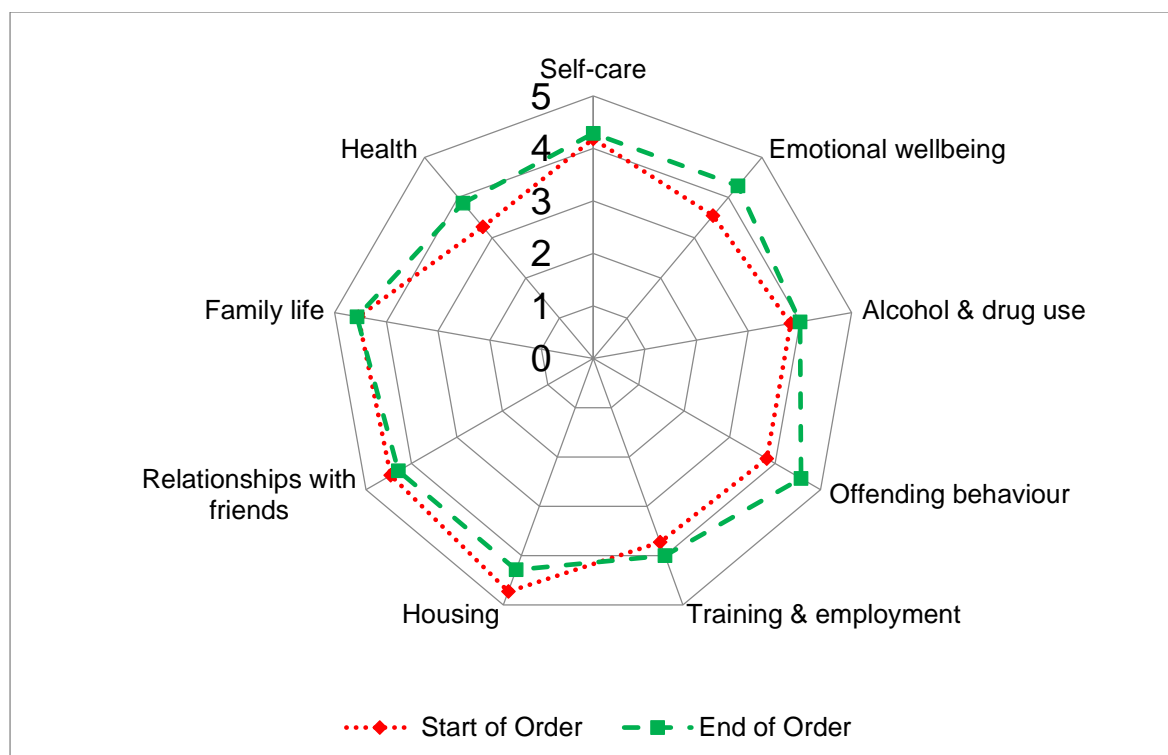
In addition to capturing data on contacts we also looked at contact with other agencies. This remained consistently high throughout the period, averaging 180 contacts per week which reflects our multi-agency approach and commitment to working with service users in a holistic way.

Measuring Impact: distance travelled by services users and their experience of the Service

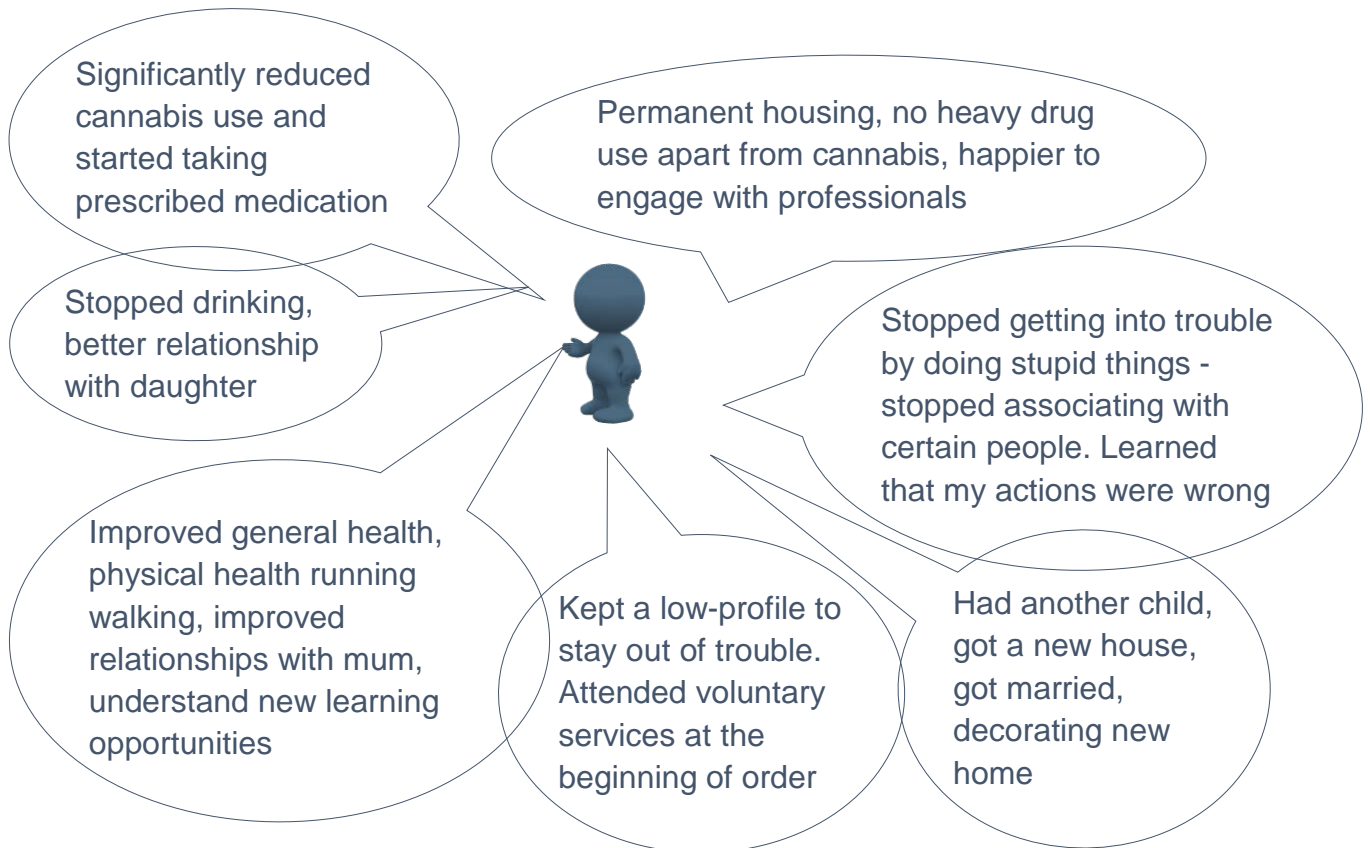
In April 2018 the Service introduced a bespoke Criminal Justice Needs Review Tool which individuals subject to statutory involvement are asked to complete both at the start (stage 1) and end (stage 2) of their involvement. The aim is to capture from the individual's perspective their view of their needs, particularly in terms of the extent to which these needs are considered by them to be an issue and, thus an appropriate target for intervention. The individual is also asked to repeat this exercise when their involvement with the Service is drawing to an end. In addition, the individual on the second application of the tool is asked to rate the quality and impact of the Service they received, along with identifying which partner organisations they were referred to.

This Tool is designed to further embed a person-centric approach by the Service, identify unique outcome measures for service users and to address those outcomes research has evidenced supports desistance. Where appropriate the form sits alongside the LS/CMI assessment and helps to ensure our wider aims of a broader public health approach is adopted by the Service. Moreover, the Tool will over time further our understanding with regard to both the impact of the Service and the ways in which the Service needs to improve. In addition, the data gathered will also assist with strategic planning/commissioning in terms of providing aggregated data with regard to identified needs and frequently accessed organisations/services.

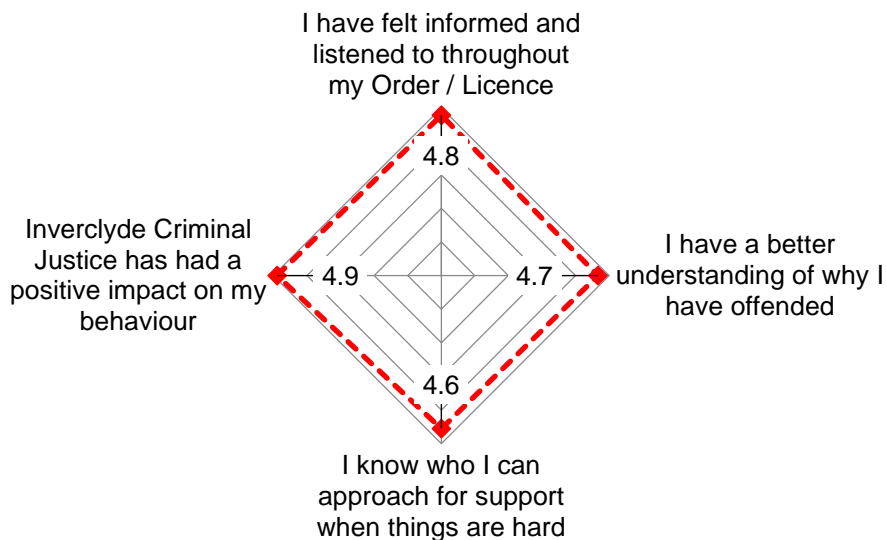
Below is evidence collated for 2020/21 both in terms of individual outcomes and feedback on how the Service has been experienced:



What changes have you made since working with Inverclyde Criminal Justice?



Experience of CJ Services - average score (max=5)



What would you improve about Inverclyde Criminal Justice?



Extending the role of SWIFT

Criminal Justice Social Work Services has been working in partnership with the HSCP Performance and Information Team to integrate SWIFT (our key Social Work Service User Information System) to record our Prison Based Social Work activity. This change has involved consultation with SPS partners at HMP Greenock and our own Business Support and Social Work staff based at the Prison. The SWIFT transition is at an early stage and went live in April 2021 with, initially, all new Statutory Notifications recorded into SWIFT.

This will ensure accurate and improved case management, automatic notifications for completion of essential risk assessments, reports, Integrated Case Management meetings and reviews. These processes have been set-up in SWIFT to align not only with the PBSW requirements but also to align in general with community recording.

The introduction of SWIFT to the Prison will also facilitate activity analysis by the Service to enable staff to better manage work flow and for the Service to work in partnership with SPS for the monthly delivery of data which evidences the provision of Prison Based Social Work Services.

In addition to SWIFT, the service is working in partnership with HSCP partners to introduce Civica (Document Management System) for our prison based staff. The prison folder structure has been created in Civica and the system has been installed on office and home working computers. Training for staff is being arranged for late April 2021 to enable staff to use the system and to align with community recording and file management.

The Service is aware of the impact that the pandemic has had on Sheriff Court business particularly with regard to case conclusions, scheduled trials and disposals. Nationally, this looks like:

- The number of outstanding and forecast outstanding trials is currently over double that which it was pre-pandemic. For example in February 2021 there were over 29,000 scheduled trials in the summary Sheriff Court and 35,000 forecast trials, compared to under 15,000 scheduled and over 15,000 forecast in April 2020.
- Between April 2020 and February 2021 compared to the same period as last year the Courts handed out 49% fewer social work community sentences.

The above indicates that as the Courts begin to recover there will be a knock on effect for Criminal Justice Social Work that could without careful planning overwhelm the Service which will also be on its own recovery journey. The support of the Inverclyde Community Justice Partnership will be critical to such planning, particularly in relation to the Unpaid Work Subgroup which could help to bolster capacity with regard to UPW placements and support transitions.

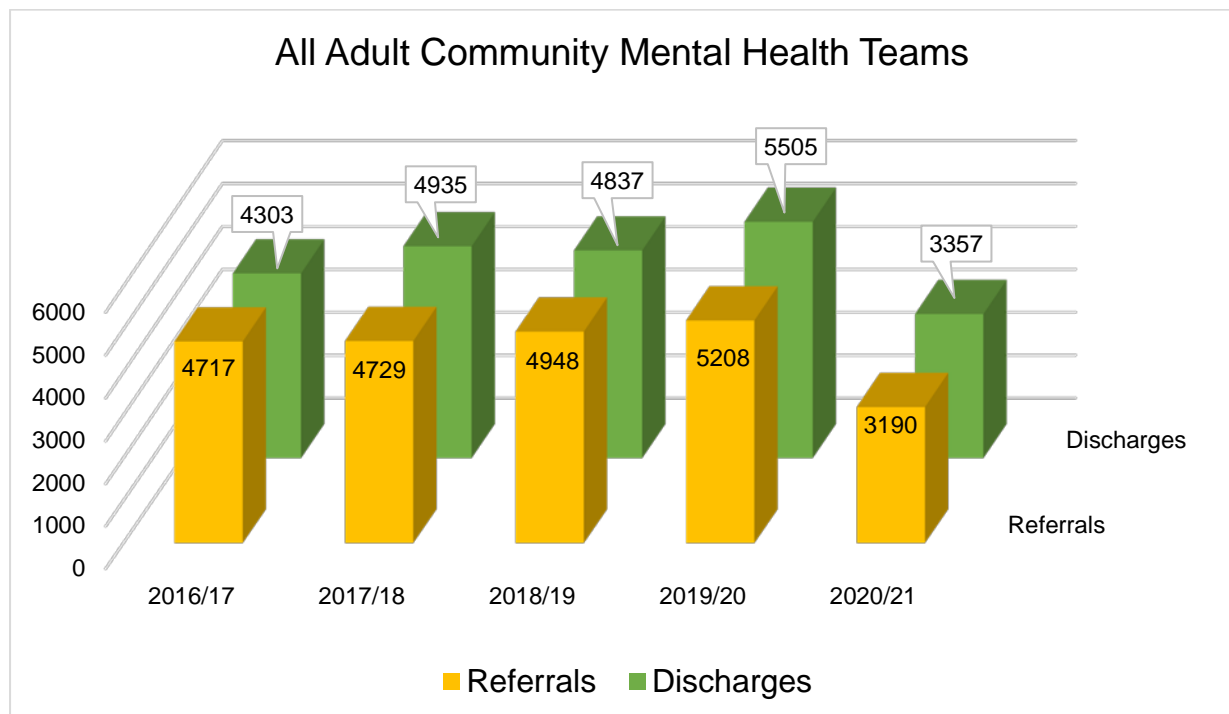
In terms of the Service's own recovery journey our key priorities are:

- To increase face to face contact to support both our assessment and ongoing case management processes.
- Related to above is to refocus our contact on behavioural change work, with particular focus on programmed work such as our domestic abuse programme (Up2U) and our programme to address sexual offending (MFMC).
- To re-instate our pre-Covid 19 pandemic offer with regard to Unpaid Work, including extending placements to 7 days per week and for these to be for the full day. This helping to ensure those on these community sentences are not kept any longer in the Criminal Justice system as absolutely necessary.
- To extend our offer to the Court to include both Structured Deferred Sentences (SDS) and Bail Supervision. Both options should help to limit the extent of an individual's involvement in the Criminal Justice System. The former ensuring early help without in many instances the need for a formal Court Order and the latter hopefully going some way to tackle the significant remand population in Inverclyde.

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 (transferred from locally provided to centrally provided service September 2020 so local service figures are only representative of activity until September 2020), Community Response Service (CRS), Older Persons Community Mental Health Team (OPMHT) and Older Persons Liaison Service (Acute and Care Home) there were a total of 3190 referrals throughout 2019/20. This represents an overall reduction of 38.7% from the previous year, and although the service has remained open for referrals, has been clearly impacted upon by the global pandemic.

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 time limited structured interventions. People are able to self-refer and this is the area of service delivery that has seen the largest drop off in referral rate. A reduction of 55.9% from 2322 to 1023 referrals for 2019/20 and 2020/21 respectively. During the past year PCMHT staff have continued to screen referrals and provide appropriate intervention for the level of risk presented. In the early stages of the pandemic response this focused on appropriate upstream alternatives to PCMHT service in terms of self-help and partner agencies to allow the focus of all Community Mental Health Staff to be on supporting the critical mental health hub in providing minimum necessary service based on risk and vulnerability.

As restrictions first eased it was clear that the PCMHT level of intervention required stepping up. Although dealing with lower levels of individual risk the higher volume of referrals required a response to prevent deterioration in individuals and associated risk accumulating for individuals creating unintended consequential pressures for them and possibly services.

Community Response Service (CRS)

The CRS provides reactive capacity for community urgency for 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.

The CRS referral rate for the year is reduced by 23% from 717 to 552 for 2019/20 and 2020/21 respectively. An emerging pattern is that the urgent referrals reduced at times of more rigid national Covid-19 pandemic restrictions and increased when restrictions eased meaning that the monthly referral rate when restrictions were easing is comparable to non-pandemic times, if not slightly elevated.

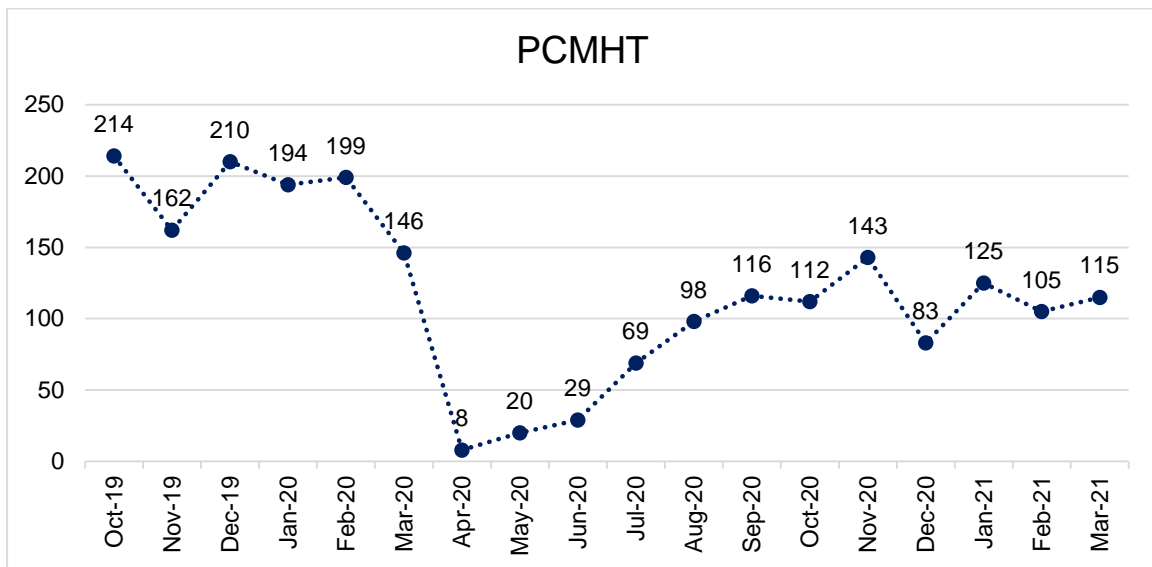
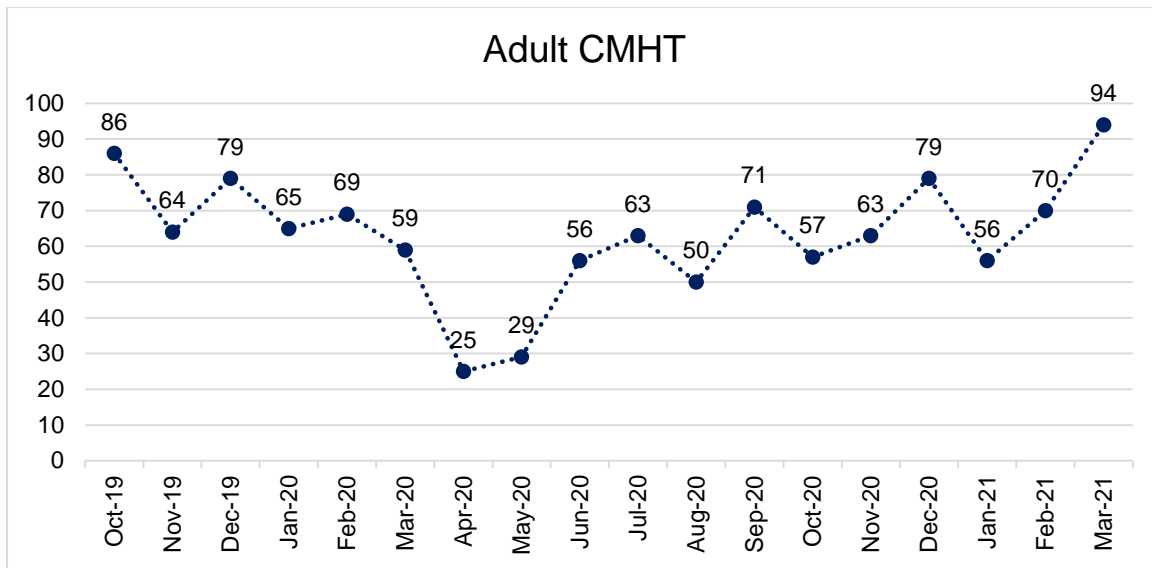
Adult and Older Persons Community Mental Health Teams (CMHT and OPMHT)

The integrated CMHT and OPMHT 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 and OPMHT 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

CMHT referrals were down 20% and OPMHT down 30.9% for the 2019/20 to 2020/21 periods. Acute hospital liaison referral rates for both adult and older adult services remained reasonably consistent with the previous year.

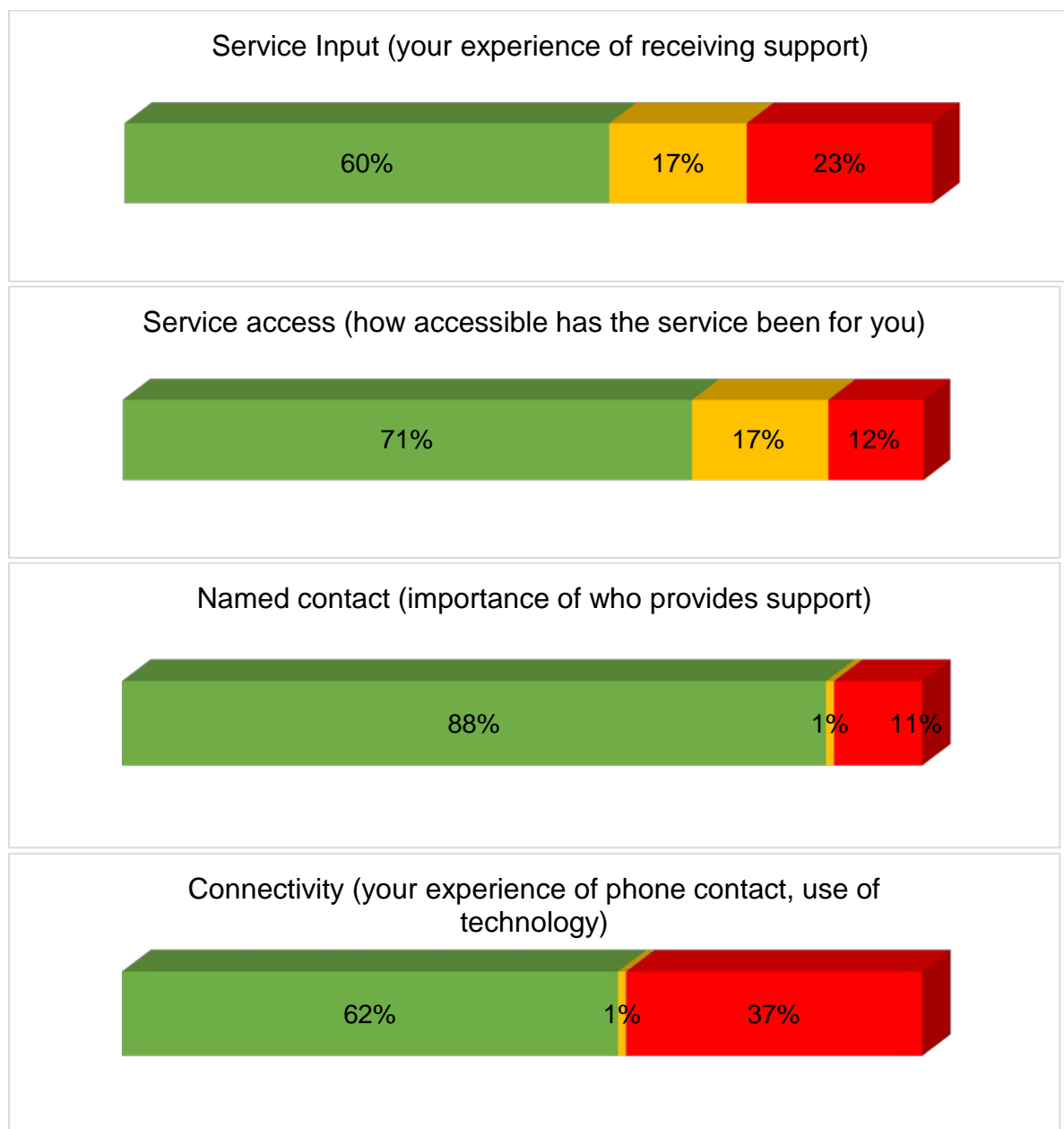


Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user and, where appropriate, carers, other professionals or agencies that are involved in their care.

Discharges from the Community Mental Health Services totalled 3357 throughout 2020/21, a decrease of 39% from the previous year. However, proportionately this was still greater than the number of referrals received. 5.7% more discharges than referrals occurred in 2019/20 and for 2020/21 5.2% more discharges than referrals occurred. This appears to indicate that there remained a 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.

Service user surveys have been conducted during the past year with a particular focus on service experience during the pandemic. On the whole this demonstrated that users of the Community Mental Health Service continued to find the service accessible and available to meet their individual needs when required. Some frustrations were expressed but acknowledged as being out with the service control mainly due to reduced availability of opportunity and level of engagement being dictated by the pandemic restrictions.

The responses to each question were categorised as either Positive (Green), Negative (Red) or Neutral (Amber); a sample is included below.



The Resource Allocation Group continues to build and respond to identified support needs on the foundation of coproduction and outcomes focus. This is reflected in the management process of the meeting. It is not without challenges as services and service users embed and embrace this approach more fully to ensure that services are continually improving in doing “with” rather than “to” the people they work with.

Mental Health

The service is supporting staff to have a balance of being hub and agile based. This needs to be applied in a proportionate way that supports staff to fulfil their tasks adequately

Contact with the work base, line managers and colleagues is critical in ensuring staff have access to all required resources to allow them to satisfactorily undertake their work. This includes formal supervision and less formal supports for workplace wellbeing as well as service delivery governance assurances.

The continuing embedding of digital technology, with increasing staff familiarity and confidence in using and promoting its use is expected to support the blended approach of hub/agile based activity.

How Social Work Services are Improving Outcomes for People in Alcohol and Drugs Related Services

ADRS (Alcohol and Drug Recovery Service)

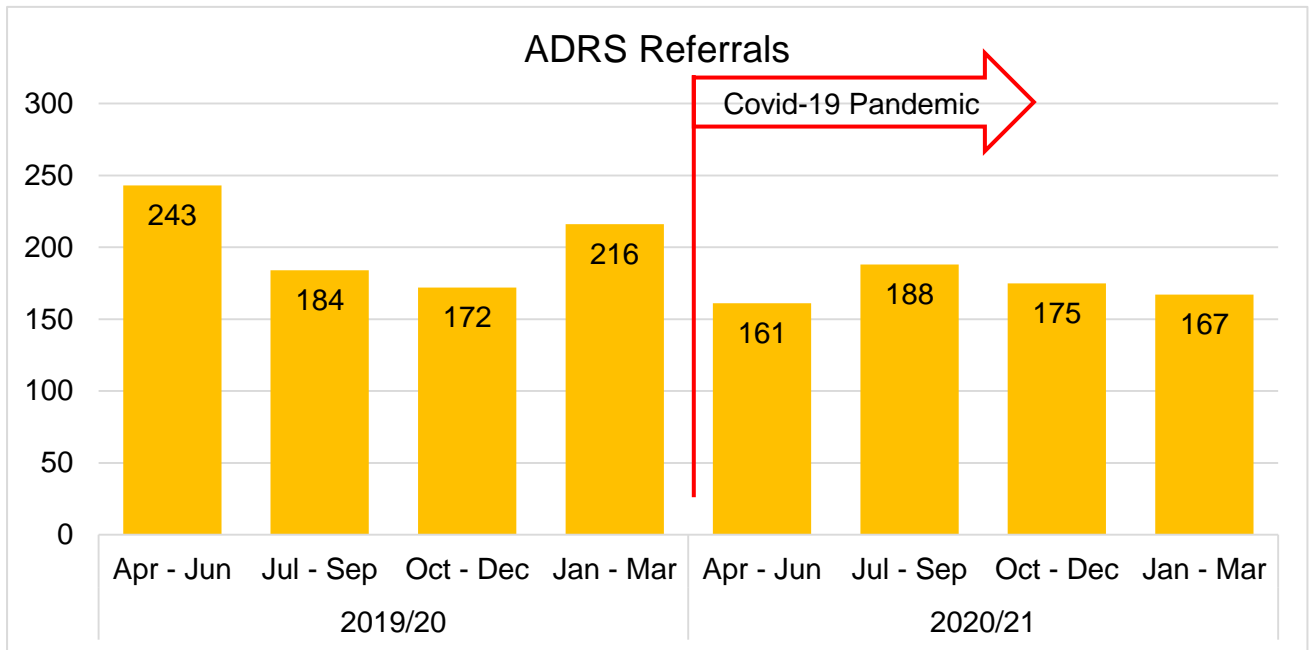
The Inverclyde Alcohol and Drug Recovery Service was part way through a service redesign at the beginning of the pandemic which was then paused. All staff from all functions of the service were brought into a centralised hub model to ensure oversight and risk assessment of all cases, overseen by Team Leaders and two designated Hub Managers.

The type, frequency and level of support and/or contact was determined by assessed risk and vulnerability. A standard operating procedure guided staff as to the intervention based on a traffic lights system of Red, Amber and Green categories.

Ongoing delivery of essential service providing:

- Duty system, prescription management, commencement of ORT, medication administration, access to injecting equipment, venous bloods, prison liberations and delivery of medication to shielding/vulnerable patients
- Cases assessed at lower risk and reduced scheduled contact who were risk assessed as green were contacted less frequently by the service and notified of duty team and how to contact the service should they need it
- Liaison services to inpatients, primary care, shared care clinics and funded project work to develop a 7 day support service were put on hold. Inpatient detoxification was restricted to urgent cases only and no new commencement of disulfiram could take place
- Face to face appointments were limited to those at most risk of harm, vulnerability and risk

The service has incrementally increased as local and national pandemic restrictions have dictated. Referrals to the service dipped at the start of the Covid-19 pandemic before returning to expected levels.

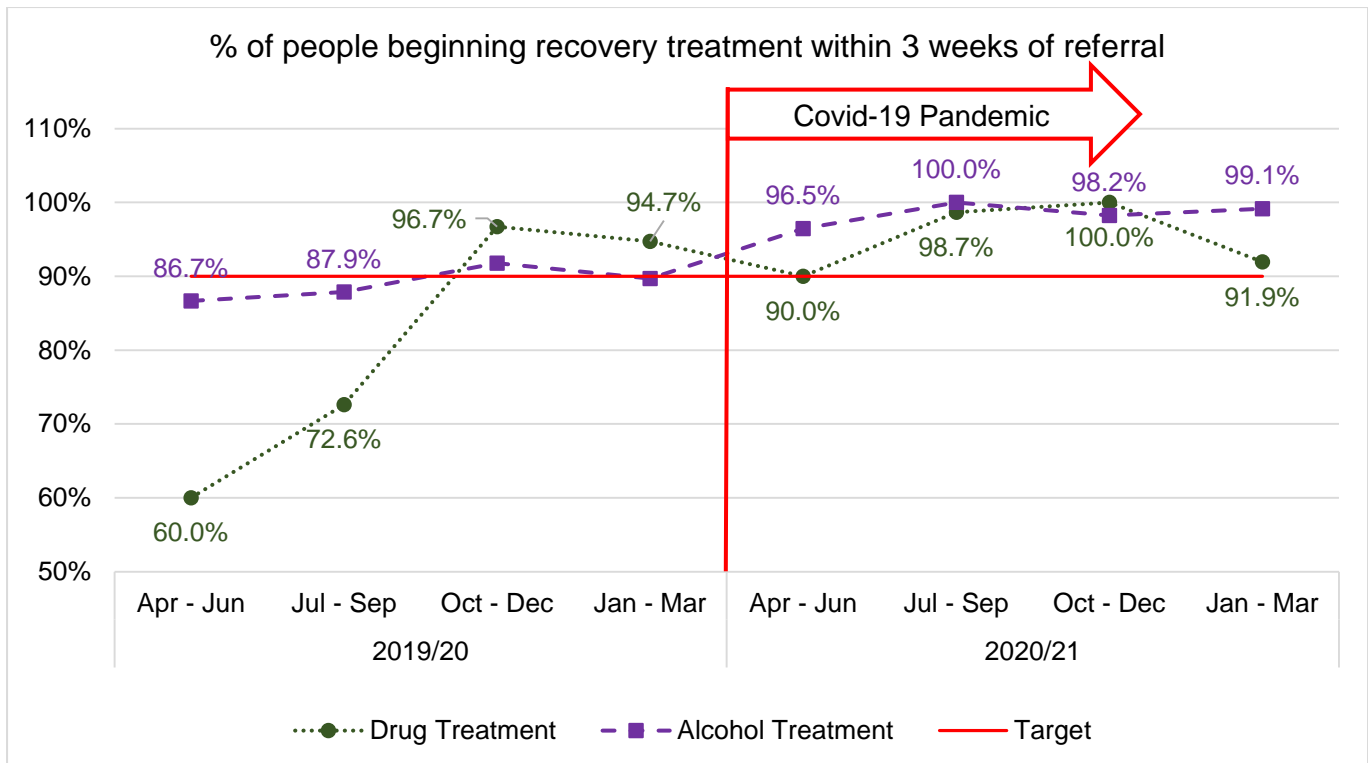


Source: SDMD (Scottish Drug Misuse Database)

Beginning treatment

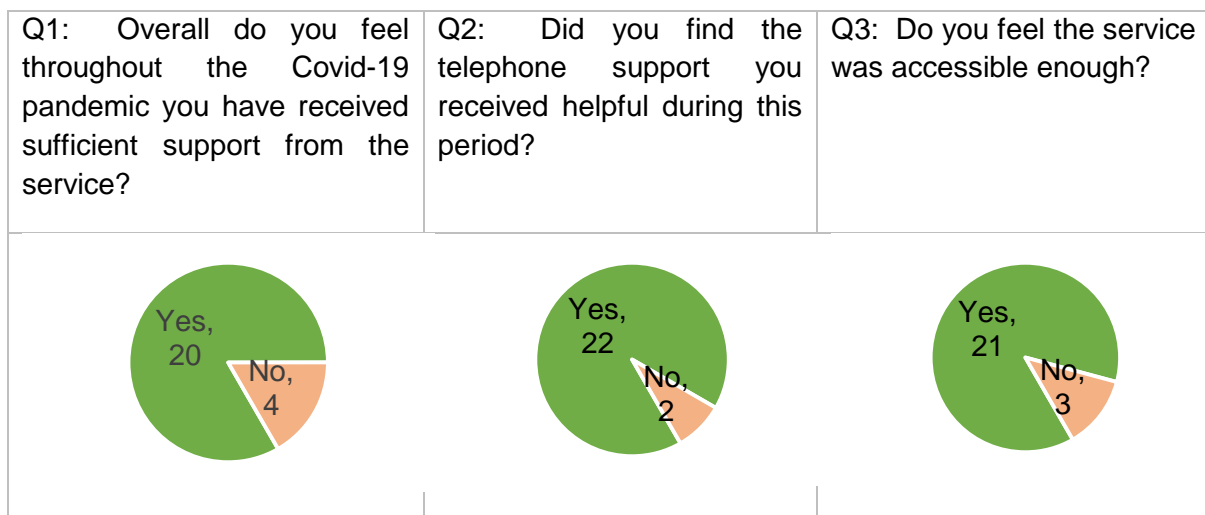
A national target has been set by the Scottish Government that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner, thus leading to better outcomes.

After some hard work to improve our position in 2019/20 for 2020/21, even with the impact of Covid-19 pandemic, we have been able to meet or exceed this target.

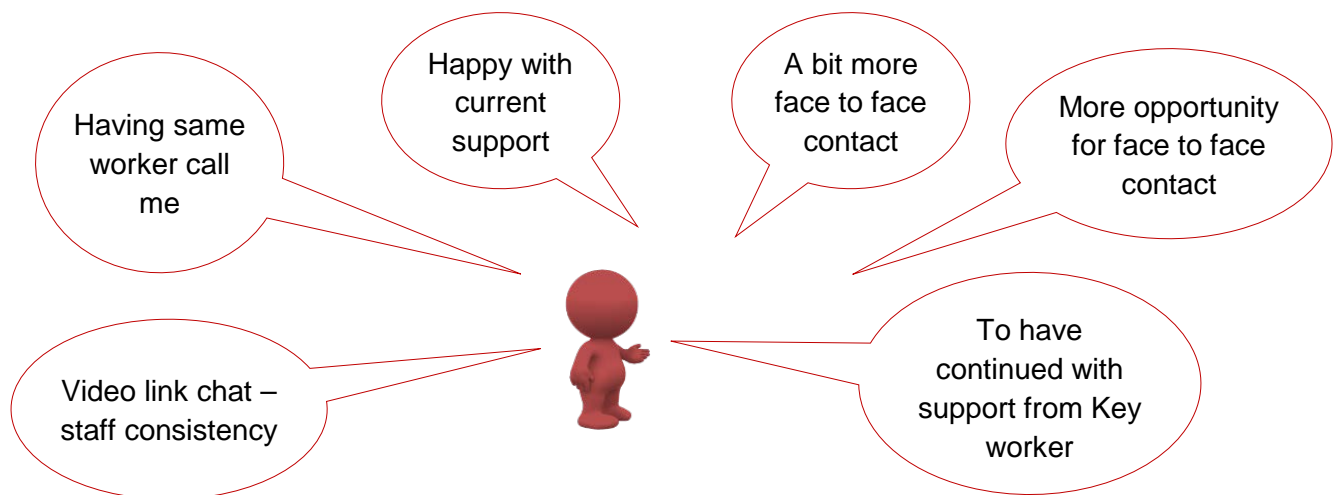


Source: SDMD (Scottish Drug Misuse Database)

We undertook a Service User questionnaire in August 2020 to gain their views on the service received during the Covid-19 pandemic. 24 people completed this for us and the results are noted below.



Q4: What do you feel could have been better?



Preventing Drug Related Deaths

In 2020 there were sadly 33 drug-related deaths in Inverclyde. While Inverclyde has seen no rise in the number of drug-related deaths from 2019, remaining at 33; as outlined by the 5 year average rate of 34.5; Inverclyde remains the third highest rate only compared to Glasgow at 38.6 and Dundee at 43.1.

In 2020, after adjusting for age, people in the most deprived areas were 18 times as likely to have a drug-related death as those in the least deprived areas (68.2 per 100,000 population compared with 3.7). This is an indication of the complex nature of drug-related deaths where factors like poverty and the impact of severe and multiple disadvantages including homelessness, mental health, and involvement in the justice system, as well as the impact of trauma, may increase the risk of a drug-related death.

A key priority in Inverclyde's Anti-Poverty Strategy is to use funding to undertake an employability pilot, targeting a cohort of 20-30 year old males who are unemployed with alcohol or drug dependencies. This pilot will initially target Greenock Town Centre followed by a second phase targeting Port Glasgow. This pilot recognises the challenges to be overcome in relation to reducing poverty and increasing employment opportunities while tackling health inequalities.

Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:

- Targeted distribution of naloxone;
- Immediate response pathway for non-fatal overdose;
- Medication-Assisted Treatment;
- Targeting the people most at risk;
- Public Health Surveillance;
- Equity of Support for People in the Criminal Justice System

Over the last year good progress has been made in several key actions including:

- The inclusion of the 3rd sector to distribute Naloxone (through the Lord Advocate's decree during Covid-19 pandemic).
- The development of the information sharing protocols with key partners to ensure assertive outreach within 48 hours to anyone who has had a non-fatal overdose.
- Work to support those most at risk into treatment and try to keep them established within treatment services.
- The reduction in waiting times into ADRS treatment services; the ongoing work to support service users onto appropriate doses of treatment; and the introduction of Buvidal (longer lasting injection) which may change prescribing practices.
- The review of all drug deaths on a multiagency basis to determine any learning and improvements in practice.
- The test of change of Care Navigators to work intensively with the most vulnerable service users known to Homelessness; ADRS and Criminal Justice.

Analysis from the 2019 drug-related deaths in Inverclyde indicated that 30.3% of people were in police custody in the six months prior to their death. Inverclyde ADP has secured funding from the national Drug Death Task Force to employ Peer Navigators in Greenock Police Custody as a means of early help. This is a test of change with the potential to influence practice across Scotland, targeting a group of people who are at an increased risk of a drug-related death.

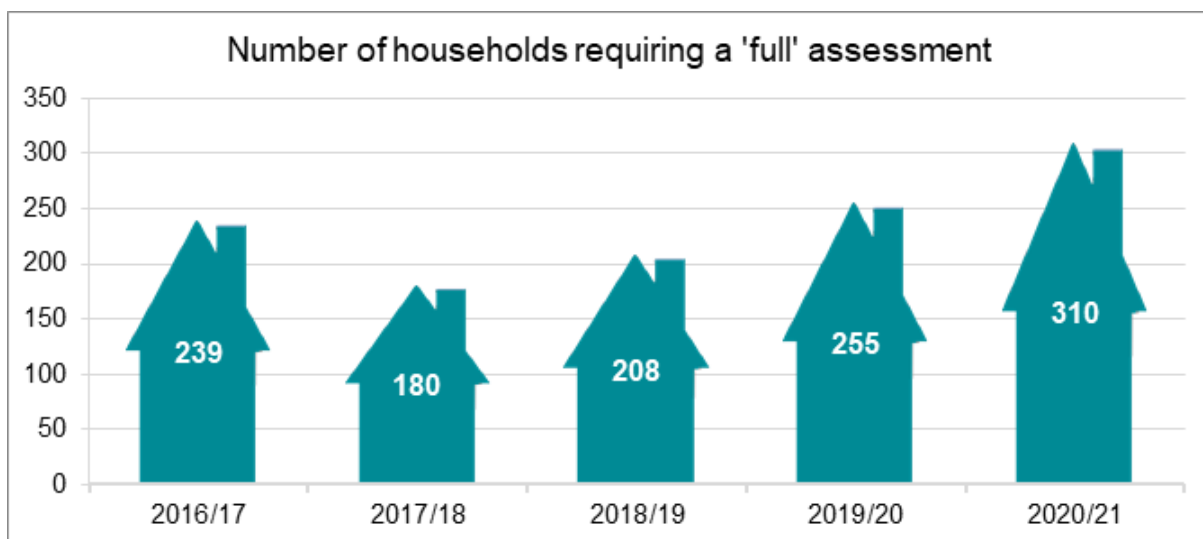
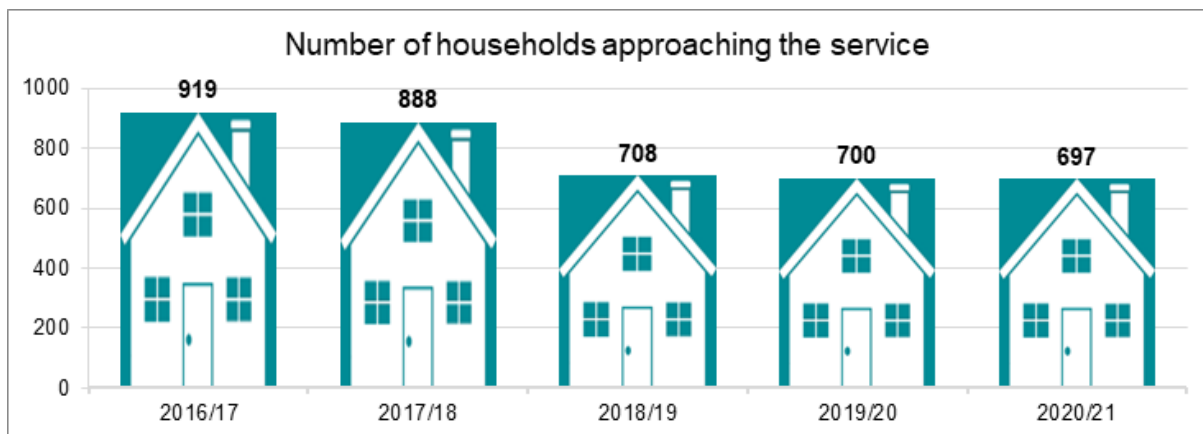
Inverclyde ADP are in the process of refreshing the Drug Death Prevention Action Plan, taking the opportunity to capture the wide range of actions and additional funding. Partners recognise that these actions will take time before achieving the overall ambition of reducing the unacceptable number of drug related deaths in Inverclyde.

Other developments being progressed by Inverclyde ADP that may also help to prevent drug related deaths include more system wide changes, including developing a recovery community and where people are given hope that change is possible and people can and do recover. A key barrier is around stigma and Inverclyde ADP has developed a strategy and action plan to start to remove this barrier, titled "Being Accepted". Finally, Inverclyde ADP recognises the vital role residential rehabilitation can provide, but only where the scaffolding is in place to offer people the necessary support in preparation for this step as well as the support in the community following a residential placement. We are in the process of developing a clear pathway of support.

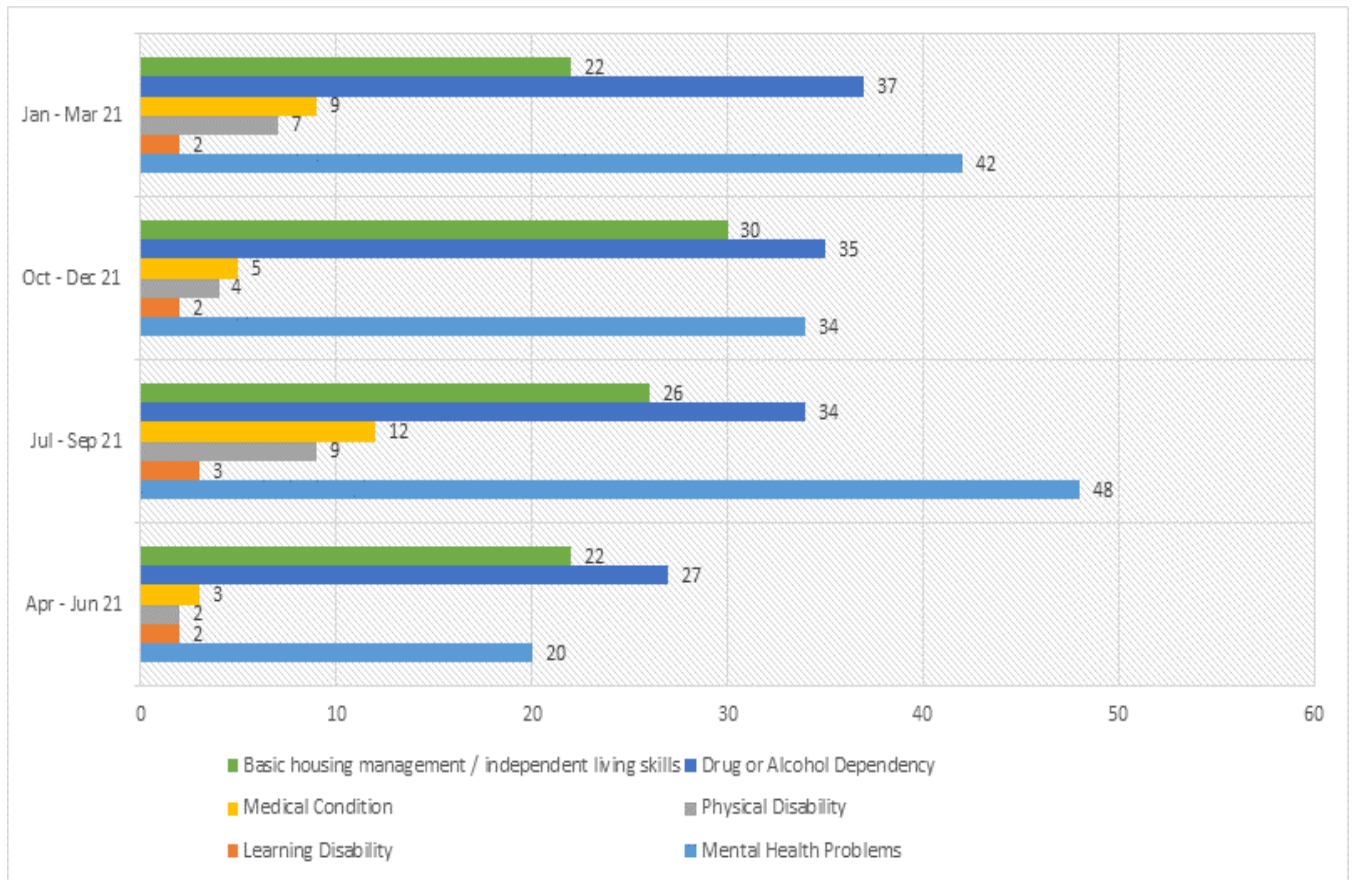
How Social Work Services are Improving Outcomes for People in Homelessness

The Covid-19 pandemic has had a significant impact on the homeless service, with 697 households presenting to the service over the year and 310 requiring accommodation/full assessment. This represents a 20% increase in service activity.

Depopulation of the hostel in response to the pandemic resulted in a local RSLs making a number of temporary furnished flats available at an early stage. However as the lockdown continued, the service was unable to turnaround void properties as repairs and safety checks could not be undertaken by contractors. This resulted in out of area Bed and Breakfast having to be used for a period of time. An intensive plan was put in place to bring Inverclyde residents back into their home area and house them suitably. This was achieved by February 2021.



“The table below demonstrates the varying complex needs people have when presenting as homeless which is informing the development of our Housing First model in the forthcoming year”



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



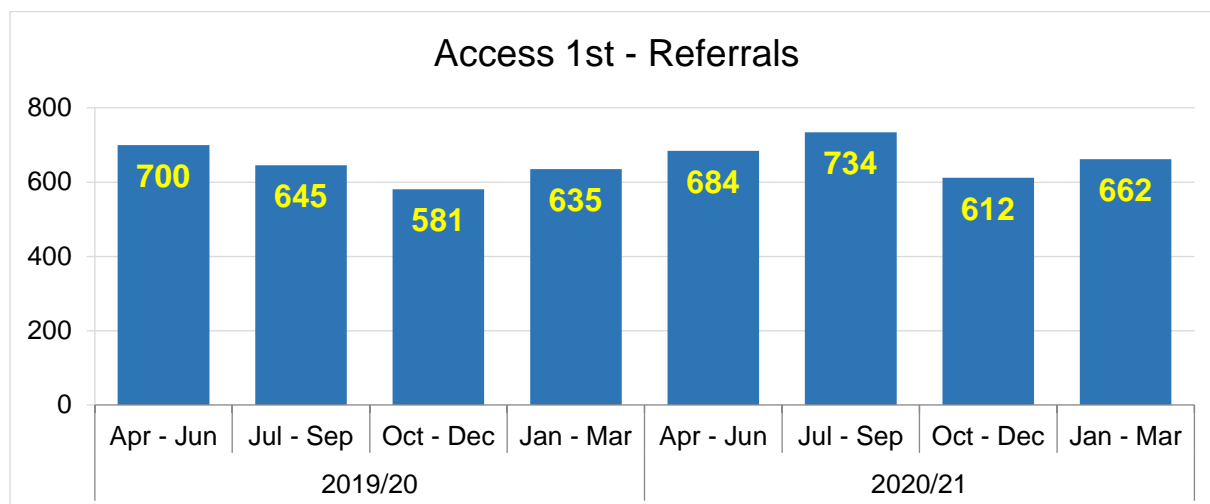
Inverclyde Health and Social Care Partnership (HSCP) reviewed the Access 1st single referral pathway which was launched in January 2019.

This was a pilot (beta test) established for our Health and Community Care Services (HCC). Its purpose was to test the viability of having a single point of access for new referrals into HCC for service users, carers, stakeholders and partner agencies. The ambition was to create a single pathway which was efficient in screening and processing referrals using the eligibility criteria to prioritise need.

The evidence gathered has demonstrated the viability of Access 1st as a single point of access. By introducing this approach, responsiveness to individuals, stakeholder and partners has improved. The volume of referrals received by assessment and care management has reduced to allow increased capacity to focus on more complex cases.

Due to the impact of the coronavirus pandemic, there has been a delay in implementing the full roll out of Access 1st. However, as we emerge from lockdown, plans are in place to progress this and meet the commitment of the HSCP strategic plan 2019 – 2024.

By utilising this approach to screening and responding to new referrals, Access 1st has reduced the operational demand on individual teams to better focus on more complex levels of need. The chart below shows the number of Access 1st referral split quarterly.



Evidence confirms that Access 1st has made an important impact on meeting the objectives and ambitions of the HSCP Strategic Plan. However, in order to incorporate all adult health and social care services into a single point of access, there are demand and capacity implications for Access 1st to ensure its continued success.

Service User said 'Access 1st has been more helpful to me over the past few days than anyone has been for a long time'

Son called Access 1st to request a service for her mother who was struggling at home. He was also feeling overwhelmed with the situation and asked for help. 'I couldn't believe how fast support was put in in place' and thanked the Access 1st worker for all their help.

Partner Feedback

"Keeping lines of communication open are vital. I'm happy for members of the Access 1st team to contact me or my service directly to seek advice re: the appropriateness of onward referral"

"The service works well under often difficult circumstances. The HSCP needs to raise the profile of Access 1st and ensure other services give clear rationale for decision making, both taking on cases and when a service decline follow up. "

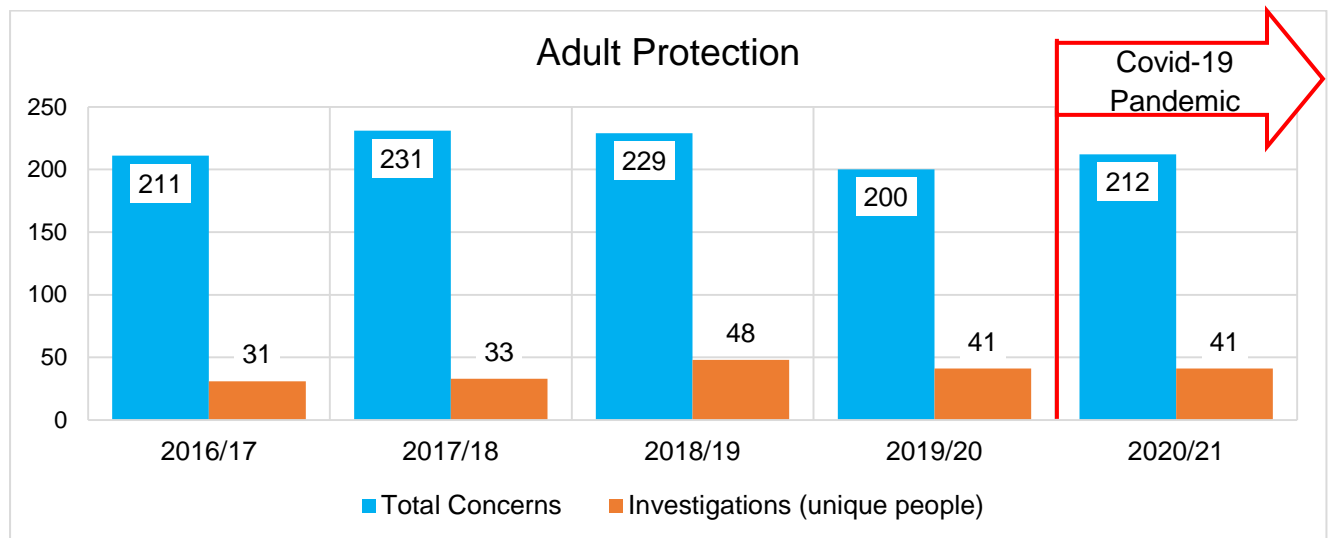
As Access 1st develops there will be an increase in the volume of referrals. To understand the estimated demand, Options Appraisals have assessed the current demand and used this to predict future demand.

The beta test has demonstrated the viability of using Access 1st as a single referral pathway to Health and Community Care services. The service has been rolled out across Assessment and Care Management, Home 1st Reablement, hospital discharge, mainstream home care, palliative care and adult welfare concerns. Overall, performance in meeting key indicator levels have been very good with only 4% of referrals going over the 9 day response timescale.

Unavoidable delays in the rollout of Access 1st have been encountered due to the Covid-19 Pandemic, however, with the easing of restrictions development can now resume.

Protecting vulnerable adults

Regardless of current circumstances adults can pose a significant / critical risk to themselves or others; or adults and children may be at significant / critical risk of coercive, controlling, abusive and harmful behaviour by others. A key challenge has been to be adaptive and responsive in order to meet our statutory responsibilities. Initial referrals around Child Protection are made to the Request for Assistance Team. The chart below shows the referrals received by the RFA (Request for Assistance) team for the last 2 years. An increase in demand is apparent from October 2019 (pre-pandemic) and levels have remained above the median (mid-point) value of 134 throughout the Covid-19 pandemic.



Whilst the number of referrals and concern reports marked as adult protection has remained relatively consistent, it should be noted those referred under the auspices of adult welfare / wellbeing has increased by 20%. It is suspected that this significant increase in adult welfare / wellbeing referrals may be related to the impact of the Covid-19 Pandemic whereas the number of investigations has not been affected.

Self-Directed Support Implementation 2020/2021

Following on from the Self Directed Support National implementation plan and recognition of Audit Scotland 2017 recommendations, the local work plan in 2020/2021 has focussed on engagement with services across HSCP, learning and development, the implementation of outcome focussed approaches and quality assurance.

A rolling programme of assessment support planning has been put in place open to all HSCP across service with care management responsibilities. Further to this areas of learning needs across the services have been developed through engagement with teams. Engagement with specific teams had identified that there was a need to reinvigorate the awareness of SDS. A corresponding learning programme with corporate partners Scottish Personal Assistants Employers Network (SPAEN) have provided bespoke training to teams such as SDS Awareness to District nursing and Children & Families specific SDS training and Mental health adult and Older person's team. We did manage to carry out SDS training and support plan training in early March 2020 which took place just before the first lock down came into force. Again we intend recommencing SDS training programme over the next 12 months as we recover from the Covid-19 pandemic.

A key focus has been the implementation of outcome focussed approaches. This change and development has required intensive work across all service in terms of culture and processes. It has imbedded through consultation and the promotion of ownership of services and practitioner's.

The support plan tool has been developed in line with SDS principles. The support plan version 2 with developed wellbeing indicators now embedded across the Health and community Care service.

A tool has been developed to facilitate outcome focussed assessment conversations and recording. The CONRAD tool (Conversation, Outcome focus, Need assessment, Risk analysis, Agree outcomes and Disagreement recorded). Briefings across the Assessment Care Management/Discharge Team, Learning disability, Older Peoples Mental Health Team Homecare, Occupational Therapy and District Nursing have been completed.

Follow up workshops with ACM teams have been completed and is now fully implemented and imbed within assessment and support planning recording practice. This will continue in 2021/22 with programme of workshops in identified areas such as outcome focussed support plans alongside indicative budgets.

Recording of take up of SDS options will be reported on a monthly basis. The current statistics for 20/21 are as follows

SDS1	SDS2	SDS3	SDS4
48	730	1924	37

Care at Home

The Care at Home team provides an essential service to people within their own home assisting them to live as independently as possible. Care at Home Services had a gap in service provision for



supported approx. 1200 people



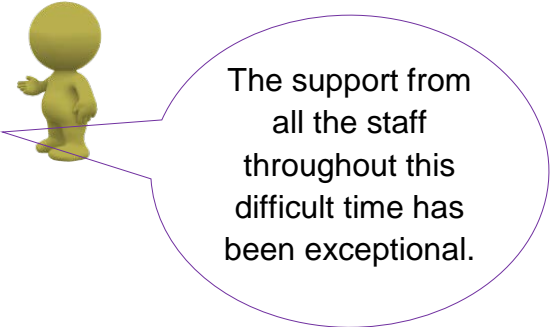
undertook 708,000+ visits



80 Volunteers added to 450 staff

the need to better support services users who required palliative and end of life care. During the past year the service has introduced a new Home Support Manager who is dedicated to managing the palliative end of life and discharge response team. The service works jointly with colleagues from the Ardgowan Hospice and community nursing team to ensure that service users have dignity in death, and families and informal carers are supported throughout this time. This team also enhances the discharge process within the service over 7 days alongside our colleagues in acute hospital settings which has been crucial during the Covid-19 pandemic.

A sample of Service user / family comments we have received.

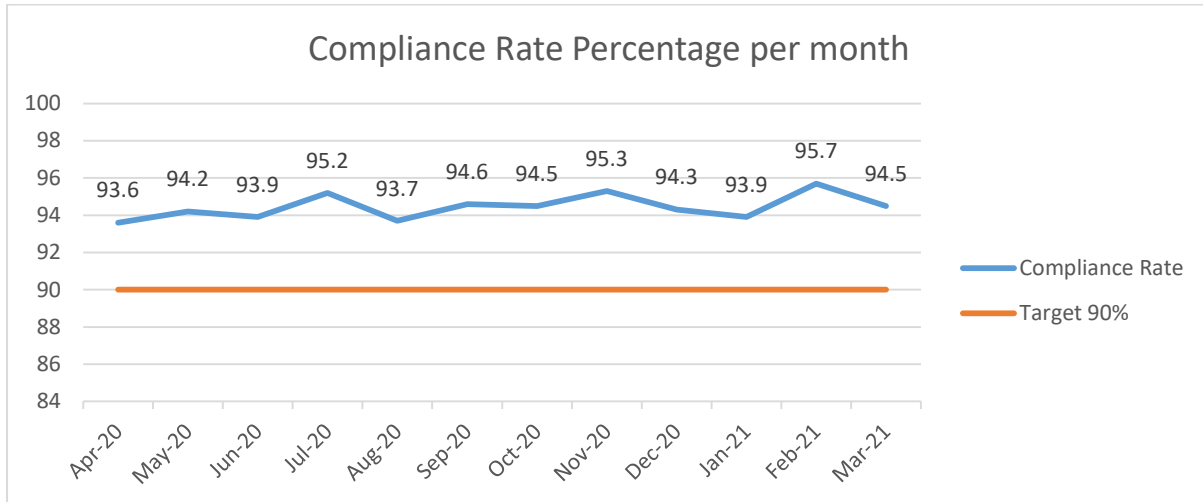


I am delighted with the care I'm receiving, no problems at all.

The support from all the staff throughout this difficult time has been exceptional.

Care and Support 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.



Technology Enabled Care Services (TEC)

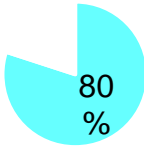

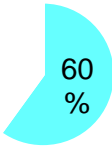
Analogue to Digital (A2D)

Inverclyde has 2,000 service users in receipt of a telecare service. The service provides an alarm unit with a pendant trigger that is used to call for assistance by a service user during an emergency. Where there is a higher risk of confusion or cognitive impairment additional sensors that are linked to the alarm are installed to alert when a personal or environmental risk connected to fire, flood, falls or at risk of wandering has been identified without the need for the service user requiring to press for assistance.

Our greatest achievement in this year is that we continued to provide support for people as needed. Responders were always available in any emergency situation and at a time when family could not visit we provided reassurance from our control centre operators. Where a physical response was required our responder team provided essential face to face contact.

An exciting 3 month trial started in October 2020 to support Technology Enabled Care in our requirement to move from an analogue to a digital service by 2025. This will require all current alarms and TEC equipment to be replaced. 25 new digital alarm units were purchased and installed in Service User's homes from a mixture of manufacturers. At the end of the trial the majority of Service Users were extremely positive about the new digital units.

Service User Survey feedback:

very satisfied with the new Digital Unit	thought call answering time was quicker	said voice clarity during a call was significantly better
		

We are at the starting point of our analogue to digital transformation journey and are currently establishing our roadmap to a fully digital service by 2025.

ARMED Technology

The ARMED TEST OF CHANGE is a project within Care and Support at Home Services/TEC. It is designed to promote greater use, integration and sharing of technologies across sectors and services to support the self- management and wellbeing of service users. ARMED technology records the activity/sleeping patterns of the service user. Collection of this data can predict the potential of a fall. To achieve this service users are provided with a wrist worn device/watch and a mobile phone. The wrist worn device/watch records their activity/sleeping patterns that are reviewed showing where levels of activity/sleep have increased, decreased or remained constant.

Benefits:

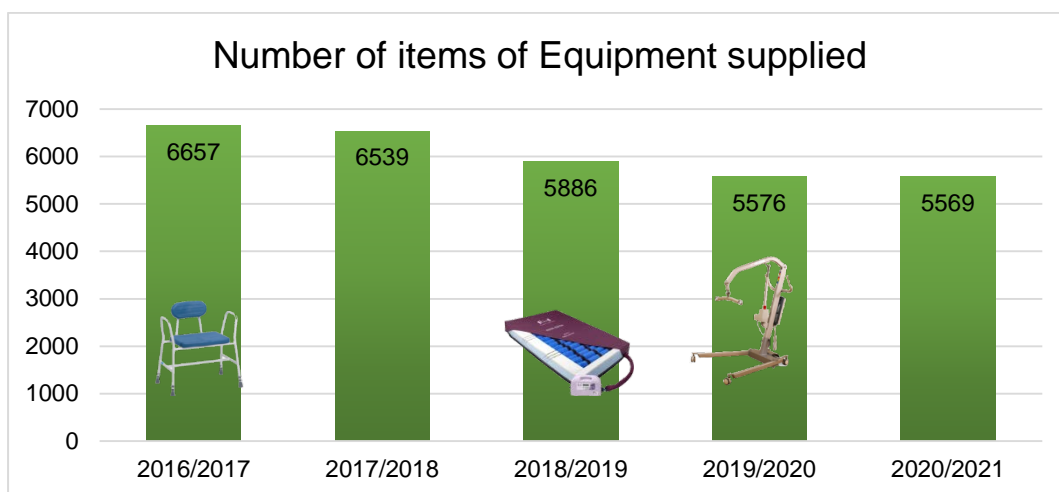
- To support up to 50 service
- Empower individuals to self- manage their wellbeing
- Reduce potential carers/responders visits following a fall
- Allow early intervention by GPs and nurses thus preventing hospital admissions
- Reduce NHS costs associated with admissions and bed days
- Improve health and wellbeing outcomes for patients and carers
- Allow us to monitor and evaluate the project's success to inform future planning
- Improve joint working to ensure pathways appropriate for Inverclyde

Aids for Daily Living (ADL) equipment

In 2019 / 2020, we provided 5,576 unique items of ADL equipment to Inverclyde residents who had a physical need. This is down from the previous year (2018/19) where we provided 5,886 items. 22% of all equipment supplied was to support people being discharged from hospital.

The amount of equipment required to support discharge from hospital and for preventing admission (hospital style beds, patient hoists, pressure care mattresses and all associated items) has remained fairly consistent. The reduction in overall numbers is, at least partly, due to our rehabilitation and reablement services helping get people 'back to health' quickly.

In 2020/2021, we provided 5,569 unique items of ADL equipment to Inverclyde residents who had a physical need. This is roughly equivalent to last year despite working under Covid-19 pandemic restrictions.



This equipment ranges from hospital beds with pressure care mattresses and patient hoists, to simple seats for use in a shower. An Occupational Therapist or District Nurse carries out an assessment for equipment.

Due to Covid-19 pandemic restrictions over the last year routine assessments have not been carried out and a waiting list has been accumulated. This has resulted in a large reduction in housing adaptations being carried out unless the need has been urgent i.e. to prevent a hospital admission, to support hospital discharge or when there has been an issue accessing essential amenities.

This year we recommended and progressed 1051 adaptations compared to 1769 the previous financial year.

As the building was closed to the public we were unable to carry out stair lift demonstrations with our service users, however were able to simulate this in the home environment and were still able to progress the installation of 40 stair lifts compared to 51 the previous financial year. This enabled service users to access essential amenities within their own home environment.

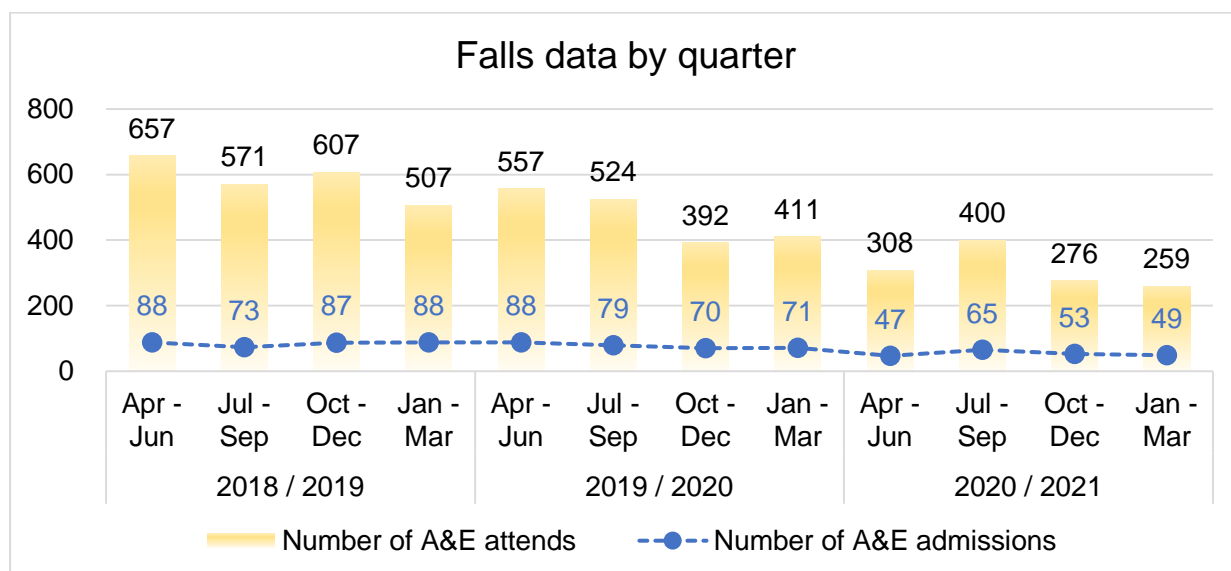
We liaised closely with our partners within the RSLs and Care and Repair to enable essential works to be carried out to keep people safe within their own homes, whilst protecting staff and service users.

Falls

Falls are often a symptom of other illnesses, not a specific diagnosis, and as such are often picked up as a secondary problem when service users are referred into HSCP services for other reasons.

As part of the falls pathway Inverclyde HSCP Rehabilitation and Enablement Service (RES) works closely with Community Alarm Community Response team and the District Nursing, Glasgow Falls Service and Live Active service to support frail older people who experience falls.

There was a gap for the frailest individuals who didn't meet the criteria to attend the classes that were run by the Glasgow Falls Team, to address this need the Rehabilitation & Enablement Services (RES team) set up Strength and Balance classes hosted at the Larkfield Unit.



The pathway from these classes supports people to improve enough to follow through to the Glasgow Falls Teams local classes and then through to Live Active classes. However due to Covid-19 pandemic restrictions and other Services limitations Glasgow Falls Community Classes and Live Active classes are not operating and have no date to re-start therefore ongoing falls response work is currently being absorbed by Inverclyde RES Team, who have been deemed an essential service.

Community Learning Disability Team

Service during the past year has focused on the most vulnerable such as those living alone or with elderly carers. New ways of delivering service virtually such as through Attend Anywhere/NHS Near Me and other virtual review meetings have all been implemented. There is still improvement needed in access to these technologies for some families and for people with more profound communication difficulties.

The restrictions have highlighted how effective the Core and Cluster model of supported living is for people with learning disabilities. Some of the people who are supported in these settings have been “living their best life” during lockdown and keeping well, despite not going out to their usual clubs and activities.

In the past year, the CLDT has been working in partnership with three different Housing Associations and with local support providers to develop three new core and cluster or shared living developments in Greenock and Port Glasgow. National outcomes such as implementing the “Coming Home” report about people who are placed out of area continue to be a priority.

We continue to prevent Delayed Discharge from hospital with robust discharge planning processes and to consider the needs of younger people in care home placements. Specific initiatives around these priorities in recent months include participation in a Collaborative Practice group with other GG&C Learning Disability Service Managers, and a Learning Disability working group as part of the Dementia Steering Group to consider the needs of people with dementia and Learning Disabilities who may need nursing home admission.

Day Opportunities worked with social care providers accessing the PPE Hub at Fitzgerald to support Compassionate Inverclyde during lockdown in providing donations and distributing going home boxes and isolation boxes.

A series of planning meetings between the CLDT and Day Opportunities has taken place to plan the phased recovery of day services. Day services have continued to operate but are currently supporting approx. 20-30% of their full capacity with a mix of building based support, wellbeing walks and outdoor support sessions.

Planning is underway to raise this incrementally, with full support and guidance from Public Health Scotland, Care Inspectorate and colleagues at Health & Safety. Other work that has been progressing through the Covid-19 pandemic recovery period includes:

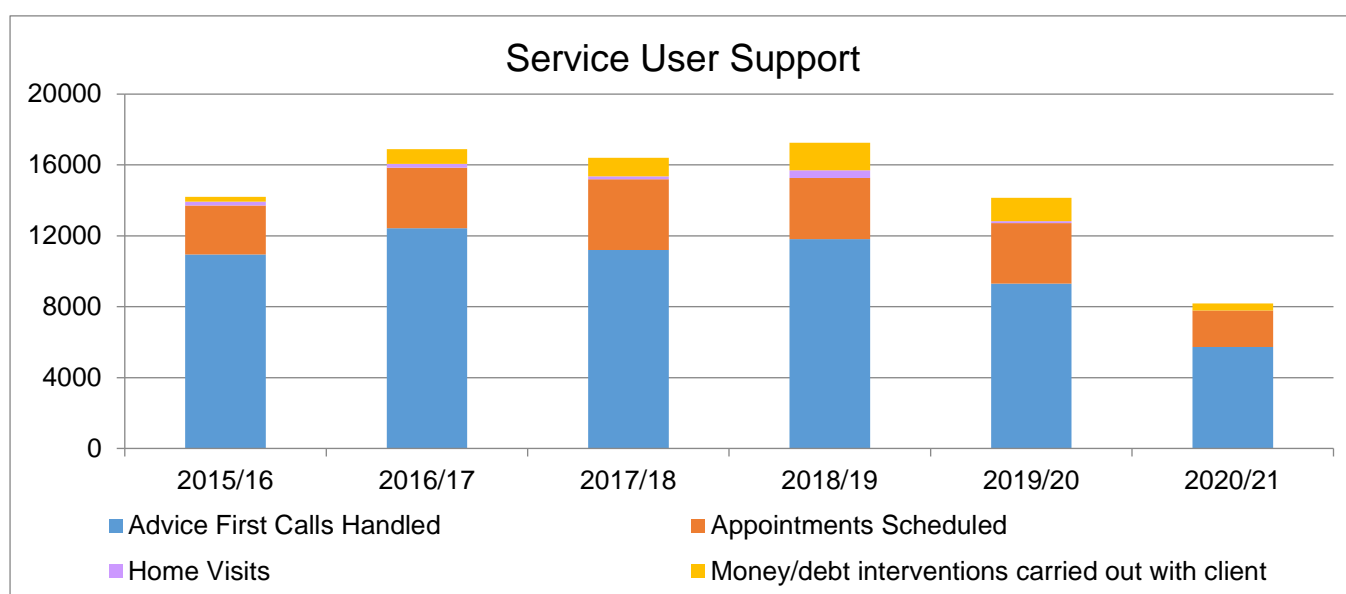
- The new service model of support for people with LD is implemented and community inclusion and development work is undertaken to ensure people with LD and/or Autism have access to their community and feel supported and included and fulfilled in their lives and have opportunities to contribute such as employment, volunteering, mentoring.
- Inverclyde’s Autism Strategy implementation continues and we strive to become Autism Friendly Inverclyde where autistic people feel included, accepted and part of their local community.
- Inverclyde is taking part in Scottish Government backed National Trials in Transitions for young people leaving school and moving into young adulthood. The trial areas locally will be Young People with disabilities from Craigmarloch School and young

people with Autism (without LD) who are leaving from mainstream school supported by Inverclyde Communication Outreach Service.

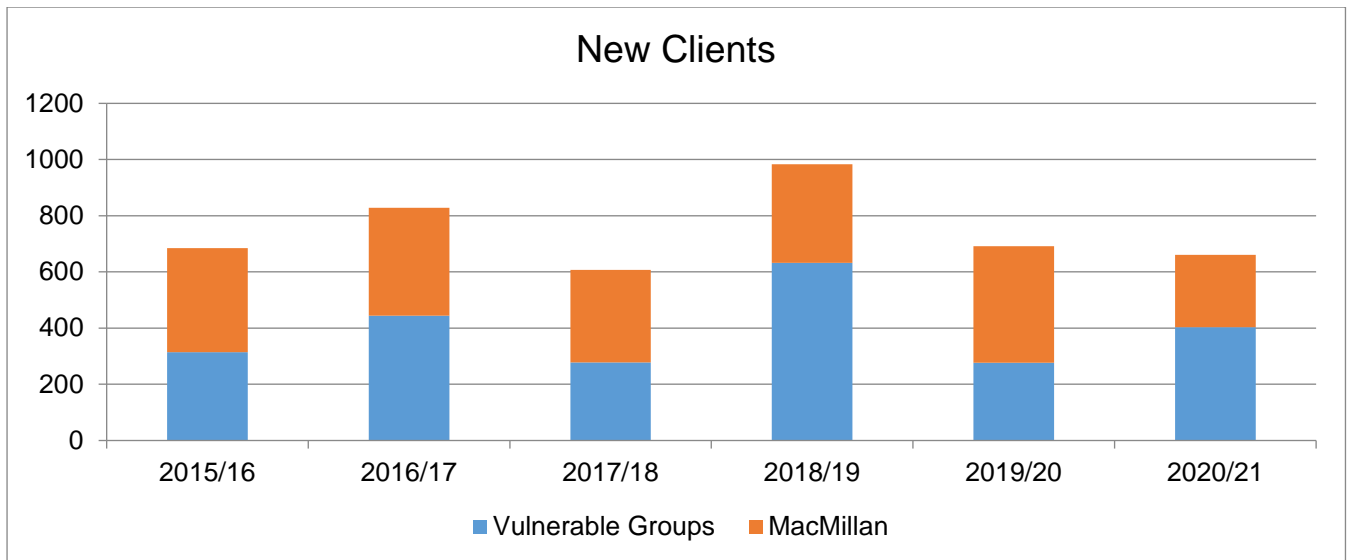
- The NES training framework is rolled out to public facing services specifically HSCP/NHS primary and secondary care /Education/Council to ensure we are upskilling those providing support to Autistic people and their families.
- A test of change pilot across HSCP adult services and 3rd sector improving the care pathway for people with Autism and no Learning Disability who have either Mental Health issues or community care needs.
- Developing a Supported Employment strategy in partnership with Lead service in Council Economic development to ensure the 50% gap in unemployment for disabled people, people with Learning Disability and those with Autism is improved and people have real employment opportunities and the support they need to sustain them.

Financial Inequality

Our award winning Advice Services Team handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution. The charts below show activity and outcomes for the past 6 financial years.



The Covid-19 pandemic brought many challenges; although there was a drop in the volume of calls presenting to the service, the enquiries received were more complex as clients and advisers got to grips with new benefits such as the furlough scheme and the self-employment income support scheme.



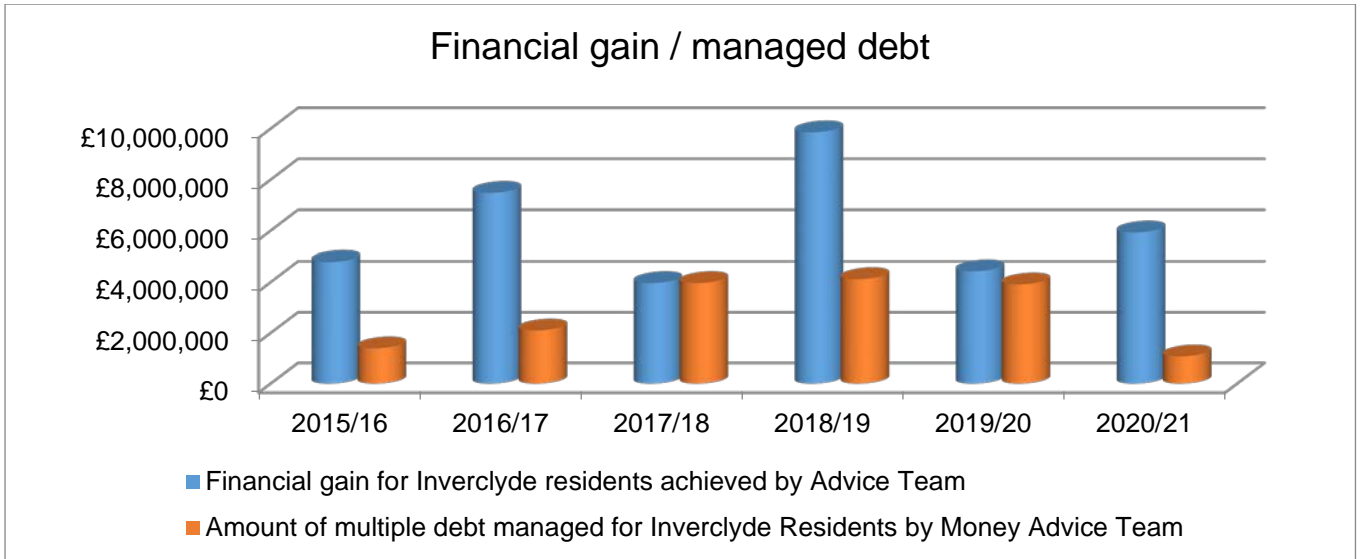
Vulnerable Groups team continued to provide a remote service to new clients of the Addictions/Homeless teams as well as carrying out financial welfare checks for existing clients. This approach highlighted many vulnerable clients who would have been destitute had the Vulnerable Groups team not intervened.

The Macmillan Cancer Support Welfare Rights service continued to support vulnerable clients ensuring they were coping and assisting them during an incredibly difficult time.

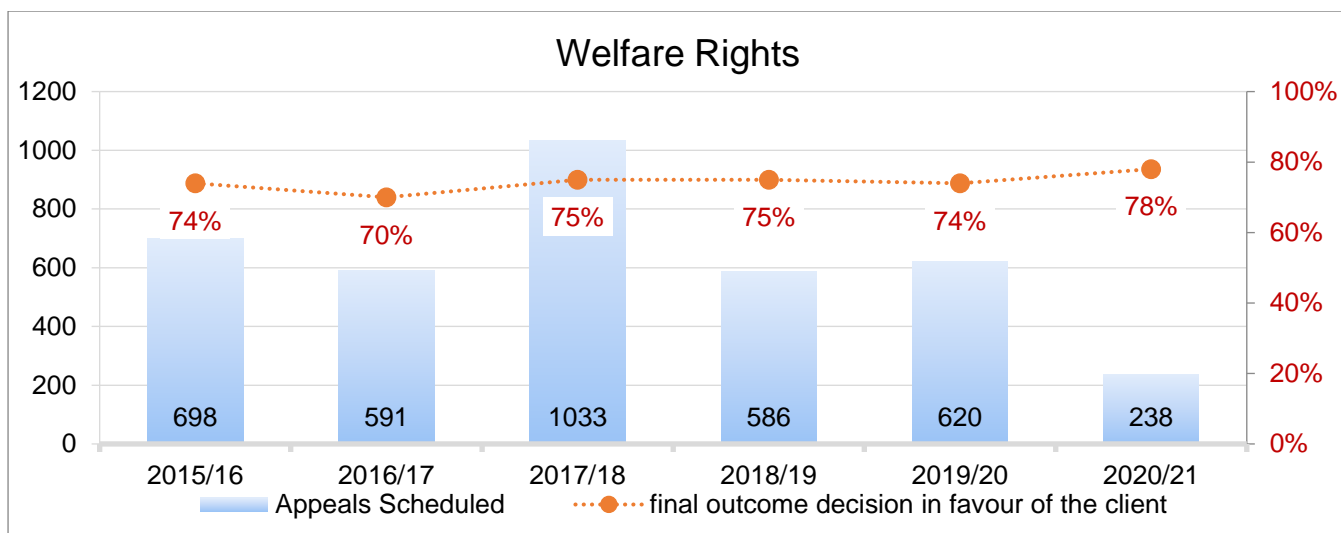
Client C

Client was referred to advice services by Legal Services Agency for a benefit check. Client and her husband, both pensioners, had accrued rent arrears of £1800 and were unsure how it had happened. After much investigating by an Advice Worker and Welfare Rights Officer it was established that the Department for Work and Pensions had miscalculated their income and had incorrectly notified Inverclyde Council Housing Benefit team, triggering a benefit stop. DWP realised their error and rectified it. The case was highlighted to Housing Benefit and the error was again rectified immediately.

The client and her husband now have the proper Housing Benefit



The Money Advice Team had a reduction in enquiries due to many creditors offering payment breaks as well as a rent arrears eviction ban for much of the year meaning there was a significant reduction in clients requiring this type of support.



The reduction in the number of appeals is governed by external factors created as a consequence of Covid-19 pandemic. DWP, for example temporarily removed conditionality requirements for universal credit and suspended disability assessments, extending the period of award for claimants automatically. As a result the number of dispute decisions entering the appeals system tapered away significantly. At the same time Her Majesty's Courts and Tribunal Service suspended face-to-face oral hearings and moved to alternative oral hearing platforms delivered remotely by telephone or video. This change required a number of months to establish during which relatively few hearings were scheduled further reducing the number of appeals heard. The figures for Inverclyde are broadly consistent with national tribunal statistics published by the Ministry of Justice, 10 June 2021. The statistics show a fall of 66 per cent and 22 per cent fall in universal credit and personal independence appeal receipts respectively for the period January to March 2021 compared to the same quarter in 2020. At a national level 66 per cent of appeals were found in favour of the claimant, down from 70 per cent. In Inverclyde the decisions found in favour of the claimant stood at 78 per cent, increasing from the previous figure of 74 per cent. It should be noted the WRO compliment for the period in question reduced by 1.6 WTE, leaving 5.8 workers providing representation, a dedicated Macmillan benefit support service, and second tier specialist support to other workers within the HSCP. DWP have now recommenced both the conditionality requirements sanctions regime and programme of disability assessments.

7. RESOURCES

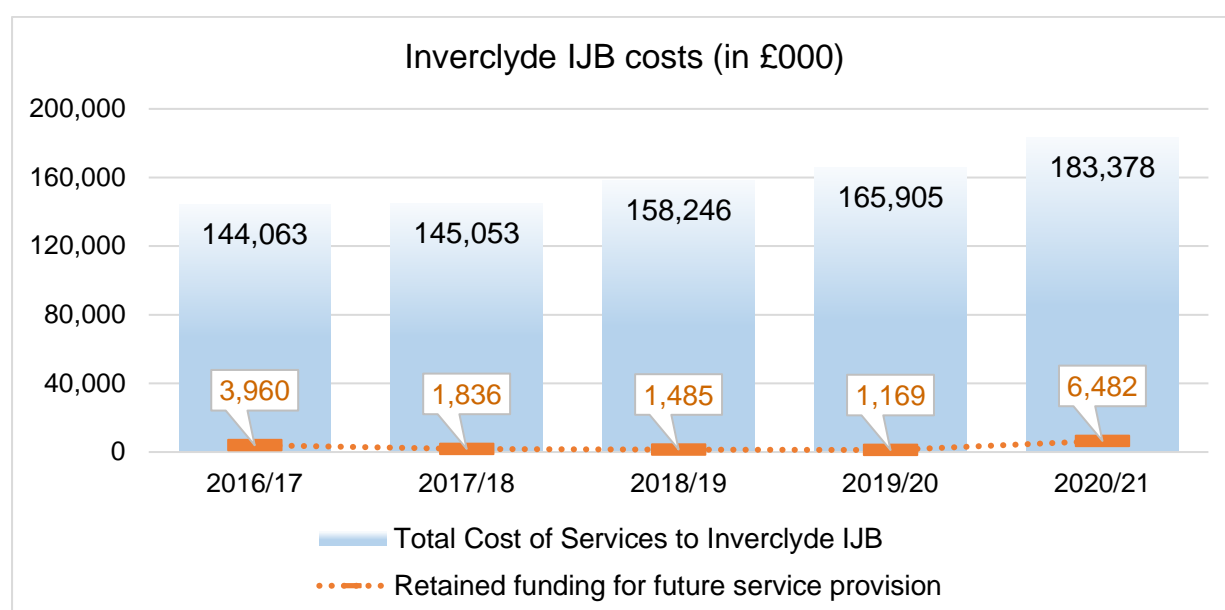
Finance

Inverclyde IJB Financial Summary by Service

	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000
Strategy and Support Services	2,591	2,416	2,111	2,133
Older Persons	26,867	27,020	28,407	30,383
Learning Disabilities	10,653	11,898	12,545	12,299
Mental Health – Communities	5,804	6,712	7,101	7,485
Mental Health – In Patients	9,338	8,729	9,737	10,607
Children and Families	12,986	13,738	14,114	14,711
Physical and Sensory	2,659	3,117	3,203	2,939
Addiction / Substance Misuse	3,389	3,464	3,181	3,826
Assessment and Care Management / Health and Community Care	7,772	8,258	9,981	10,789
Support / Management / Administration	3,807	4,174	4,339	450
Criminal Justice / Prison Service	(38)	26	49	148
Homelessness	967	791	1,043	1,173
Family Health Services	21,766	25,547	27,056	29,618
Prescribing	18,817	18,591	18,359	18,242
COVID 19 pandemic Funding				10,400
Change Fund	1,236	1,133	1,044	0
Cost of Services directly managed by Inverclyde IJB	128,614	135,614	142,270	155,201
Set aside	16,439	22,632	23,635	28,177
Total cost of Services to Inverclyde IJB	145,053	158,246	165,905	183,378

Taxation and non-specific grant income	(146,889)	(159,731)	(167,074)	(189,860)
Retained Funding for future Service Provision	1,836	1,485	1,169	6,482

The IJB works with all partners to ensure that Best Value is delivered across all services. As part of this process the IJB undertakes a number of service reviews each year to seek opportunities for developing services, delivering service improvement and generating additional efficiencies.



Budgeted Expenditure vs Actual Expenditure per annum

	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000
Projected surplus / (deficit) at period 9	(1,426)	(897)	(37)	(690)
Actual surplus / (deficit)	1,836	1,485	1,169	6,482
Variance in Under/(Over) Spend	3,262	2,382	1,206	7,172

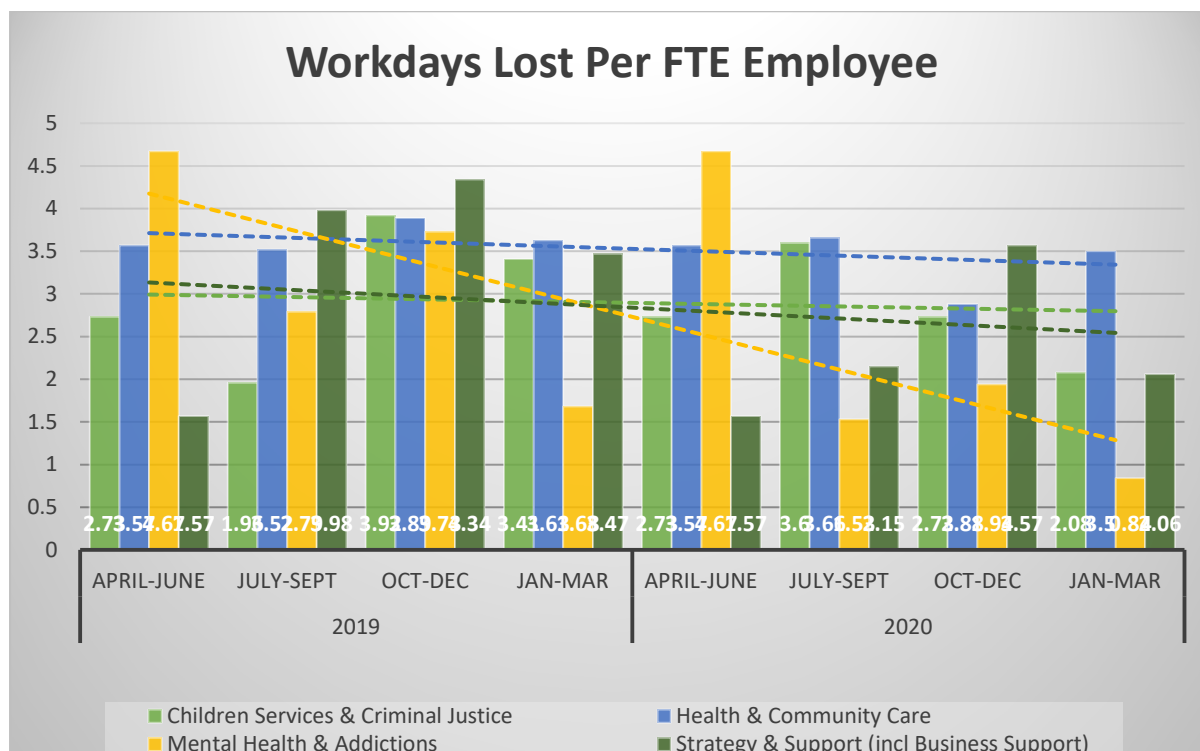
8. WORKFORCE DEVELOPMENT

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.

The 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.

HSCP Staff (*Inverclyde Council employees only*)

	March 2017	March 2018	March 2019	March 2020	March 2021
Number of employees	1038	1044	1036	1054	1089.25
FTE equivalent	834.69	840.1	831.92	838.86	866.91
Number of Sessional Workers	108	98	80	99	154
Number of Modern Apprentices	4	4	2	3	3
Workdays lost (per FTE)	11.96	14.57	9.53	12.96	11.9



Workforce Challenges

Over the past twelve months, and to the current date, there have been significant challenges encountered across Inverclyde HSCP including staffing difficulties which has directly impacted the service delivery in numerous areas including children's, mental health and occupational therapy.

The care at home service has identified an aging workforce with a significant number of staff to be at retirement age within the next 5 years. Moreover, recruitment has, and continues to be, a challenge for this area and health and social care as a sector.

Mental Health Officer's has expanded with the introduction of two further officers whom support statutory work requirements and support the service delivery and sustainability in an environment of increasing service demand (a national issue).

In an attempt to counter and minimise the impact of the above, HSCP is committed to -

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

Given the difficulties and demands on staff that Covid-19 pandemic has presented, as part of the commitment to sustaining and improving staff health and wellbeing, a series of staff engagements were carried out including wellbeing telephone calls for care at home staff given their lone working capacity.

- 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

The data provided suggested that staff felt well supported.

Staff Engagement

Staff Wellbeing & Resilience

During August 2020, a series of focus groups and an online questionnaire (Webropol) were held, following discussions at the HSCP's Staff Partnership Forum, engaging with the targeted staffing groups –

- Business Support
- Primary Care Mental Health
- Frontline managers
- Day Care/Respite
- Health Visiting

In terms of what has gone well for staff, over the past few months and what could have been better, this highlighted –

- Good and flexible approaches to line manager/collegial support in place but some areas where this could have been better
- A mix of views on home working, which some highlighted was beneficial not ideal for others, which correlated with the lack of IT equipment and the perceived lack of team engagement, in the practice of rota systems
- Early anxieties around the availability of PPE, lack of IT equipment and conflicting systems, expected ways of working without appropriate support, had detrimental effects on how some staff wanted to work and their wellbeing
- Overall communication was not perceived as good, often conflicting and overloading, not from where some staff would have expected to receive consistent and accurate information

In their suggestions for ways that resources/support could be improved, the responses can be summarised as –

- The HSCP is an integrated organisation and all resources should be available to all staff and not just either Council or NHS employees
- Ensuring that both information and resources are made available to all staff and not just to rely on the current communication media, such as ICON
- Increase the communication about national help resources
- For there to be an equal approach to the way staff have been recognised in either undertaking different roles and those who would like to have played a part but were not in a position, due to lack of systems
- More accessible information in ways to support health and wellbeing would be helpful
- Having dedicated team engagement time, not just focusing on the day to day operational tasks but more so having opportunities for improved communication and team time together for checking-in and supporting colleagues
- Have more purposeful communication, preventing the overload that can happen in challenging times, using a central repository for communication and information in one place that everyone can access and not dependent on managers/team leaders to cascade

All participants were asked to provide their views on support that needs to be put in place for their health and wellbeing and anything else that needs to be considered, with the responses themed as -

- As some staff are returning to their normal duties, consideration given to easing the pressure on these staff and for colleagues to be more aware and have a compassionate way of being
- Create more opportunities and safe spaces for people to be able to air their views and develop approaches to practice, without this always being seen as a management responsibility
- Better and improved ways of sharing information about service users and any service issues
- Having a one team approach to become a team again that will help and support the outcomes for the service, at the same time of managers understanding that the team can be more effective if the communication is improved

- Have more organisational transparency about where decisions are made and more access to minutes of meetings that are currently not shared with all staff
- Continuing to have a flexible approach to staff feeling as though they are being treated fairly and if this is not the case, there are processes strengthened where some staff can raise these issues in a supportive way
- Continue to offer home working, wherever possible and managers support and trust people to undertake their agreed tasks
- Consideration given to peer support groups that are safe spaces
- Involve staff, at all levels, in the learning from the recent crisis, what things are good and should be kept/developed and what can be let go
- Have staff developing what resources they think are helpful and not just left to managers to decide
- Ensure that lessons are learned about the differing types of information and have a consistent approach in the way the staff are informed

The Workforce Wellbeing Matters Plan has been constructed with the benefit of the findings of the above work and the overall aim of:

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

Specifically:

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



The Plan was launched on Monday 30th November 2020 (St Andrew's Day) with a 'Care for a Cuppa' event. Teams embraced the time out sharing a cuppa (and in some cases biscuits and cakes) both virtually and socially distanced. They watched a video explaining the launch of the plan and took some time out to chat about what it means for them as a team and as an individual.

When launching the plan we took the opportunity again to promote the national Wellbeing Hub: <https://www.nationalwellbeinghub.scot/>

A health and wellbeing guide of resources and contact information was produced in May 2020 to help support staff and Managers at the height of the COVID 19 pandemic. This guide has continued to be updated and circulated to all staff.

Additional Scottish Government funding made available to support CSWOs fulfil their statutory requirements was used in Inverclyde to support the wellbeing of staff with each service area being allocated a support fund for teams to use on a self-directed support model.

Some examples of how staff have been supported throughout the Covid-19 pandemic

- The service has carried out regular Health & Wellbeing calls with staff to ensure that they felt supported and valued in their role.
- Identify any staff concerns and signpost to the appropriate services.
- We regularly communicate with staff via their mobile device so they have all relevant information available to them in real time.

Care at Home



- We introduced a Team A and Team B approach to service delivery by rotating being hub based or agile.
- Communication was undertaken using multiple ideas such as team meetings, one to one, video meetings and telephone calls.

Mental Health



- Regular check-ins and supervision were in place throughout the Covid-19 Pandemic, ensuring that staff had the appropriate equipment at home to carry out an essential service.
- Staff wellbeing was at the forefront of managements thoughts during the year and issues identified were resolved at earliest opportunity.

Homelessness



- We had a nominated Team Lead who monitored and kept in contact with Staff to ensure wellbeing issues were addressed.
- Utilised the Willow Project (Ardgowan Hospice) for reflection of impact of Covid-19 Pandemic on them using mindfulness and CBT techniques when appropriate.

Adult Protection



- We participated in the GG&CNHS wellbeing project.
- Purchased mindfulness sessions for Social Care staff so as to be able to focus on their welfare and learn techniques for managing stress and other wellbeing issues.

Children & Families



9. 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's 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.

This last year has been defined 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. Several areas of our services experienced the loss of much valued and much loved colleagues and I would like to take the opportunity to pay particular tribute to those colleagues we have lost over the last year. Their contribution to the service has been immense and their loss keenly felt by their colleagues.

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 and indeed our staff. This has been the case over what has been a long and enduring crisis.

Nonetheless this last year, throughout the year has 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. This speaks volumes of the prevailing culture and sense of identity of the staff groups in Inverclyde. At the time of writing this report our attention is focused on recovery even as we lean into and make plans for what will be a challenging winter. Our recovery plans and actions are 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.

Report To:	Inverclyde Integration Joint Board	Date:	24 January 2022
Report By:	Allen Stevenson Interim Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/03/2022/AB
Contact Officer:	Alan Best Interim Head of Health and Community Care	Contact No:	01475 715212
Subject:	Update on Support to Care Homes During the COVID-19 Pandemic.		

1.0 PURPOSE

- 1.1 This report is to update the Integration Joint Board on the ongoing actions taken by the HSCP to support Care Homes in Inverclyde during the COVID-19 pandemic.

2.0 SUMMARY

- 2.1 Since March 2020 the HSCP in partnership with NHS GGC and Care Home Providers in Inverclyde have worked together in partnership to support and secure safety of Care Home residents in Inverclyde. This work was based around the need for a mobilisation plan to support the Acute sector which has faced unprecedented pressure as a result of the pandemic, and the subsequent Plan to support the Care Home sector agreed in May 2020.

In terms of support to Care Homes in the Older People and Adult Sector this has included;

- a. Financial support funded through the Scottish Government to ensure sustainability of Care Homes at times of reduced occupancy and additional costs around infection control
 - b. Frequent and regular contact with Care Home Managers and Providers including Governance meetings and a Care Home managers meeting where direct contact with senior HSCP managers.
 - c. Development of the Care Home Collaborative and improved Infection Control Nursing support in partnership with NHS GGC
 - d. Programme of 6 monthly Monitoring and Assurance Visits
 - e. Close support from Strategic Commissioning Team Assessment & Care Management Review Team and Care Home Liaison Nurses
 - f. ACM Review Team is currently reviewing all residents in Inverclyde Care Homes
 - g. Operating a PPE store at Fitzgerald Centre to provide PPE in contingency situations.
- 2.2 The pandemic has had a devastating impact upon Care Homes and residents and families and we recognise and offer sincere condolences to all who have lost family members.

- 2.3 It is through close partnership arrangements and dedication of staff from all agencies that we are in a positive place in terms of safeguarding residents and supporting Care Home Providers. No Care Home is closed to admissions or visiting and all comply with the relevant Scottish Government Guidance.
- 2.4 No one in the sector is complacent around the risks associated with the pandemic and the pressures that the forthcoming Winter period will have on the Health and Social Care system, but we believe the robust governance and adherence to safe practice which has worked well will stand in good stead for the coming months.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to:
- a) Note the ongoing and continued support to Older People and Adult Care Homes in Inverclyde by the HSCP and NHS Greater Glasgow and Clyde
 - b) Note the continued implementation of the Delayed Discharge mobilisation plan to address the pressures presented by COVID-19 pandemic.
 - c) Acknowledge the work of staff, managers and Care Home Providers in partnership with the HSCP to protect, safeguard and care for the wellbeing the most vulnerable of service users

Allen Stevenson
Interim Chief Officer

4.0 BACKGROUND

4.1 In Inverclyde there is an existing partnership approach between providers and the HSCP. It is this good relationship that has allowed continued high level performance around discharges from hospital.

4.2 Following the first wave of COVID-19 in Spring 2020, the NHS Nurse Director became responsible for nursing leadership, support, and guidance across the Care Home sector. Further instruction from the Cabinet Secretary in March 2021 highlighted that Nurse Directors will continue to provide clinical leadership to support health needs of Care Home residents until March 2022 at least. On 24th May 2021 the Chief Nursing Directorate at Scottish Government issued a further correspondence, clearly setting out the professional leadership and oversight responsibilities of the Nurse Director as follows:

- Provide clinical leadership to support the health needs of care home residents
- Use information from safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required.
- Facilitate assurance/professional support visits providing professional and clinical advice on IPC practice, education requirement and nursing standards of care
- Maintain oversight of the overall status of each care home included in the weekly compliance report to Scottish Government.

4.3 Care Home Collaborative

There is a commitment across the Health Board that people who live in Care Homes are enabled to have purposeful fulfilled lives supported by consistent and timely access to good health and care and to have their needs met in a person centred, holistic, consistent and co-ordinated way. To address this commitment the strategic direction within NHS GGC is to build on the support model provided to care homes over the last year by the creation of a Care Home Collaborative.

The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support Care Homes: one to cover Glasgow City HSCP, the other hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships and lastly one specialist central team with shared resources spanning both local Hubs. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. In order to achieve this the Hubs will provide professional support, oversight and leadership offering a range of additional support in key areas including (but not limited to) Infection Prevention and Control, person centeredness, food fluid and nutrition, Tissue Viability, quality improvement, leadership and education. Funding has now been fully agreed for the Collaborative and recruitment is well underway with the aim of having the team fully recruited to by January 2022. Numerous key posts are now in place and a formal governance process has commenced, with the Care Home Collaborative Steering Group to be chaired by the Chief Nurse for Inverclyde.

4.4 Assurance Visits to Care Homes

Care Home Assurance Tool (CHAT) visits commenced across all NHS GGC partnerships in May 2020 in response to the impact of COVID-19. The visits provide additional specific infection control, nursing support and guidance to Care Homes in the provision of high quality personalised care for residents. This work is aligned to the Executive Nurse Directors responsibilities set out by Scottish Government to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within

Care Homes. This person centred focus will form a key work stream of the Collaborative.

All Care Homes across Inverclyde received at least one assurance visit in Spring 2021. The visits utilised the CHAT for reporting purposes and to maintain a focus on key areas including IPC. Good practice and improvements were identified during the assurance process, with care homes taking ownership of the actions required and working in collaboration with the HSCP to achieve improvements. Outputs from the CHAT visits undertaken in Care Homes across NHSGGC were analysed and reported through governance routes identifying key themes which have worked to drive the improvement agenda.

The tool was reviewed and a new version was finalised in October 2021 at the same time as a Standard Operating Procedure (SOP) was approved for all partnerships across NHSGGC. The aim of the SOP is to ensure that the CHAT visits are approached in a consistent, collaborative way that promotes partnership with Care Homes to achieve high quality care that enables residents to live their best possible life aligned to what matters to them. CHAT visits should be person centred and supportive and collaborative in their approach and provide a link between HSCP to GGC Care Home Hubs to support improvement.

The CHAT visits are conducted using a strength based approach to give assurance to Care Home organisations, HSCP's and the Chief Nurse Executive that guidance is being implemented consistently and provide a means to improve partnership working within by a process of continual improvement. It was agreed that CHAT visits should be completed by HSCP teams alongside the Care Home Collaborative on a 6 monthly basis unless a Care Home would benefit from more intensive support. CHAT visits are led by a senior nurse from the HSCP or Care Home Collaborative in addition to two other health or social care staff.

A further round of CHAT visits is currently in progress for all older adult homes in Inverclyde, with plans in place for these to be completed by mid-December 2021. A process of self-assessment has been undertaken by the care homes, and to date Home Managers have reported this to be helpful. Full reports will be collated for every visit and sent to the Home Managers for them to check for factual accuracy. Reports will then be looked at locally by the Chief Nurse to identify any key themes and trends to focus ongoing support and improvement activity, and in order to provide assurance to the HSCP SMT and IJB.

All reports will also be submitted via the Care Home Collaborative Governance processes to provide assurance to the Executive Nurse Director team.

- 4.5 Inverclyde HSCP is supporting Care Homes at present through the COVID-19 situation by a variety of means. The Commissioning Team currently undertake regular calls to check on the welfare of the home and its Manager/Staff and supplies, provide information and advice on the latest guidance/information available from the Scottish Government/Public Health Scotland. Any concerns or significant events are reported to the Commissioning team daily. This allows the HSCP to "traffic light" providers and direct support to the Care Homes most in need.
- 4.6 The HSCP wants to support Local Authority, independent and Third Sector Care Home providers to protect their staff and residents, ensuring that each person is getting the right care in the appropriate setting for their needs. The HSCP recognises how important it is for Care Homes to have access to the right knowledge, staff and resources so they are equipped to deliver care at all times, but it is even more critical we do so at this challenging time. This is why officers are working very closely with local Care Homes to offer any support they require including (but not limited to) the following:
 - appropriate information, guidance and support to safely admit, accept

discharges from hospital, and care for patients during the pandemic with direct access to the Public Health Protection team

- the right information and the right support to care for people within their Care Home
- ensure fair and prompt payment for existing care commitments by working with Commissioners
- Ensure they have the right equipment and supplies, this includes appropriate Personal Protective Equipment (PPE) for care homes and that staff receive the right training in donning the equipment, its safe removal (doffing) and disposal so that staff can provide care safely and that they are appropriately resourced.
- psychological support to staff working in care homes
- training opportunities and support to all care homes in GGC through Webinars

4.7 In order to reduce the risk of the virus spreading into care homes the latest government guidance is in place. These measures have reduced the risk of infections being transferred back into Care Homes and are complied with by all Care Homes and their visitors.

4.8 Testing of Residents in Care Homes

Scottish Government Guidance agreed to test for COVID-19 for all residents in Care Homes as well as staff and visitors including professional staff. All residents are tested on a surveillance basis whilst staff require to be tested twice a week. All visitors require a negative test before any visit. The test results are monitored weekly by the HSCP and in the event of a positive test the HSCP are notified and appropriate and proportionate action is taken to mass test residents and look to Home closure or isolation as per public health advice.

We continue to test all service users prior to admission to a Care Home from either the community or Acute setting.

Cumulative totals for testing in Older People Care Homes

- From 1st test on 27th April 2020 52,132 staff tests have been carried out.
- From 1st test on 29th April 2020 6,164 resident tests have been carried out in older people care homes.

For the period Thursday 18th November 2021 to Wednesday 1st December there has been 39 resident tests and 1,232 staff tests completed.

Cumulative totals for testing in Adult Care Homes

- From 1st test on 1st June 2020, 141 resident tests have been carried out.
- From 1st test on 1st June 2020, 6167 staff tests have been completed.

4.9 Vaccination

Inverclyde HSCP have worked in Partnership with NHS GGC and Care Home Providers to ensure all residents and staff are offered or received the COVID-19 vaccinations and booster as well as the usual Flu vaccination

Older People Care Homes

1st Vaccination - 97% of Residents and 90% Staff
2nd Vaccination - 97% of Residents and 88% Staff
3rd Vaccination - 89% of Residents and 55% Staff
Flu Vaccination - 85% of Residents and 40% Staff

Adult Care Homes

1st Vaccination - 100% of residents and 78% of staff

2nd Vaccination - 100% of residents and 67% of staff
3rd Vaccination - 89% of residents and 50% of staff
Flu Vaccination - 89% of residents and 26% of staff

It has been noted numbers for the 3rd vaccination is not as high as those for 1st and 2nd. This is due to there being a change in residents since the first two doses and not all residents are due their 3rd dose yet. There are also a small number of residents being admitted to Care Homes who have not received any doses of the vaccine yet.

4.10 Oversight and Support

On the 17th May 2020 the Cabinet Secretary issued new guidance around support and clinical governance of Care Homes. 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)

The Cabinet Secretary has also directed NHS Boards and Councils to ensure direct oversight of Care Home performance with daily meetings led by the Chief Social Worker officer and Nursing Director.

Inverclyde has established Care Home Safety Huddle which meets twice weekly to monitor performance and address any concerns or issues involving Care Homes. There is also a fortnightly multi-disciplinary team meeting chaired by the Interim Chief Officer and including the Care Inspectorate and Public Health Representative as well as senior HSCP managers and Lead Clinicians.

4.11 Sustainability payments for Care Homes since April 2020:

Since March 2020 Inverclyde Council along with all councils in Scotland have been facilitating and monitoring the Sustainability payments agreed by the Scottish Government to support Care Home providers in light of the extra costs due to the pandemic. The payments have been around payment for vacancies and other staff related costs. We have facilitated the following payments:

Vacancy payments:

23/03/20 – 31/10/21 £3,259,241.78

Sustainability (Staff, PPE, Other Costs):

23/03/20 – current claimed £1,717,089.76

4.12 Care Home Outbreaks

The last notification of COVID outbreak in Older People Care Homes was September 2021. An outbreak is defined as when 2 or more people have a positive COVID test. The last COVID outbreak that involved a resident was in February 2021

The last notification of COVID outbreak in Adult Care Homes was 28th October and did not involve residents.

5.0 PROPOSALS

- 5.1 To continue with the current level of support to Care Homes in Inverclyde and to make necessary adjustments in line with future Scottish Government Guidance.

6.0 IMPLICATIONS

FINANCE

6.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

6.2 There no specific legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

YES
√

YES

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Service Users continue to access HSCP services
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Ensure service users are supported to maintain wellbeing and quality of life
People with protected characteristics feel safe within their communities.	Ensure that Care Homes are safe and nurturing communities
People with protected characteristics feel included in the planning and developing of services.	Ensure that Care Homes are safe and nurturing communities
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff ensure services and supports are person centred
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

6.5 The Governance and Assurance visits and development of Care Home collaborative support quality of care and practice in care homes including infection control

6.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Ensure service users are supported to maintain wellbeing and quality of life
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	Ensure service users are supported to maintain wellbeing and quality of life
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None Ensure service users are supported to maintain wellbeing and quality of life
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Staff ensure services and supports are person centred
Health and social care services contribute to reducing health inequalities.	Ensure service users are supported to maintain wellbeing and quality of life
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.	Ensure service users are supported to maintain wellbeing and quality of life
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.	Range of developments and learning experiences are present
Resources are used effectively in the provision of health and social care services.	Resources are targeted to where the greatest need is apparent

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

Report To: Inverclyde Integration Joint Board **Date:** 24 January 2021

Report By: Allen Stevenson Interim Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/12/2022/AS

Contact Officer: Alan Best **Contact No:** 712722
Interim Head of Health & Community Care

Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on service developments which are not subject to the IJB's agenda of 24th January 2022 but will be future papers on the IJB agenda.

2.0 SUMMARY

- 2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:
- Early Action System Change – Women Involved in the Criminal Justice system
 - Inverclyde ADRS – Benefits of Service Redesign
 - Inverclyde Alcohol and Drug Partnership Update
 - Additional Winter 2021-22 Funding
 - Learning Disability Redesign – LD Community Hub Update

3.0 RECOMMENDATIONS

- 3.1 The IJB is asked to note the HSCP service updates and that future papers will be brought to the IJB as substantive agenda items.

4.0 BACKGROUND

- 4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on. IJB members can request more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Early Action System Change – Women Involved in the Criminal Justice System

Phase One of the Women's Project; the Discovery phase, has been concluded with a Test of Change proposal and we are now moving into Phase Two; Preparatory Work for Test of Change. The Test of Change was co-produced with women with lived experience as well as input from front-line staff and focuses on two main themes; supporting women at their earliest interactions with the Criminal Justice System and providing opportunities for accessing suitable community activities and networks as well as volunteering or employment opportunities. There was also recognition that there was a need for cultural change to the way women are communicated and engaged with and for their anxieties to be acknowledged and better supported.

In order to achieve this, it has been identified that staff from a range of HSCP services and third sector organisations will receive trauma informed training and implement this into their practice and will take part in regular group supervision to provide a structure for ongoing support and reflection on their practice and support for implementing trauma informed approaches and reinforcing associated general principles.

The Test of Change is to adopt a trauma-informed approach to support women as close to their entry to the Criminal Justice System as possible and will involve staff across three separate Services within HSCP as well as colleagues from the Third sector. In order to develop a trauma informed organisation and Services across Inverclyde, it was agreed that Managers and Leaders from relevant organisations be invited to attend Scottish Trauma Informed Leadership Training (STILT). STILT is designed to support Managers and Leaders to take a trauma-informed lens to their organisation and in doing so support a top down as well as bottom up approach. Managers and Leaders from Inverclyde HSCP, Your Voice Inverclyde and CVS attended STILT training on 3 December 2021; an event which was run by National Education Scotland (NES) and attended by approximately 80 leaders from across Scotland. Following on from the STILT training, there will be a Trauma Informed Learning Training Workshop (February/March 2022) which will consider the organisation context in which the Test of Change will be delivered and what shifts may be needed to support this. This is viewed as vital as Managers and Leaders have been identified as instrumental to the success of delivering trauma informed systems and approaches.

Although Phase Two of the Project is to enable a trauma informed approach for women involved in the Criminal Justice System, there is the potential for the learning to be scaled up across organisations, including the HSCP. There is also the opportunity to engage and work collaboratively with the Inverclyde Alcohol and Drug Partnership (ADP) and their funded project on early help in Police custody and the likely shared outcomes between both programmes.

It is envisaged that the second phase of the Project will focus on developing an action plan following local STILT workshops, identifying a training pathway for frontline staff and implementing this training into practice. Co-production activities with the women with lived experience will remain a consistent thread throughout to ensure that their voice continues to inform the Test of Change.

5.2 Inverclyde ADRS – Benefits of Service Redesign

Two distinct community alcohol and drug teams have co-located to provide an integrated model of care, with streamlined assessment, risk assessment, support plans and recording systems. There is a clear, visible single service model which includes a single point of access (SPOA); a single pathway through the service; a single, responsive duty system for all service users with regard to their alcohol and/or drug issues, joint clinical reviews and discharge planning to support consistent practice across the two teams coming together.

ADRS staff with other community partners have undertaken Recovery Orientated Systems of Care training to support recovery pathways between organisations. A tiered approach enables people with drug and/or alcohol issues and their families more choice and control to engage with a wider range of community supports being developed through the ADP. This has enabled Inverclyde ADRS to target care and support to those with the most complex needs requiring Tier 3 / Tier 4 support.

The range of treatments has been extended offering physical and mental health checks for all service users; development and roll out of Buvidal clinic; alcohol Home Detoxification and improved response to those with more complex needs and difficult to engage via Assertive Outreach Liaison to primary care. Response times currently within 24 hours of referral from Monday – Friday. Staff recruitment will enable increased opening hours.

Development work has taken place across adult services to improve the interface across justice, mental health and homeless to create better pathways across different service areas.

The service has self-evaluated current practice against the MAT Standards, and though there are still some outstanding actions and challenges to address, ADRS is in a good position to evidence how we are working towards the standards.

5.3 Inverclyde Alcohol and Drug Partnership Update

Inverclyde ADP successfully secured funding from the Drugs Death Taskforce to develop a specific Naloxone post. A Naloxone Link Worker was appointed in October 2021 for a six month period to implement a local Naloxone Action Plan, including delivering Naloxone training and supporting local organisations in emergency supply of Naloxone and for those who fit the criteria to be registered for distribution of Naloxone. As part of this plan we have also ordered 500 take home Naloxone kits.

A further development relating to Naloxone is a pilot being led by a senior pharmacist with ADP funding that is testing the role of co-prescribing Naloxone to patient's prescribed long-term opioids for chronic non-malignant pain.

A key priority of the National Drugs mission is to support access to residential rehabilitation. Inverclyde ADP is developing a residential rehabilitation pathway and has submitted a bid to the Corra Improvement Fund to support the implementation of this over the next five year period. We are currently waiting for confirmation if this bid has been successful.

5.4 Additional Winter 2021-22 Funding

As a response to the pressures on Health and Social care Services the Scottish government has allocated recurring funding to immediately address the pressures and ensure a sustainable long term response.

Inverclyde's allocation for Winter 2021/2022 is £2,044,000 and is required to be used in line with key priority areas:

- Interim Beds
- Multi-Disciplinary Working
- Care at Home Capacity

There is separate but linked funding around Staff Wellbeing and Social Care Pay Uplift which are referred to in this report but not part of the ongoing Implementation Plan.

The allocation of funding for 2022/23 is expected to be confirmed when the details of the Scottish Budget settlement are released and confirmed.

It should be noted that the 6 HSCPs across NHSGCC have worked together to develop the implementation plans to ensure a consistent approach, but the specific plans are designed to meet those local needs and address gaps. In service in Inverclyde.

5.5 Learning Disability Redesign – LD Community Hub Update

Work is progressing through the design team led by Property services to assess specific site development risks and to develop the design proposals. Specialist consultants were engaged to assess the flood risk of the site and surrounding area ahead of formal engagement with The Scottish Environment Protection Agency (SEPA) as part of the formal Planning approval process. Surveys of the culvert and retaining wall on the site were delayed until October 2021 due to the ongoing supply chain issues being experienced in the construction sector but have been completed. Additional surveys were undertaken to determine the exact location of the culverted Burn due to the close proximity to the proposed building. The culvert line has now been established and plotted. From the site investigation information it is known that bedrock is close to the surface of the site and will impact the design of the drainage attenuation and the drainage runs. An assessment is currently underway to determine the relative cost implications of cutting into the rock or raising the ground level by importing material.

Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design. In mid-July the Head of Health & Community Care met with representatives of the service and the project design team to conclude and sign off the design element of the building from HSCP's position to allow for the design process to move to the next development step. The approach to the structural solution for the building has been developed by the consultant engineers with the mechanical ventilation and heating system options currently under development.

Property Services are progressing the procurement of a Quantity Surveyor to allow the cost of the developing design at Architectural Stage 2 to be checked against the original project budget. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the development of net zero carbon building standards.

Consultation with service users, families, carers and learning disability staff continues supported by The Advisory Group (TAG).

6.0 IMPLICATIONS

FINANCE

6.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

6.2 There are no legal implications within this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Ensures protection of characteristic groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Ensures a safer community
People with protected characteristics feel included in the planning and developing of services.	Inclusive for all the community
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	LD service users play a full part in their community
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Promotes positive approach to services

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Promotes health & wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Promotes independence
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Ensures dignity for all within services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improves a quality of life
Health and social care services contribute to reducing health inequalities.	Reduces health inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Supports unpaid carers as part of the health care service
People using health and social care services are safe from harm.	Keeps people safe
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Engages with our workforce
Resources are used effectively in the provision of health and social care services.	Effective use of resources

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 20 SEPTEMBER 2021

Inverclyde Integration Joint Board Audit Committee

Monday 20 September 2021 at 1.00pm

Present:**Voting Members:**

Councillor Elizabeth Robertson (Chair)	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Paula Speirs (Vice Chair)	Greater Glasgow & Clyde NHS Board
Simon Carr	Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Stevie McLachlan	Inverclyde Housing Association Forum Representative – River Clyde Homes

Also present:

Allen Stevenson	Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Anne Glendinning	On behalf of Sharon McAlees, Chief Social Worker, Inverclyde Council
Craig Given	Chief Finance Officer, Health & Social Care Partnership
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
George Barbour	Corporate Communications Manager, Inverclyde Council

Chair: Councillor Robertson presided.

The meeting took place via video-conference.

Prior to the commencement of business Councillor Robertson welcomed Mr Carr and Mr Given to the meeting, and congratulated Mr Given on his appointment as Chief Finance Officer and acknowledged that this was a return to the Audit Committee for Mr Carr.

24 Apologies, Substitutions and Declarations of Interest 24

No apologies for absence or declarations of interest were intimated.

25 Minute of Meeting of IJB Audit Committee of 29 March 2021 25

There was submitted the Minute of the Inverclyde Integration Joint Board Audit

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 20 SEPTEMBER 2021

Committee of 29 March 2021.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

26 Minute of Meeting of IJB Audit Committee of 21 June 2021 26

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 21 June 2021.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

27 IJB Audit Committee Rolling Annual Workplan 27

There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.

The Chair enquired about the progress of the entry for 24 January 2022 'Update on IJB Risk Register (After Risk Appetite Work)'. Mr Given advised that he would be setting up a short-life working group (SLWG), and it was agreed that the Chair, Mr Given, Ms Speirs and Ms McCrone would participate, and that Mr Alan Cowan, Chair of the Inverclyde Integration Joint Board, would be approached to become a member. It was acknowledged that the project may not be completed by 24 January 2022, but that the IJB Audit Committee would be informed of progress. Ms Priestman and Mr Stevenson offered assistance and support.

Decided:

(1) that the Rolling Annual Workplan be noted; and

(2) it be noted that (a) Mr Given will form a short-life working group, the membership of which will be the Chair, Mr Given, Ms Speirs, Ms McCrone, (b) Mr Cowan will be approached to join the group, and (c) a meeting will be arranged in due course.

28 Internal Audit Progress Report – 1 March to 27 August 2021 28

There was submitted a report by the Interim Chief Officer, Inverclyde Integration Joint Board on the progress made by Internal Audit during the period from 1 March to 27 August 2021.

The report was presented by Ms Priestman, being the regular progress report, and advised as follows:

a) there was one internal audit report finalised since the last Audit Committee meeting in March;

b) that the plan for 2020/2021 is complete and the plan for 2021/22 is underway;

c) in relation to Internal Audit follow up, there were no actions due for completion by 31 August 2021. There are 3 actions being progressed by officers, all as detailed in Appendix 1 to the report;

d) there have been no Internal Audit Reports relevant to the IJB reported to Inverclyde Council since the last Audit Committee meeting in March 2021;

e) Internal Audit within Inverclyde Council and NHS GGC have undertaken to follow up actions in accordance with agreed processes and will report on progress to the respective Audit Committees;

f) in relation to External Audit action plans, there were 2 actions due for completion since the last Audit Committee meeting in March, both of which have been reported as completed. The status of External Audit actions will be reviewed by External Audit as

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 20 SEPTEMBER 2021

part of their 2020-21 Annual Audit Plan and reported to Audit Committee in November 2021.

The Board requested clarification on the decision-making process involved in determining what is audited. Ms Priestman provided an overview of the audit services provided by Inverclyde Council, NHS GGC and external audit and how they linked together, advising that an audit service was provided which was strategic and proportionate. It was also noted decisions were based primarily on the IJB Risk Register, and reassurance was given that any new emerging risks could be captured.

The Board enquired if Ms Priestman had access to NHS GGC Audit Plans. Ms Priestman provided reassurance that regular progress reports from NHS GGC were provided and that nationally Internal Auditors had quarterly meetings during which matters relevant to IJBs were discussed.

There was discussion on the membership of the Audit Committee and if there was scope to include audit representation from NHS GGC. Ms Priestman advised that the internal audit function of NHS GGC is provided by external firms, who had declined an offer to participate in the wider IJB Chief Internal Auditor meetings when the IJBs were initially set up. Board Members suggested inviting NHS GGC auditors to the next meeting of the Audit Committee.

Decided:

- (1) that the progress made by Internal Audit in the period 1 March to 27 August 2021 be noted; and
- (2) that an invite be extended to Azets, the current NHS GGC internal auditors, to attend the next meeting of the Audit Committee.

29 Internal Audit Annual Report and Assurance Statement 2020/2021

29

There was submitted a report by the Interim Chief Officer, Inverclyde Integration Joint Board appending the Internal Audit Annual Report and Assurance Statement for 2020/2021, which forms part of the IJB's Annual Governance Statement.

The report was presented by Ms Priestman who advised the Committee that the report concluded that the majority of the IJB's established internal control procedures operated as intended to meet management's control requirements for each area reviewed by Internal Audit and that the overall audit opinion was 'satisfactory'.

Decided: that the Internal Audit Annual Report and Assurance Statement 2020/2021 be approved.

30 Inverclyde Integration Joint Board – Directions Update September 2021

30

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by Inverclyde Integration Joint Board to Inverclyde Council and NHS GGC for the period March to August 2021.

The report was presented by Ms Pollock and advised that a revised IJB Directions Policy and Procedure was approved by the IJB in September 2020 and as part of the agreed procedure the IJB Audit Committee had assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This report is the second such report and covers the period March 2021 to August 2021.

The report provided an update on the Directions issued between March and August 2021, noting that 7 Directions were issued; 6 of which were to both Inverclyde Council and the Health Board, and one of which was to the Health Board only.

The Board enquired about the governance processes in place to ensure that Directions

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 20 SEPTEMBER 2021

were implemented and Ms Pollock provided an overview of the procedures in place and reassurance that the log is monitored by Mr Stevenson and his Senior Management Team and that the IJB would be advised of any necessary matters. Mr Stevenson added that the reporting template could be adjusted to include 'Review date' and 'Status' columns if members thought this would be of assistance.

Decided: that the contents of the report be noted.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 29 NOVEMBER 2021

Inverclyde Integration Joint Board Audit Committee

Monday 29 November 2021 at 1.00pm

Present:

Voting Members:

Councillor Elizabeth Robertson (Chair)	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Paula Speirs (Vice Chair)	Greater Glasgow & Clyde NHS Board
Simon Carr	Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Stevie McLachlan	Inverclyde Housing Association Forum Representative – River Clyde Homes

Also present:

David Jamieson	Audit Scotland
Grace Symes	Audit Scotland
Allen Stevenson	Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Anne Glendinning	On behalf of Sharon McAlees, Chief Social Worker, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Health & Social Care Partnership
Craig Given	Chief Finance Officer, Health & Social Care Partnership
Laura Moore	Chief Nurse, NHS GG&C
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council

Chair: Councillor Robertson presided.

The meeting took place via video-conference.

31 Apologies, Substitutions and Declarations of Interest

31

No apologies for absence or declarations of interest were intimated.

Prior to discussion of the following item the Chair welcomed the representatives from Audit Scotland to the meeting.

32 Annual Report to the IJB and the Controller of Audit for the Financial Year Ended 31 March 2021

32

There was submitted a report by the Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' Letter to the Board for the financial year ended 31 March 2021 which has been prepared by the IJB's external auditors, Audit Scotland.

The Chair invited Mr Jamieson to present the Audit Scotland Report (the Report), which had the following key findings:

- (1) the audit opinions on the annual accounts of the IJB are unmodified;
- (2) the Covid-19 pandemic had an impact on the timing of assurances provided by partner bodies;
- (3) an error in the Set Aside amount of £4 million has been corrected in the audited accounts. There is no net effect on the outturn as this is fully funded by NHS GG&C;
- (4) the IJB budget is generally delayed by NHS GG&C though indicative budgets are agreed;
- (5) additional funding and an underspend on core activities resulted in a surplus of £6.5 million in 2020/21, with the majority of savings delivered;
- (6) a £0.5 million overspend is currently forecast for 2021/22 with additional Covid-19 costs fully funded;
- (7) the IJB has a medium-term financial plan;
- (8) there was a rapid response to the pandemic and Strategic Plan priorities have been revised;
- (9) management changes in the IJB have been significant; and
- (10) review of the integration scheme has been delayed.

Mr Jamieson advised the Committee that it was a positive report and that there were no recommendations regarding the 2020/21 accounts, which he noted was unusual. Mr Jamieson further advised that of the five recommendations brought forward from the previous year, two had been implemented and a revised timescale applied to the remaining three.

Mr Jamieson noted a typographical error at page 16 of the Report within the section title 'Locality Planning Groups aim to develop further in 2020/21' (page 20 of the agenda), which should read 'Locality Planning Groups aim to develop further in 2021/22', and advised that this would be corrected.

The Committee requested further information on the Set Aside budget and the possible impact on the IJB. Mr Jamieson provided an overview of the national, NHS GG&C and Inverclyde outcomes, and advised that this matter was being monitored. The Committee asked if there was a risk to the IJB and Mr Jamieson advised that the Set Aside budget was funded by the Health Board, and therefore the £4 million adjustment had no impact on the IJB, and commented on the transfer of resources from unscheduled care to community care. Mr Given highlighted that the error in the Set Aside budget was due to incorrect information being provided by NHS GG&C, which had now been corrected, and had no effect on the bottom line, and that he would raise the matter of the Set Aside at the Chief Financial Officer network meeting.

The Committee referred to the three remaining outstanding actions from the previous year, and Mr Jamieson noted that they were progressing, that Audit Scotland were content with the new timescales applied and that this would be monitored.

The Committee commented that the Key Message at page 9 and heading at page 11 of the Report (pages 13 and 15 of the agenda) 'Set Aside has not been working well and an Unscheduled Care Improvement Programme is being developed to address this' was not an accurate reflection of the position regarding the Set Aside budget, and requested that Audit Scotland revise this.

The Committee also commented that within paragraphs 35 to 37 of the Report (page 15 of the agenda) the identified problems with Unscheduled Care are not appropriately contextualised as being national in scale, not specific to Inverclyde, and referred to the Commissioning Plan and requested this be emphasised.

The Committee also noted that there were no references to Unscheduled Care within the tables at the 'Data Indicators' and 'Outcome Indicators' sections of the Audited Annual Accounts 2020/21 (Appendix 3) document (pages 43 and 44 of the agenda).

The Committee commented that the Reserves noted in the accounts perhaps gave an inaccurate representation of the financial position of the IJJB as most were Earmarked Reserves.

Following discussion, Mr Jamieson confirmed that he would reword the heading of the Report as requested and capture the comments made regarding the broader Commissioning Plan.

The Chair commented favourably on the Report, and thanked all involved in the process.

Decided:

- (1) that the contents of the Annual Report to the IJJB and Controller of Audit for the financial year to 31 March 2021 be endorsed;
- (2) that it be recommended to the IJJB that the Chair, HSCP Chief Officer and Chief Financial Officer be authorised to accept and sign the final 2020/21 Accounts on behalf of the IJJB; and
- (3) that the Letter of Representation, as detailed at appendix 2 of the report, be endorsed and it be recommended to the IJJB that this be signed by the Chief Financial Officer.