Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 28 October 2022

A meeting of the Inverclyde Integration Joint Board will be held on Monday 7 November 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.

IAIN STRACHAN
Head of Legal & Democratic Services

**** to follow**

9.	**Update on Implementation of Primary Care Improvement Plan** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
10. **	**Chief Officers Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
11.	**Minute of Meeting of IIJB Audit Committee of 26 September 2022**	**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.

ROUTINE DECISIONS AND ITEMS FOR NOTING:		
12.	**Reporting by Exception – Governance of HSCP Commissioned External Organisations** **Para 6 & 9** Report by 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**
13.	**Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 26 September 2022** **Para 6 & 9**	**p**

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

Please note that the meeting will be recorded for publishing on the Inverclyde Council's website. Inverclyde Council is a Data Controller under UK GDPR and the Data Protection Act 2018 and data collected during any recording will be retained in accordance with Inverclyde Council's Data Protection policy, including, but not limited to, for the purpose of keeping historical records and making those records available.

By entering the online recording please acknowledge that you may be filmed and that any information pertaining to you contained in the video and oral recording of the meeting will be used for the purpose of making the recording available to the public.

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

Inverclyde Integration Joint Board
Monday 26 September 2022 at 2pm

PRESENT:

Voting Members:

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Robert Moran (Vice Chair)	Inverclyde Council
Councillor Martin McCluskey	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Ann Cameron-Burns	Greater Glasgow and Clyde NHS Board
Simon Carr	Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Allen Stevenson	Chief Social Work Officer
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, NHS GG&C
Dr Chris Jones	Registered Medical Practitioner

Non-Voting Stakeholder Representative Members:

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

Additional Non-Voting Member

Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

Also present:

Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Service Manager, Health & Wellbeing, Inverclyde Health & Social Care Partnership
Anne Glendinning	Interim Head of Children, Families & Criminal Justice, Inverclyde Health & Social Care Partnership
Anne Malarkey	Head of Homelessness, Mental Health & Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
Andrina Hunter	Service Manager, Corporate Policy, Planning and Performance, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
George Barbour	Corporate Communications, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice, Inverclyde Community Care Forum

Chair: Alan Cowan presided

The meeting took place via video-conference.

51 Apologies, Substitutions and Declarations of Interest **51**

Apologies for absence were intimated on behalf of:

David Gould	Greater Glasgow and Clyde NHS Board
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Charlene Elliott	Third Sector Representative, CVS Inverclyde
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group

Ms Boyd declared an interest in agenda item 18 (Annual Performance Report).

Prior to the commencement of business, the Chair welcomed Ms Kate Rocks, recently appointed Chief Officer, Inverclyde Health & Social Care Partnership, to the meeting and also advised that agenda item 18 (Annual Performance Report) would be considered after agenda item 5 (Rolling Action List).

52 Minute of Meeting of Inverclyde Integration Joint Board of 27 June 2022 **52**

There was submitted the Minute of the Inverclyde Integration Joint Board of 27 June 2022.
The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.
Decided: that the Minute be agreed.

53 Minute of Special Meeting of Inverclyde Integration Joint Board of 20 July 2022 **53**

There was submitted the Minute of the Special Meeting of the Inverclyde Integration Joint Board of 20 July 2022.
The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.
Decided: that the Minute be agreed.

54 Appointment of New Chief Officer **54**

There was submitted a report by the Chief Executive of Inverclyde Council and the Chief Executive of Greater Glasgow and Clyde NHS Board confirming the appointment of the Inverclyde Integration Joint Board's new Chief Officer.
The report was presented by Ms Pollock and advised that the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the arrangements for membership of all Integration Joint Boards, and that the IIJB is required to appoint a Chief Officer as a member of staff. Following a recruitment process Ms Kate Rocks was appointed Chief Officer with effect from 16 August 2022.
Ms Pollock also provided a verbal update advising that (1) Mr Allen Stevenson is now the Chief Social Work Officer for Inverclyde Health & Social Care Partnership (HSCP), (2) Ms Margaret Tait has replaced Ms Margaret Moyse as proxy for Mr Hamish MacLeod, Service User Representative, and (3) that the membership list will be updated to reflect these changes.
Decided:
(1) that the Board confirms the appointment of Ms Rocks as Chief Officer of the

Inverclyde Integration Joint Board with effect from 16 August 2022; and
(2) that the changes to the membership list advised by Ms Pollock be noted, with Mr Stevenson as Chief Social Work Officer and Ms Tait as Mr MacLeod's proxy.

55 Financial Monitoring Report 2022/23 – Period to 31 July 2022, Period 4 **55**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets projected financial outturn for the year as at 31 July 2022 and the current projected use of Earmarked Reserves and projected financial costs of the continued response to the Covid-19 pandemic.
The report was presented by Mr Given and advised that since 1 April 2016 the Council and Health Board have delegated functions and made payments to the IIJB. The current IIJB Budget was set on 21 March 2022 and totalled £189.589 million, with a current projected underspend of £1.022 million.
The Board referred to the requirement to return of surplus Covid funding money to the Scottish Government and sought clarification of the amount involved, assurances that officers had maximised Covid related spending, and reassurance that officers were content with the legal basis to return the surplus Covid funding to the Scottish Government and had established if there were legal grounds to do otherwise.
Mr Given advised that it was anticipated £4.3 million in surplus funding would be returned to the Scottish Government and emphasised that when the funding was initially received it was made clear that any surplus must be returned. He further advised that the spending directives had been very prescriptive and that the accounts had been reviewed and would be reviewed again before any return was made. Mr Given also noted that he was consulting with the other Greater Glasgow & Clyde Finance Officers on this matter. The Board expressed their disappointment that the surplus funding would be returned and suggested writing to the Scottish Government to express this. The Board requested that this matter be brought back to the IIJB for further consideration prior to any return being made and once officers have clarification on the legal position.
Referring to appendix 7, Summary of Balance and Projected Use of Reserves, the Board requested clarification on why the CAMHS service was showing a zero amount in the 'projected spend 2022/23' column when there was a high demand for this service. Ms Keirs explained that this was due to a delay in recruitment.
Decided:
(1) that the current Period 4 forecast position for 2022/23 as detailed in the report at appendices 1-3 be noted, and that it be noted that the projection assumes that all Covid related costs in 2022/23 will be fully funded from the Covid earmarked reserve held;
(2) that the proposed budget realignments and virement, as detailed in appendix 4, 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;
(3) that the positions of the Transformation Fund, as detailed in appendix 6, be noted;
(4) that the current capital position as detailed in appendix 7 be noted;
(5) that the current Earmarked Reserves position as detailed in appendix 8 be noted; and
(6) that the key assumptions within the forecasts as detailed in paragraph 12 of the report be noted; and
(7) that (a) officers seek clarification on the requirement to return unspent Covid reserves to the Scottish Government and establish if there are grounds to do otherwise, and (b) it be remitted to officers that this matter will be brought back to the IIJB once officers have clarification on the legal position.

56 Rolling Action List **56**

There was submitted a Rolling Action List of items arising from previous decisions of the IIJB.
The Chair requested that officers review the 'Progress/Update/Outcome' column and the number of reports scheduled to come to the November meeting.
Decided: that the Rolling Action List be noted.

57 Annual Performance Report 2021/22 **57**

There was submitted a report by the Chief Finance Officer, Inverclyde Health & Social Care Partnership appending the Inverclyde HSCP Annual Performance Report 2021-2022 and providing an update on the overall performance of Inverclyde HSCP.
The report was presented by Ms Hunter and advised that the Public Bodies (Joint Working) (Scotland) Act 2021 required that an Annual Performance Report is produced and presented to Integration Joint Boards, highlighting performance on delivering the nine National Wellbeing Outcomes and the national Children and Families and Criminal Justice outcomes, and this report was the sixth such report.
Whilst welcoming the report, the Board requested that officers provide a greater analysis of the information provided, and officers agreed to consider this.
Referring to graph 8 of Big Action 4 'I feel supported to continue caring', the Board commented that there remained a persistent downward trend, and that carers reported to the Carers Centre that they were unhappy and did not feel supported. Mr Stevenson advised that Inverclyde HSCP worked closely with the Carers Centre and that any specific complaints should be passed to him for investigation.
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.
Decided: that the 2021/22 Annual Performance Report be noted and its submission to the Scottish Government approved.

58 IJB Directions Annual Report – 2021/22 **58**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IIJB to Inverclyde Council and NHS Greater Glasgow and Clyde in the period September 2021 to August 2022.
The report was presented by Ms Pollock and advised that a revised IIJB Directions Policy and Procedure was approved by the IIJB in September 2020, and as part of the agreed procedure the IIJB Audit Committee had assumed responsibility for maintaining and overview of the Directions issued. As part of the review of the IIJB Directions Policy, Inverclyde Council's Chief Internal Auditor recommended that the IIJB be provided with an annual report summary on the use of Directions and this report was the second such report.
The Chair invited Councillor Robertson as Chair of the IIJB Audit Committee to comment on this item, as that Committee had considered the Directions Update report at their earlier meeting. Councillor Robertson provided a brief summary of discussion at the Audit Committee meeting and advised that the Directions list would be refreshed and completed Directions removed.
Decided: that the content of the report be noted.

59 Resettlement and Wider Dispersal in Inverclyde **59**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on Resettlement and Wider Dispersal schemes.
The report was presented by Ms Hunter and noted that Inverclyde has worked in partnership with the Home Office and other partners to successfully deliver a range of resettlement schemes and that over 80 families were being supported within the community. The report provided detail on the Vulnerable Persons Resettlement Schemes, Ukrainian Resettlement, Asylum Contingency Hotel and Wider Dispersal and Capacity.
Ms Hunter provided a verbal update advising that 64 men seeking asylum were currently accommodated in a local hotel and 90 families were being supported.
The Board sought clarity on the procedures involved in administering the schemes and Ms Hunter provided an overview of the administration and funding process. The Board requested further detail on funding streams and officers provided detail on this and advised that a further update report would be brought to the Board on this matter.
Decided: that the ongoing work and future plans for resettlement and wider dispersal within Inverclyde be noted.

60 Primary Care – Update on Vaccination Transformation Programme and General Dental Services **60**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the vaccination transformation programme and general dental services within Inverclyde.
The report was presented by Mr Best and advised of the range of delivery models for vaccination services and detailed the current provision of dental care within Inverclyde after the impact of the Covid pandemic.
Referring to the table at paragraph 4.3 of the report and the entry for 'Ad-hoc vaccinations (all adult only), e.g. post exposure tetanus/missed MMR', the Board asked if there was an indication yet as to the numbers involved and if the Scottish Ambulance Service was assisting with travel arrangements. Mr Best undertook to obtain the figures and investigate the participation of the Ambulance Service and to provide this information to the Board.
Referring to an occasion at a vaccination centre when the public had a lengthy wait to obtain vaccinations, the Board sought clarity on organisation arrangements. Mr Best provided an overview and advised that the central process was organised by NHS Greater Glasgow and Clyde. The Chair advised that feedback on capacity issues would be obtained by members who also attended Greater Glasgow Health Board meetings on this matter. The Board expressed the need for vaccination services to continue to be provided locally.
Decided:
(1) that the contents of the report be noted; and
(2) that the ongoing work which is underway with NHS GG&C to improve local access to vaccinations and primary dental services be noted.

61 Inverclyde Adult Support and Protection Partnership – Adult Support – Quality Improvement Plan 2021-22 **61**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising of the progress to date of the Adult Support and Protection Quality Improvement Plan 2021-22, a copy of which was appended to the report.
The report was presented by Mr Stevenson and advised that the Plan had been commissioned by the Chief Officers Group from the Inverclyde Joint Adult Protection

Inspection led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in 2020.

Decided:

(1) that it be noted that HSCP officers will continue to implement and audit the impact of the Adult Protection Quality Improvement Plan and that the current progress and future improvement pathway will continue to make effective progress to ensure reassurance around the protection of vulnerable adults in Inverclyde; and

(2) that it be noted that a series of audits will take place in the first quarter of 2023 and a report on the conclusions will be brought to a future meeting of the IIJB.

62 Inverclyde Alcohol and Drug Partnership Update **62**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of updates on developments at a national and local level from the Inverclyde Alcohol and Drug Partnership.

The report was presented by Ms Malarkey and provided an update on (1) Changing Lives Report, (2) Medication Assisted Treatment Standards, (3) Drug Related Deaths, (4) Alcohol Specific Deaths, (5) Health Improvement Scotland Proposal, (6) ADP Funding, (7) ADP Annual Report 2021/2022, and (8) Revised ADP Committee Terms of Reference.

Decided: that the updates from the Inverclyde Alcohol and Drug Partnership be noted.

63 Mental Welfare Commission Local Visits 2021 **63**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the IIJB of the findings of the Mental Welfare Commission Local Visits to mental health inpatient wards in Greater Glasgow and Clyde, and appending a copy of the resultant report covering the period 1 January to 31 December 2021.

The report was presented by Ms Malarkey and advised that the Visits were not inspections, were either announced or unannounced and were intended to identify whether individual care, treatment and support was in line with the law and good practice.

The Board questioned why some of the visits had taken place two years ago and were only now being reported to the IIJB. Ms Malarkey advised that the delays were due to the reporting mechanism.

Referring specifically to the 7 'Local Visit Recommendations' listed for the Langhill Clinic, Inverclyde, the Chair requested that officers bring a further report on this to the Board in May 2023.

The Chair sought reassurance that the redacted information at Recommendation 1 was redacted for a good reason, and Ms Malarkey confirmed that the information was clinically sensitive. The Chair requested that in future reports officers consider if they can provide additional information when reports have redacted sections.

Decided:

(1) that the content of the report be noted particularly in relation to inpatient services within Inverclyde HSCP;

(2) that the recommendations of the Mental Welfare Commission and the services' response, as detailed at appendix 1 of the report, be noted; and

(3) that it be remitted to officers to bring back a further report on this matter in May 2023, in particular addressing concerns about the Langhill Clinic.

64 Chief Officer's Report **64**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not subject of reports on

this agenda.
The report was presented by Ms Rocks and provided updates on (1) Review of HSCP Financial Reporting Arrangements, and (2) Update on Refreshed Strategic Plan.
Decided:
(1) that the HSCP service updates on (a) Review of HSCP Financial Reporting Arrangements, and (b) Refreshed Strategic Plan be noted, and that future papers will be brought to the IIJB as substantive agenda items and included in this report;
(2) that the permanent adoption of the HSCP financial reporting arrangements as detailed at paragraph 5.1 of the report.

65 Review of IJB Report Format **65**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising of the adoption of an updated IIJB report template, a copy of which was appended to the report.
The report was presented by Ms Pollock and advised that the current pre-forma reporting template had been in use since 2015, with minor revisals, and that the new template had an updated implications section and was anticipated to be in use for the next meeting in November 2022.
Decided:
(1) that the revised IIJB report template as appended to the report be noted; and
(2) that it be noted that the revised template will be used from the next meeting of the IIJB in November 2022.

66 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 27 June 2022 **66**

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 27 June 2022.
The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.
The Chair invited Councillor Robertson as Chair of the IIJB Audit Committee to provide feedback on the main issues discussed at their Committee meeting held at 1pm. Councillor Robertson advised that the Workforce Plan had been discussed, with the decision taken to proceed with the Plan whilst the consultation with the Scottish Government was ongoing. It was also noted that Workforce Planning was to be added to the Risk Register and that concerns about recruitment had been discussed.
Decided: that the Minute be agreed.

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

Item	Paragraph(s)
Reporting by Exception – Governance of HSCP Commissioned External Organisations	**6 & 9**
Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 27 June 2022	**6 & 9**
Procurement Update – New Social Care Case Management	**6 & 9**

Solution

67 Reporting by Exception – Governance of HSCP Commissioned External Organisations **67**

There was submitted a report by the 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 30 April to 15 July 2022.
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.
Updates were provided on establishments and services within Older People, Adult and Children's Services, all as detailed in the Appendix.
Decided:
(1) that the Governance report for the period 2022 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.

68 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 27 June 2022 **68**

There was submitted an Appendix to the Inverclyde Integration Joint Board of 27 June 2022.
The Appendix was presented by the Chair and checked for fact, omission, accuracy and clarity.
Decided: that the Appendix be agreed.

69 Procurement Update – New Social Care Case Management Solution **69**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the procurement progress and funding to replace the current Social Care Case Management Solution, SWIFT.
The report was presented by Mr Given and the Board noted the report and proposals, all as detailed in the Appendix.

AGENDA ITEM NO: 3

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**7 November 2022**
Report By:	**Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LS/90/22**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Membership of the Inverclyde Integration Joint Board – Re-Appointment of Non-Voting Members**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

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

1.3 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards, including members' term of office.

1.4 This report recommends the re-appointment of a number of members for a further term of office.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Inverclyde Integration Joint Board:-

1. notes the content of this report;
2. confirms the re-appointment for a further term of the following non-voting professional advisory members:-
   - Dr Hector Macdonald
   - Laura Moore
   - Dr Chris Jones
3. agrees the re-appointment of the non-voting stakeholder representative members set out in Appendix 1 Section C of this report; and
4. agrees the re-appointment of the additional non-voting members set out in Appendix 1 Section D of this report.

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

Kate Rocks
Chief Officer, Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all Integration Joint Boards. As a minimum this must comprise:

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

4.0 RE-APPOINTMENT OF NON-VOTING MEMBERS

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

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

4.3 The term of office of the voting members nominated by Inverclyde Council in June 2022, as set out in Appendix 1 Section A ends in June 2024.

4.4 The term of office of the voting members nominated by Greater Glasgow & Clyde NHS Board, as set out in Appendix 1 Section A also ends in June 2024.

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

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

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

5.0 PROPOSALS

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

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

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

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

6.0 IMPLICATIONS

6.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

6.2 **Finance**

There are no financial implications arising from this report.

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

6.3 **Legal/Risk**

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

6.4 **Human Resources**

There are no Human Resource implications arising from this report

6.5 **Strategic Plan Priorities**

This report helps deliver Strategic Plan Big Action 6 – we will build on the strengths of our people and our community.

6.6 **Equalities**

There are no equality issues within this report.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

6.7 **Clinical or Care Governance**

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

6.8 **National Wellbeing Outcomes**

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

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

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Appendix 1

Inverclyde Integration Joint Board Membership as at 7 November 2022

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Robert Moran (Vice Chair) Councillor Martin McCluskey Councillor Elizabeth Robertson Councillor Lynne Quinn	Councillor Colin Jackson Councillor Paul Cassidy Councillor Sandra Reynolds Councillor Drew McKenzie
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair) Mr Simon Carr Ms Ann Cameron-Burns Mr David Gould	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Kate Rocks	
Chief Social Worker of Inverclyde Council	Allen Stevenson	
Chief Finance Officer	Craig Given	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Chief Nurse Laura Moore	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Gemma Eardley	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator CVS Inverclyde

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Moyse
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**7 November 2022**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/49/2022/CG**
Contact Officer:	**Craig Given Chief Financial Officer**	**Contact No:**	
Subject:	**Financial Monitoring Report 2022/23 – Period to 31 August 2022, Period 5**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets projected financial outturn for the year as at 31st August 2022. The report will also provide an update on current projected use of earmarked reserves and projected financial costs of the continued response to the Covid-19 pandemic.

1.3 The IJB set their revenue budget for 2022/23 on 21 March 2022. Funding of £66.071m was delegated by Inverclyde Council, including £0.550m non-recurring funding towards the effect of the 2022/23 pay award, currently held in the Pay Contingency earmarked reserve.

1.4 The March budget paper indicated that the Health funding of £128.564m (inclusive of £29.250m set aside) was indicative at the point of agreeing. Final allocations for Multi-Disciplinary teams and Healthcare support workers have still to be received by Health. As reported at Period 4, the updated base budget for Health managed services excluding these items for 2022/23 is £123.033m.

1.5 As at 31 August 2022, it is projected that the IJB revenue budget will have an overall underspend of £1.597m, broken down as follows:-

- Social care services are projected to be underspent by £1.228m.
- Health Services are projected to be underspent by £0.369m.

1.6 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) available at the start of this financial year were £27.363m, with £0.962m in General Reserves not earmarked for a specific purpose, giving a total Reserve of £28.325m. The current projected year-end position on earmarked reserves is a carry forward of £11.513m. This is a decrease of £15.850m in year due

to anticipated commitment of funding on agreed projects. For the purposes of this report, it is assumed at this stage that the projected underspend will be added to general reserves.

1.7 The capital budgeted spend for 2022/23 is £1.346m in relation to spend on properties and assets held by Inverclyde Council, and it is currently projected that slippage of £0.784m will arise by the year end. A full update is provided at Section 11.

1.8 NHS capital budgets are managed by NHS Greater Glasgow and Clyde and are not reported as part of the IJB's overall position. A general update is provided in section 11 of this report.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 5 forecast position for 2022/23 as detailed in the report and Appendices 1-3, and notes that the projection assumes that all Covid related costs in 2022/23 will be fully funded from the Covid earmarked reserve held,
2. 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);
3. Notes the position on the Transformation Fund (Appendix 6) and the change highlighted to planned recruitment at section 10.2;
4. Notes the current capital position (Appendix 7);
5. Notes the current Earmarked Reserves position (Appendix 8).
6. Notes the key assumptions within the forecasts detailed at section 12.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 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.

3.2 The IJB Budget for 2022/23 was set on 21 March 2022 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The total integrated budget is £190.351m, with a projected underspend of £1.597m. The table below summarises the agreed budget and funding from partners, together with the projected operating outturn for the year as at 31 August:

	Revised Budget 2022/23 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	
Social Work Services*	83,771	82,543	(1,228)	
Health Services*	77,230	76,861	(369)	
Set Aside	29,350	29,350	0	
HSCP NET EXPENDITURE	**190,351**	**188,754**	**(1,597)**	
FUNDED BY				
Transfer from / (to) Reserves	-	(1,597)	(1,597)	
NHS Contribution to the IJB	124,829	124,829		
Council Contribution to the IJB	65,522	65,522		
HSCP FUNDING	**190,351**	**188,754**	**(1,597)**	
Planned Use of Reserves		15,850		
Projected HSCP operating Surplus		(1,597)		
Annual Accounts CIES Position DEFICIT/(SURPLUS)		**14,253**		

**excludes resource transfer*

3.3 Appendix 1 provides the overall projected financial position for the partnership showing both the subjective and objective analysis of projections.

3.4 Appendix 1b shows the projected spend of £4.043m in relation to the continued response to the Covid-19 pandemic. This report assumes that all of these costs will be funded from the Covid EMR of £8.130m held within IJB reserves. These costs are expected to rise in line with updated Scottish Government guidance on the extension of the Social Care Support Fund.

4.0 SOCIAL CARE

4.1 Appendix 2 shows the projected position as at Period 5 for Social Care services. It is currently anticipated that Social Care services will underspend by £1.228m in 2022/23. No projections have been included for backdated pay award within these figure as it is anticipated this will be fully funded from budgets and an EMR held for this purpose.

4.2 The following sections will provide an overview of the main projected variances against Social Care delegated functions:-

The main areas of overspend within Social Care are as follows:-

- Within Children and Families, an anticipated overspend of £0.095m on continuing care placements is projected. For the purposes of this report, it is assumed this overspend will be funded from the smoothing EMR held for this area at the end of the financial year.

- Criminal Justice is currently projected to overspend by £0.116m, mainly attributable to client package costs of £0.094m shared with Learning Disabilities.

- Within Older People, a projected overspend of £0.157m is anticipated against nursing and residential placements, an increase of £0.234m on the previously projected underspend of (£0.077m). This movement is mainly due to an additional 6 long term beds and the cost of step down beds to date.

- Also within Older People, an overspend of £0.116m within client commitments (direct payments and respite) is anticipated, mainly in relation to respite packages for the year. This projection has risen by £0.073m since last reported.

- As previously reported, an overspend of £0.089m is anticipated within Learning Disability Services due to a shortfall in income for day services previously received in relation to out with authority placements, which have not resumed following the Covid-19 pandemic.

- Learning disability client commitments are currently projected to overspend by £0.113m, where previously reported as online. This increase is due to a new client package and the impact of an anticipated increase in supported living rates for providers on the Scotland Excel framework. There is no plan at this stage to draw from the earmarked reserve for this overspend due to the overall underspend projected at this time.

- Physical and Sensory disability services have a projected over spend of £0.098m primarily related to client commitments, which reflects the full year impact of package changes from 2021-22 together with anticipated costs of further packages expected in 2022-23.

The main areas of under spend within Social Care are as follows:-

- A projected underspend of £0.816m within External Homecare, being a reduction in projected spend since last reported of £0.208m. The underspend is mainly due to a reduction in the number of providers, together with staffing shortages across the sector. Following the retender of the care at home contract, 2 new providers have been commissioned to deliver services within Inverclyde. The projection includes additionality for increased hours expected to be delivered by these providers during the remainder of the financial year.

- Across internal Homecare, Day Services and Respite, a projected net underspend of £0.210m on Employee Costs is currently projected, due to the level of vacancies across these services. Recruitment and retention issues, a busy annual leave period during the summer months and the ongoing Covid-19 staffing implications across both in house and external services are contributing to current pressure on the overall service to deliver all of their commissioned home care hours.

- Learning disabilities employee costs are currently projected to underspend by £0.283m due to level of vacancies within the service, an increased underspend of £0.090m since last reported.

- Vacancies within Assessment and Care Management are expected to result in an underspend on Employee Costs at year end of £0.175m. This underspend has risen by £0.085m on previous projections.

- Mental Health services are projecting an under spend of £0.175m. £0.102m of this underspend relates to care packages within the community, with expenditure comparable with that in 2021-22. The remainder is attributable to vacancies within the service.

- The Alcohol and Drugs Recovery service has an expected underspend of £0.169m for the year. This relates mainly to client commitments of £0.131m, with the remainder attributable to vacancies.

- Vacancies with the Homelessness Service are resulting in a projected underspend of £0.058m by the year end.

- Finally, due to the current level of vacancies, Business Support is expected to over achieve against its vacancy management target by £0.070m for the year.

5.0 HEALTH

5.1 Appendix 3 shows the projected position as at Period 5 for Health services. It is currently anticipated that Health services will underspend by £0.369m in 2022/23.

5.2 The main area of overspend within Health services relates to Mental Health In Patient services, which is currently forecast to overspend by £1.025m, an improved position on the overspend of £1.2m previously reported. This is attributable to both recruitment issues and enhanced observations for nursing and medical staff, which results in the use of more expensive bank and agency staff. The improved position is mainly due to reduced costs for bank staff during Period 5, bringing the projection down accordingly.

5.3 This overspend is offset by projected underspends mainly in respect of vacancies and some maternity leaves throughout services; Children and Families £0.441m, Health and Community Care £0.077m, Management and Admin £0.277m, Alcohol and Drug Recovery services £0.272m, Mental Health Communities £0.077m, and Strategy and Support Services £0.156m along with a few smaller items of underspend.

5.4 Budgets held within Financial Planning for items of a corporate nature which do not fit within the main services are currently projected to under spend by £0.100m.

5.5 <u>Prescribing</u>

Currently projecting an overspend of £0.052m, an increased anticipated spend of £0.090m since last reported. The current financial climate is likely to have an effect on drug costs and the prescribing position will continue to be closely monitored throughout the year. A smoothing EMR of £0.798m is held to mitigate the risk of volatility of these costs, and any overspend remaining at the year end would be funded from this EMR if required.

5.6 <u>Set Aside</u>

The Set Aside budget for 2022/23 is £29.350m and is projected online. The allocation method currently results in a balanced position each year end.

- 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

6.0 COVID

6.1 Appendix 1b shows current anticipated costs of £4.043m in relation to the Covid 19 pandemic and recovery activity. At present the Scottish Government are expecting the balance of any unspent Covid money to be returned at year-end. Scottish Government will share the mechanism by which this will happen shortly. These figures are not included in Appendices 1, 2 and 3 as they will be fully funded from the balance held in the Covid earmarked reserve.

7.0 GRANT FUNDING

7.1 As at 1st April 2022, an EMR of £1.527m was held in relation to previous years slippage for the Primary Care Improvement Plan (PCIP). The HSCP have been notified by Scottish Government of their intention to reduce the 2022/23 core funding by the amount of reserves held less any legally committed spend against the reserve. For Inverclyde this equates to £1.527m less £0.291m of committed spend, being an overall reduction of £1.236m. A separate update paper specifically in relation to PCIP is included in the agenda for this meeting.

8.0 EARMARKED RESERVES

8.1 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) available at the start of this financial year were £27.363m, with £0.962m in General Reserves note earmarked for a specific purpose, giving a total Reserve of £28.325m. The projected year-end position on earmarked reserves is a carry forward of £11.513m to allow continuation of current projects. This is a decrease in year due to a net anticipated spend of £15.850m against current reserves. The position is summarised below, including an assumption at this stage that the projected underspend would be added to general reserves:-

Ear-Marked Reserves	Opening Balance £000s	New Funds in Year £000s	Total Funding £000s	Projected Spend £000s	Projected C/fwd £000s
Scottish Government Funding - funding ringfenced for specific initiatives	13,354		13,354	12,597	757
Existing Projects/Commitments - many of these are for projects that span more than 1 year	6,266		6,266	1,754	4,512
Transformation Projects - non recurring money to deliver transformational change	3,651		3,651	608	3,043
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	4,092		4,092	891	3,201
TOTAL Ear-Marked Reserves	**27,363**	**0**	**27,363**	**15,850**	**11,513**
General Reserves	**962**	**0**	962		**962**
In Year Surplus/(Deficit) going to/(from) reserves					1,597
TOTAL Reserves	**28,325**	**0**	**28,325**	**15,850**	**14,072**

9.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

9.1 Appendix 4 details the virements and other budget movements that the IJB is requested to 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 and updated Directions are shown in Appendix 5. These require to be issued to the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

10.0 TRANSFORMATION FUND

10.1 The Transformation Fund was set up at the end of 2018/19. At the beginning of this financial year, the Fund balance was £1.975m. 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 £0.577m still uncommitted. Proposals with a total value in excess of £0.100m require the prior approval of the IJB.

10.2 As part of the 2022/23 budget process, a spend to save initiative was agreed for Children and Families, to fund 5 Social Worker posts at a cost of £0.252m from the Transformation Fund to progress work on reducing overall package costs. Recruitment is now progressing against these funds and officers expect that 5 Social Work Assistants will be sufficient to carry out this initiative, at a lower cost of £0.177m. The IJB are asked to note this reduced cost.

11.0 2022/23 CAPITAL POSITION

11.1 The Social Work capital budget is £12.035m over the life of the projects with £1.346m projected to be spent in 2022/23. Net slippage of £0.784m (58.25%) is currently being reported linked to the on-going development of the programme for the New Learning Disability Facility as outlined in 9.3 below. Expenditure on all capital projects to 31 August 2022 is £0.217m (16.12% of approved budget, 38.62% of the revised projection). Appendix 7 details capital budgets.

11.2 Crosshill Children's Home

The final completion and handover of the new building has been impacted by the discovery of a further defect within the drainage system at final testing stage. The defect has now been rectified and a building standards completion certificate has been applied for. It is anticipated that the transfer to the new facility will be completed in early October subject to receipt of the completion certificate.

The final account negotiations for the project are on-going with the overall project cost reconciliation also subject to the engagement and resolution of the original contract and performance bond. A report on the outcome will be brought back to a future meeting of the Panel.

11.3 New Learning Disability Facility

The project involves the development of a new Inverclyde Community Learning Disability Hub. The previous update noted that additional funding support was approved at a special meeting of the Inverclyde Integration Joint Board on 20th July 2022 and that a qualifying project request had been submitted to hub West Scotland who are the proposed development partner for delivery of the project.

Property Services have been engaging with hub West Scotland (hWS) in respect of the appointment of the various design consultants and engagement has also commenced with the Client Service on the development of the design proposals. The programme for delivery is currently being reviewed in conjunction with hWS, Property Services and the design team. It should be noted however that the current draft programme is indicating that the earliest the project can be progressed through the remaining pre-contract design stages, statutory approvals (planning/building standards), and market testing phase stage would target financial close in 3rd Quarter 2023 and construction start

thereafter. The programme also requires to be developed to integrate the necessary further engagement with service users, families, carers and learning disability staff at key stages of the detail design progression which will be co-ordinated through the Client Service and supported by The Advisory Group (TAG).

It should also be noted that the project, as with all projects and construction activity being undertaken in the current economic climate, remains subject to risk of inflation through a combination of sharply rising prices for construction materials, disrupted supply chains and labour shortages including the on-going impact of increasing fuel/utility costs.

A qualifying project request has now been submitted to hub West Scotland who will engage with Property Services and the Client Service to develop the project proposals through the remaining pre-contract design stages and statutory approval processes ahead of the market testing stage. The initial work will include developing a programme for pre and post contract stages with a further update provided to the next Board.

11.4 Swift Upgrade

The SWIFT replacement system preferred bidder was OLM systems for their product ECLIPSE. Discovery work including establishment of implementation plans is under way, with the first payment milestone of £0.100m due to be paid following this initial period.

11.5 Health Capital

Greater Glasgow and Clyde Health Board are responsible for capital spend on Health properties used by the Inverclyde HSCP. The Primary Care Improvement Plan earmarked reserve is being utilised to fund some minor works to assist delivery of the plan. There are also some minor works allocations on a non-recurring basis which are available to GP practices annually on an application basis, which require to be approved by the Clinical Director.

12.0 KEY ASSUMPTIONS

- 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.

- The Health forecasts for core budgets and covid spend are based on information provided by Health finance staff 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.

13.0 IMPLICATIONS

13.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	x		
Legal/Risk		x	
Human Resources	x		
Strategic Plan Priorities	x		
Equalities		x	

Clinical or Care Governance		x	
National Wellbeing Outcomes		x	
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability			x
Data Protection			x

13.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
Paper and appendices set out financial implications and adjustments					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
As above					

13.3 **Legal/Risk**

There are no specific legal implications arising from this report.

13.4 **Human Resources**

The change to planned posts notified at Section 10.2 have human resources implication, although none of the original planned post were subject to any recruitment processes as yet.

13.5 **Strategic Plan Priorities**

The grant funding update provided at Section 7 will impact on the delivery of PCIP priorities. These implications are set out in the specific PCIP paper which is also part of the IJB agenda.

13.6 **Equalities**

(a) **This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:**

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) **Equality Outcomes**

How does this report address our Equality Outcomes?

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

13.7 **Clinical or Care Governance**

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

13.8 **National Wellbeing Outcomes**

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

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

14.0 DIRECTIONS

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

15.0 CONSULTATION

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.

16.0 BACKGROUND PAPERS

16.1 None

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2022/23 PROJECTED POSITION

PERIOD 5: 1 April 2022 - 31 August 2022

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	58,565	63,412	62,339	(1,073)	-1.7%
Property Costs	1,037	1,041	1,077	36	3.4%
Supplies & Services	8,018	9,535	9,169	(366)	-3.8%
Payments to other bodies	51,100	50,991	50,636	(355)	-0.7%
Family Health Services	25,568	26,340	26,340	(0)	-0.0%
Prescribing	19,281	19,453	19,505	52	0.3%
Resource transfer	18,294	18,593	18,593	0	0.0%
Income	(22,657)	(28,364)	(28,255)	109	-0.4%
HSCP NET DIRECT EXPENDITURE	**159,205**	**161,001**	**159,404**	**(1,597)**	**-1.0%**
Set Aside	29,350	29,350	29,350	0	0.0%
HSCP NET TOTAL EXPENDITURE	**188,555**	**190,351**	**188,754**	**(1,597)**	**-0.8%**

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	4,555	3,738	3,477	(261)	-7.0%
Management & Admin	7,586	6,894	6,547	(347)	
Older Persons	28,026	28,099	27,349	(750)	-2.7%
Learning Disabilities	9,919	10,386	10,275	(111)	-1.1%
Mental Health - Communities	4,318	4,439	4,187	(252)	-5.7%
Mental Health - Inpatient Services	9,865	9,999	11,024	1,025	10.3%
Children & Families	15,381	15,516	15,049	(467)	-3.0%
Physical & Sensory	2,607	2,797	2,895	98	3.5%
Alcohol & Drug Recovery Service	2,753	2,768	2,327	(441)	-15.9%
Assessment & Care Management / Health & Community Care	9,482	10,342	10,141	(201)	-1.9%
Criminal Justice / Prison Service	118	118	234	116	0.0%
Homelessness	1,266	1,296	1,238	(58)	-4.5%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,675	19,727	52	0.3%
Resource Transfer *	18,294	18,593	18,593	0	0.0%
HSCP NET DIRECT EXPENDITURE	**159,205**	**161,001**	**159,404**	**(1,597)**	**-1.0%**
Set Aside	29,350	29,350	29,350	0	0.0%
HSCP NET TOTAL EXPENDITURE	**188,555**	**190,351**	**188,754**	**(1,597)**	**-0.8%**
FUNDED BY					
NHS Contribution to the IJB	93,683	95,479	95,110	(369)	-0.4%
NHS Contribution for Set Aside	29,350	29,350	29,350	0	0.0%
Council Contribution to the IJB	65,522	65,522	64,294	(1,228)	-1.9%
HSCP NET INCOME	**188,555**	**190,351**	**188,754**	**(1,597)**	**-0.8%**
HSCP OPERATING (SURPLUS)/DEFICIT			**(1,597)**	**(0)**	**0.0%**
Anticipated movement in reserves *			15,850		
HSCP ANNUAL ACCOUNTS REPORTING (SURPLUS)/DEFICIT			**14,253**		

* See Reserves Analysis for full breakdown

APPENDIX 1b

INVERCLYDE HSCP - COVID 19

REVENUE BUDGET 2022/23 PROJECTED SPEND

As at 31 August 2022

SUMMARISED MOBILISATION PLAN	Social Care 2022/23 £'000	Health 2022/23 £'000	Revenue 2022/23 £'000
COVID-19 COSTS HSCP			
Scale up of Public Health Measures		(3)	(3)
Flu Vaccination & Covid-19 Vaccination (FVCV)		191	191
Additional Staff Costs (Contracted staff)	267	147	414
Additional Staff Costs (Non-contracted staff)		33	33
Additional Equipment and Maintenance		6	6
Additional Infection Prevention and Control Costs	105		105
Additional PPE	74	1	75
Children and Family Services	1,691		1,691
Homelessness and Criminal Justice Services	115		115
Covid-19 Financial Support for Adult Social Care Providers	310		310
Social Care Support Fund Claims	1,018		1,018
Additional FHS Contractor Costs		(10)	(10)
Digital & IT costs	36	5	41
Other		4	4
Staff Wellbeing	53		53
Test and Protect			0
Projected Covid related spend fully funded by Covid EMR	**3,669**	**374**	**4,043**

APPENDIX 2

SOCIAL CARE

REVENUE BUDGET 2022/23 PROJECTED POSITION

PERIOD 5: 1 April 2022 - 31 August 2022

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	33,965	34,781	33,741	(1,040)	-3.0%
Property costs	1,025	1,024	1,060	36	3.5%
Supplies and Services	1,005	1,218	1,240	22	1.8%
Transport and Plant	352	397	397	0	0.0%
Administration Costs	732	771	771	0	0.0%
Payments to Other Bodies	51,100	50,991	50,636	(355)	-0.7%
Income	(22,657)	(23,660)	(23,551)	109	-0.5%
SOCIAL CARE NET EXPENDITURE	**65,522**	**65,522**	**64,294**	**(1,228)**	**-1.9%**

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Children & Families	11,638	11,638	11,610	(28)	-0.2%
Criminal Justice	118	118	234	116	98.3%
Older Persons	28,026	28,099	27,348	(751)	-2.7%
Learning Disabilities	9,359	9,822	9,759	(63)	-0.6%
Physical & Sensory	2,607	2,797	2,895	98	3.5%
Assessment & Care Management	2,804	2,715	2,591	(124)	-4.6%
Mental Health	1,222	1,218	1,043	(175)	-14.4%
Alcohol & Drugs Recovery Service	950	950	781	(169)	-17.8%
Homelessness	1,266	1,296	1,238	(58)	-4.5%
Finance, Planning and Resources	1,792	1,942	1,938	(4)	0.0%
Business Support	5,740	4,927	4,857	(70)	0.0%
SOCIAL CARE NET EXPENDITURE	**65,522**	**65,522**	**64,294**	**(1,228)**	**-1.9%**

COUNCIL CONTRIBUTION TO THE IJB	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB*	**65,522**	**65,522**	**64,294**	**(1,228)**	**-1.9%**
Projected Transfer (from) / to Reserves				**1,228**	

APPENDIX 3

HEALTH

REVENUE BUDGET 2022/23 PROJECTED POSITION

PERIOD 5: 1 April 2022 - 31 August 2022

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	24,600	28,631	28,598	(33)	-0.1%
Property	12	17	17	(0)	-0.7%
Supplies & Services	5,929	7,149	6,761	(388)	-5.4%
Family Health Services (net)	25,568	26,340	26,340	(0)	0.0%
Prescribing (net)	19,281	19,453	19,505	52	0.3%
Resource Transfer	18,294	18,593	18,593	0	0.0%
Income	(0)	(4,704)	(4,704)	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**93,683**	**95,479**	**95,110**	**(369)**	**-0.4%**
Set Aside	29,350	29,350	29,350	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**123,033**	**124,829**	**124,460**	**(369)**	**-0.3%**

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,743	3,877	3,439	(438)	-11.3%
Health & Community Care	6,678	7,627	7,550	(77)	-1.0%
Management & Admin	1,846	1,967	1,690	(277)	-14.1%
Learning Disabilities	560	564	516	(48)	-8.6%
Alcohol & Drug Recovery Service	1,803	1,818	1,546	(272)	-15.0%
Mental Health - Communities	3,096	3,221	3,144	(77)	-2.4%
Mental Health - Inpatient Services	9,865	9,999	11,024	1,025	10.3%
Strategy & Support Services	540	593	437	(156)	-26.3%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,675	19,727	52	0.3%
Financial Planning	2,223	1,203	1,103	(100)	0.0%
Resource Transfer	18,294	18,593	18,593	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**93,683**	**95,479**	**95,110**	**(369)**	**-0.4%**
Set Aside	29,350	29,350	29,350	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**123,033**	**124,829**	**124,460**	**(369)**	**-0.3%**

HEALTH CONTRIBUTION TO THE IJB	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	**123,033**	**124,829**	**124,460**	**(369)**	**-0.3%**
Transfer (from) / to Reserves				**369**	

Budget Movements 2022/23
Inverclyde HSCP

Appendix 4

Inverclyde HSCP - Service	Approved Budget 2022/23	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	15,381	0	41	94	0	15,516
Criminal Justice	118	0	0	0	0	118
Older Persons	28,026	0	73	0	0	28,099
Learning Disabilities	9,919	0	468	0	0	10,387
Physical & Sensory	2,607	0	190	0	0	2,797
Assessment & Care Management/ Health & Community Care	9,482	0	89	771	0	10,342
Mental Health - Communities	4,318	0	121	0	0	4,439
Mental Health - In Patient Services	9,865	0	134	0	0	9,999
Alcohol & Drug Recovery Service	2,753	0	15	0	0	2,768
Homelessness	1,266	0	30	0	0	1,296
Strategy & Support Services	4,555	0	(867)	50	0	3,738
Management, Admin & Business Support	7,586	0	(692)	0	0	6,894
Family Health Services	25,568	0	0	773	0	26,341
Prescribing	19,468	0	100	107	0	19,675
Resource Transfer	18,294	0	299	0	0	18,593
Set aside	29,350	0	0	0	0	29,350
Totals	**188,555**	**0**	**1**	**1,795**	**0**	**190,351**

Social Care - Service	Approved Budget 2022/23	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	11,638					11,638
Criminal Justice	118					118
Older Persons	28,026		73			28,099
Learning Disabilities	9,359		463			9,822
Physical & Sensory	2,607		190			2,797
Assessment & Care Management	2,804		(89)			2,715
Mental Health - Community	1,222		(4)			1,218
Alcohol & Drug Recovery Service	950					950
Homelessness	1,266		30			1,296
Strategy & Support Services	1,792		150			1,942
Business Support	5,740		(813)			4,927
Totals	**65,522**	**0**	**0**	**0**	**0**	**65,522**

Health - Service	Approved Budget 2022/23	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	3,743		41	94		3,878
Health & Community Care	6,678		178	771		7,627
Management & Admin	1,846		120			1,966
Learning Disabilities	560		5			565
Alcohol & Drug Recovery Service	1,803		15			1,818
Mental Health - Communities	3,096		125			3,221
Mental Health - Inpatient Services	9,865		134			9,999

Strategy & Support Services	540		3	50		593
Family Health Services	25,568			773		26,341
Prescribing	19,468		100	107		19,675
Financial Planning	2,223		(1,020)			1,203
Resource Transfer	18,294		299			18,593
Set aside	29,350					29,350
Totals	**123,033**	**0**	**0**	**1,795**	**0**	**124,828**

APPENDIX 5

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 2022/23 £000**
SOCIAL CARE	
Employee Costs	34,781
Property costs	1,024
Supplies and Services	1,218
Transport and Plant	397
Administration Costs	771
Payments to Other Bodies	50,991
Income (incl Resource Transfer)	(23,660)
SOCIAL CARE NET EXPENDITURE	**65,522**

Social Care Transfer to EMR	1,228
Health Transfer to EMR *	369
Total anticipated transfer to EMR at year end	**1,597**

OBJECTIVE ANALYSIS	**Budget 2022/23 £000**
SOCIAL CARE	
Children & Families	11,638
Criminal Justice	118
Older Persons	28,099
Learning Disabilities	9,822
Physical & Sensory	2,797
Assessment & Care Management	2,715
Mental Health	1,218
Alcohol & Drugs Recovery Service	950
Homelessness	1,296
Finance, Planning and Resources	1,942
Business Support	4,927
SOCIAL CARE NET EXPENDITURE	**65,522**

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 2022/23 £000
HEALTH	
Employee Costs	28,631
Property costs	17
Supplies and Services	7,149
Family Health Services (net)	26,340
Prescribing (net)	19,453
Resources Transfer	18,593
Income	(4,704)
HEALTH NET DIRECT EXPENDITURE	**95,479**
Set Aside	29,350
NET EXPENDITURE INCLUDING SCF	**124,829**

OBJECTIVE ANALYSIS	Budget 2022/23 £000
HEALTH	
Children & Families	3,877
Health & Community Care	7,627
Management & Admin	1,967
Learning Disabilities	564
Alcohol & Drug Recovery Service	1,818
Mental Health - Communities	3,221
Mental Health - Inpatient Services	9,999
Strategy & Support Services	593
Family Health Services	26,341
Prescribing	19,675
Financial Planning	1,203
Resource Transfer	18,593
HEALTH NET DIRECT EXPENDITURE	**95,479**
Set Aside	29,350
NET EXPENDITURE INCLUDING SCF	**124,829**

Health Transfer to EMR	**369**

HSCP Transformation Board

IJB Transformation Fund Monitoring Report - ongoing projects

Total Fund Balance as at 1 April 2022	1,975,000
Balance committed to date	1,398,210
Balance uncommitted	576,790

Project No	Ongoing Project Title	Service Area	Approved IJB/TB	Agreed Funding	2019/20 Spend	2020/21 Spend	2021/22 Spend	2022/23 Spend	Balance to spend
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	70,000	0	42,405	10,381	0	17,214
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	150,000			45,626	104,374	0
027	Autism Clinical/Project Therapist. 18 month post.	Specialist Children's Services	TB	153,600	0	60,200	63,076	19,348	10,976
031	Proud2Care to enable the continued partnership with Your Voice over 18 months to support continued Proud2Care activity.	C&F	IJB	110,000		60,000	30,000		20,000
034	Inverclyde Cares - One off contribution to allow CVS to second a full time member of staff from Ardgowan Hospice to oversee both the Compassionate Inverclyde and Inverclyde Cares initiatives jointly.	Strategy & Support Services	SMT	28,000					28,000
035	Review of Care and Support at Home. 12 month fixed term posts 0.5wte Grade 10 Project Lead and 2wte Grade 5s	Health & Community Care	TB	98,600			9,715	9,041	79,844
036	CLDT Review Team and TEC response. 1wte Social worker post and 1wte Social Work assistant, both f/t 12 months.	CLDT	TB	95,580			7,522	12,348	75,710
037	Planning & Redesign Support Officer - will be responsible for the Locality Planning and Community Engagement Work with a focus also on the Business Support Review. £131k over 2 years.	Planning	IJB	131,000					131,000
038	Ipromise - Mind of my own - digital resource to allow young people to access software 24/7.	Children's Services	TB	53,176					53,176
039	SWIFT replacement project - backfill. 18 month project.	HSCP wide	IJB	497,729					497,729
040	C&F Spend to Save. Recruitment of 5 x temp QSWs. Staffing increase would allow capacity to undertake wellbeing assessments/short term work with a view to reducing placement pressures.	Children's Services	IJB	179,760					179,760
041	Learning Academy - newly qualified social worker support year and practice teaching hub. 2 year project.	Strategy & Support Services	TB	53,690					53,690

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2022/23

PERIOD 5: 1 April 2022 - 31 August 2022

		Current year				Future years			
Project Name	**Est Total Cost**	**Actual to 31/03/22**	**Approved Budget 2022/23**	**Revised Estimate 2022/23**	**Actual to 31/08/22**	**Estimate 2023/24**	**Estimate 2024/25**	**Estimate 2024/25**	**Future Years**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Social Work									
Crosshill Childrens Home Replacement	2,315	2,016	249	249	216	50	0	0	0
New Learning Disability Facility	9,507	133	884	100		3,070	6,204	0	0
Swift Upgrade	200	0	200	200		0	0	0	0
Complete on site	13	0	13	13	1	0	0	0	0
Social Work Total	**12,035**	**2,149**	**1,346**	**562**	**217**	**3,120**	**6,204**	**0**	**0**

IJB Reserves Position - 2022/23

Summary of Balance and Projected use of reserves

EMR type/source	Balance at 31 March 2022 £000	Projected spend 2022/23 £000s	Projected balance as at 31 March 2023 £000s	Earmark for future years £000s	CO/Head of Service	Comments
SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS						
Mental Health Action 15	236	236	0	0	Anne Malarkey	
Alcohol & Drug Partnerships	843	843	0	0	Anne Malarkey	
Covid - 19	8,130	8,130	0	0	Kate Rocks	
Primary Care Improvement Programme	1,527	1,527	0	0	Allen Stevenson	
Covid Community Living Change	320	80	240	240	Allen Stevenson	Earmark for continuation of work
Covid Shielding SC Fund	34	34	0	0	Allen Stevenson	
DN Redesign	88	88	0	0	Allen Stevenson	
Winter planning - MDT	217	217	0	0	Allen Stevenson	
Winter planning - Health Care Support Worker	206	206	0	0	Allen Stevenson	
Winter pressures - Care at Home	712	712	0	0	Allen Stevenson	
Care home oversight	115	102	13	13	Allen Stevenson	Earmark for continuation of oversight work
MH Recovery & Renewal	877	373	504	504	Allen Stevenson	Earmark for continuation of projects
Covid projects - funding from Inverclyde Council	49	49	0	0	Craig Given	
Sub-total	**13,354**	**12,597**	**757**	**757**		
EXISTING PROJECTS/COMMITMENTS						
Integrated Care Fund	109	49	60	60	Allen Stevenson	funds committed for future years
Delayed Discharge	102	49	53	53	Allen Stevenson	Earmark for continuation of funded posts
Welfare	350	93	257	257	Craig Given	Earmark for continuation of project
Primary Care Support	338	216	122	122	Hector McDonald	Earmark for continuation of project
SWIFT Replacement Project	504	144	360	360	Craig Given	For continued project implementation and contingency
Rapid Rehousing Transition Plan (RRTP)	136	136	0	0	Anne Malarkey	
LD Estates	437	100	337	337	Allen Stevenson	
Refugee Scheme	1,077	150	927	927	Anne Glendinning	Funding relates to a number of years support for different refugee schemes
Tier 2 Counselling	312	42	270	270	Anne Glendinning	Earmark for continuation of project
CAMHS Tier 2	100	0	100	100	Anne Glendinning	Earmark for continuation of project
C&YP Mental Health & Wellbeing	148	148	0	0	Anne Glendinning	
CAMHS Post	68	0	68	68	Anne Glendinning	Earmark for continuation of project
Dementia Friendly Inverclyde	89	89	0	0	Anne Malarkey	
Contribution to Partner Capital Projects	1,103	200	903	903	Kate Rocks	LD Hub spend reprofiled to later years 500k contribution likely to be during next two financial years
Staff Learning & Development Fund	254	79	175	175	Allen Stevenson	
Fixed Term Staffing	200	0	200	200	Allen Stevenson	
Continuous Care	425	95	330	330	Anne Glendinning	
Homelessness	350	0	350	350	Anne Malarkey	
Autism Friendly	164	164	0	0	Allen Stevenson	
Sub-total	**6,266**	**1,754**	**4,512**	**4,512**		
TRANSFORMATION PROJECTS						
Transformation Fund	1,975	473	1,502	1,502	Kate Rocks	see Appendix 6
Addictions Review	250	0	250	250	Anne Malarkey	
Mental Health Transformation	750	135	615	615	Anne Malarkey	
IJB Digital Strategy	676	0	676	676	Allen Stevenson	Analogue to Digital commitments - procurement process under way
Sub-total	**3,651**	**608**	**3,043**	**3,043**		
BUDGET SMOOTHING						
Adoption/Fostering/Residential Childcare	800	0	800	800	Anne Glendinning	
Prescribing	798	0	798	798	Allen Stevenson	
Residential & Nursing Placements	1,003	0	1,003	1,003	Allen Stevenson	
LD Client Commitments	600	0	600	600	Allen Stevenson	
Pay contingency	891	891	0	0	Craig Given	£550k contribution from Council included here
Sub-total	**4,092**	**891**	**3,201**	**3,201**		
Total Earmarked	**27,363**	**15,850**	**11,513**	**11,513**		
UN-EARMARKED RESERVES						
General	962	(1,597)	2,559	2,559	Craig Given	
Un-Earmarked Reserves	**962**	**(1,597)**	**2,559**	**2,559**		
TOTAL Reserves	**28,325**	**14,253**	**14,072**	**14,072**		

Reserves Summary Sheet for Covering Report

Ear-Marked Reserves	Opening Balance £000s	New Funds in Year £000s	Total Funding £000s	Projected Spend £000s	Projected C/fwd £000s
Scottish Government Funding - funding ringfenced for specific initiatives	13,354		13,354	12,597	757
Existing Projects/Commitments - many of these are for projects that span more than 1 year	6,266		6,266	1,754	4,512
Transformation Projects - non recurring money to deliver transformational change	3,651		3,651	608	3,043
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	4,092		4,092	891	3,201
TOTAL Ear-Marked Reserves	**27,363**	**0**	**27,363**	**15,850**	**11,513**
General Reserves	**962**	**0**	962		**962**
In Year Surplus/(Deficit) going to/(from) reserves					1,597
TOTAL Reserves	**28,325**	**0**	**28,325**	**15,850**	**14,072**

INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
7 NOVEMBER 2022

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

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status	Open/Closed
24 January 2022 (Para 7(2))	Report on grant dispersal and impact of changes to Universal Credit	Chief Officer	Work to take place December / January	Paper to IJB January 23	Work Ongoing	Open
21 March 2022 (Para 21(4))	Unscheduled Care Commissioning Plan performance report be brought to the Board	Chief Officer	At the end of the first year	Paper to IJB March 2023	Work Ongoing	Open
21 March 2022 (Para 22(4))	Primary Care Improvement Plan update on reserves and formulation of spend plan	Chief Officer	No timescale – to a future meeting	Paper to IJB November 2022		Closed
21 March 2022 (Para 26(3))	Care Homes Assurance Themes and Trends update report	Chief Officer	Work underway	Paper to IJB January 2023	Work Ongoing	Open
27 June 2022 (Para 34(3))	Livestreaming meetings – consider logistics	Chief Officer	For next pre-agenda meeting	Paper to IJB November 2022		Closed
27 June 2022 (Para 37(3))	IDEAS Project surplus funds – local impact of investment report	Chief Officer	By the end of the year	Paper to IJB March 2023	Work ongoing	Open

AGENDA ITEM NO: 5

20 July 2022 (Para 50)	LD Hub - Risks	Chief Officer	November 2022	Paper to IJB January 2022	Work Ongoing	Open
22 September 2022 FROM INVERCLYDE COUNCIL	Take Home Naloxone (THN) kit uptake – regular reports to be provided	Chief Officer	Work taking place at present	Paper to IJB January 2022	Work Ongoing	Open
26 September 2022 (TBC)	Further consideration – return of unspent Covid funding	Chief Finance Officer	By the end of the year	Part of Finance paper when final process is known by Scottish Government	Work Ongoing	Open
26 September 2022 (TBC)	Inverclyde Adult Support and Protection Partnership – report on audits in first quarter of 2023	Chief Officer	June 2023	Paper to IJB June 2023	Work to Commence	Open
26 September 2022 (TBC)	Mental Welfare Commission Local Visits – Langhill Clinic update	Chief Officer	June 2023	Paper to IJB June 2023	Work to commence	Open

Annual Report Schedule

March • Annual Budget	June • Draft Annual Accounts • Annual Performance Report • Clinical & Care Governance
September • Audited Annual Accounts • Digital strategy • Workforce Update	December • PCIP Update • Update Criminal Justice

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**7 November 2022**
Report By:	**Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LS/91/22**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Future Delivery of IJB Meetings**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) with proposals around the future delivery of formal IJB meetings.

1.3 Meetings of the IJB and the IJB Audit Committee have been held virtually since June 2020 as a result of the Covid-19 pandemic. Given the passage of time and the move towards a more consistent working environment, it is appropriate for the IJB to review its current meetings arrangements, and to resolve what they should be going forward, in order to provide IJB Members, officers and the public with clarity around the arrangements.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Inverclyde Integration Joint Board agrees:-

1. that meetings of the Inverclyde Integration Joint Board and Inverclyde Integration Joint Board Audit Committee are all held on a fully remote basis for the remainder of the 2022/23 timetable of meetings;
2. that public attendance be facilitated by arrangements for live streaming of meetings onto YouTube (or such substitute medium as the Council might subsequently use), to begin from the next meetings of the Inverclyde Integration Joint Board and Inverclyde Integration Joint Board Audit Committee;
3. that press access to Inverclyde Integration Joint Board meetings continues as it does currently, namely by being invited to the Webex/Teams meeting; and
4. that the remote meeting protocol set out at Appendix 1 is approved.

2.2 It is recommended that the Inverclyde Integration Joint Board notes:-

1. the move to Microsoft Teams, and that Inverclyde Integration Joint Board meetings will still use Webex for the time being, but that these will also, in due course, move over to Microsoft Teams; and
2. that officers will bring proposals to the June 2023 meeting of the Inverclyde Integration Joint Board to agree meeting arrangements for the 2023/24 cycle of meetings.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 IJB members will be aware that temporary meeting arrangements were put in place in May/June 2020 to enable the essential and critical business of the IJB to continue during the Covid-19 pandemic. These arrangements have been subject to ongoing review in line with Scottish Government advice and guidance and informed by the experience of the IJB.

3.2 At its meeting on 27 June 2022, the IJB agreed that fully remote meetings were to continue, with the main IJB and IJB Audit Committee meetings being held by video conference, with the option of meeting in person for smaller consultations. It was also remitted to officers to consider the logistics of live-streaming meetings and to bring a report to the IJB for consideration.

3.3 By necessity, the move to remote meetings was originally taken quickly, and in response to the pandemic and the changing nature of it, coupled with its impact on the IJB and the Inverclyde area. However, what were thought to be short-term and temporary arrangements have now become long-term and more permanent. With the gradual relaxation of UK and Scottish Government Covid-19 related regulations and guidance, and the return to a more normal and consistent way of working, it is suggested that the IJB now needs to consider and decide what its future meeting arrangements should be.

4.0 PROPOSALS

Continuation of Fully Remote meetings

4.1 It is the view of officers that fully remote IJB and IJB Audit Committee meetings have been successful. This approach has continued to help keep IJB members, officers and the public safe, whilst enabling meetings to be conducted in an efficient and effective manner. In addition, holding meetings in this way makes for a more efficient use of officer time, which is particularly important given the current challenges around resource capacity.

4.2 It is therefore proposed that meetings of the IJB and IJB Audit Committee continue to be held on a fully remote basis for the remainder of the 2022/23 timetable of meetings. This arrangement will be continually reviewed and officers will bring proposals to the June 2023 meeting of the IJB to agree meeting arrangements for the 2023/24 cycle of meetings.

Public Access

4.3 The Standing Orders for the IJB make provision for admission to meetings of members of the public and press in an effort to promote transparency and accessibility. The Standing Orders also allow for remote meetings.

4.4 A high number of other IJBs are currently proceeding with fully virtual meetings, with proceedings being live-streamed, either through YouTube or Webcasting facilities, or recorded for future upload. Viewings are generally low. Since the IJB was established, public attendance at Inverclyde IJB meetings have been in very small numbers – both in person and virtually. This attendance usually includes press representatives, interested organisations and members of the public with an interest in a particular agenda item.

4.5 The IJB is transparent in its work and the business of the IJB is published via the IJB's webpage on the Council's website, and other routes. All IJB meetings since June 2020 have been recorded, however, they have not been uploaded onto the Council's YouTube page. The recordings are available should any member of the public wish to request access to them.

4.6 It is also proposed that, in order to ensure public access to meetings, all future IJB and IJB Audit meetings are livestreamed via YouTube. Officers will support IJB members with these

arrangements through the adoption of an updated remote meeting protocol, which can be found at Appendix 1.

Hybrid Meeting Model

4.7 IJB members will be aware that Inverclyde Council provides all administrative support for IJB and IJB Audit Committee meetings, including the use of the Council's ICT system. The Council has recently agreed that all of its meetings will be held on a hybrid basis (i.e. part remote and part in-person) at the Council's buildings, in accordance with approved remote and hybrid meeting protocols. Public attendance is facilitated by permitting physical attendance and live streaming of meetings onto YouTube. The Council is currently moving to Microsoft 365, with meetings organised by way of Microsoft Teams. However, Webex will continue to be used for Committee meetings, and therefore IJB meetings, as this has the functionality required for hybrid meetings and to live-stream via YouTube.

4.8 While it is proposed that fully remote meetings continue for the remainder of the 2022/23 IJB meeting cycle, IJB members may wish to consider holding development sessions using a hybrid model so that this approach can be tested so IJB members can make an informed decision about meeting arrangements when officers bring a report back to the IJB in June 2023.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources	X		
Strategic Plan Priorities	X		
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection		X	

5.2 **Finance**

There are no financial implications arising from this report and its proposals.

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

5.3 **Legal/Risk**

There is a need for the IJB to ensure that its meetings are suitably accessible to the public and other stakeholders, and at the same time ensure such meetings are conducted in a manner that complies with the relevant regulations and guidelines that have been introduced as a consequence of the Covid-19 pandemic. The proposals in this report, coupled with ongoing review will ensure that these legal requirements are met.

The IJB's Standing Orders regulate the proceedings and business of the IJB. Standing Orders 10.6 and 23 relate to holding meetings remotely and the attendance of the public. Ultimately, it is up to the IJB to decide how it wishes to deliver its meetings in order to ensure transparency and accessibility for members of the public.

5.4 **Human Resources**

The main implication is the impact on officers in connected with the administrative arrangements of IJB meetings. It is assessed that the proposals in this report can be supported by the relevant officers, as they are now. IJB members should, however, be aware of the additional officer support that is needed for holding and live-streaming remote meetings, that was not previously required for in-person meetings.

5.5 **Strategic Plan Priorities**

This report helps deliver Strategic Plan Big Action 6 – we will build on the strengths of our people and our community.

5.6 **Equalities**

The decision to live-stream meetings woul

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. The decision to record and live-stream meetings will increase the accessibility of meetings to members of the public where the option to attend in person is unavailable.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

5.7 **Clinical or Care Governance**

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

5.8 **National Wellbeing Outcomes**

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

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

5.9 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

X	NO – Assessed as not relevant as the proposals in this report do not involve data processing which may result in a high risk to the rights and freedoms of individuals.

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 Chief Officer and Chief Financial Officer have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

INVERCLYDE INTEGRATION JOINT BOARD
REMOTE MEETING PROTOCOL

This protocol and procedure rules provide guidance for the conduct of any remote online meeting of the IJB and the IJB Audit Committee.

This protocol should be read in conjunction with the IJB's Standing Orders. In this event of a conflict between (i) this protocol and these procedure rules, and (ii) the IJB's Standing Orders, then this protocol and these procedural rules shall prevail while they remain in force and effect.

1. Advance Questions

a. All members are encouraged to support the meeting arrangements by asking questions of clarification or detail in advance of the meeting. This may assist members on points of clarification before the meeting and to allow IJB members to focus on the key issues and items for decision. Questions can of course be asked at the meeting. However, it would also assist if any members who wish to speak on a particular agenda item could indicate their wish to speak to the Chair in advance of the start of the meeting where possible.

2. IJB Meeting

a. All members have been provided with the Webex meeting guide for attendees.

b. At their discretion, members can choose a neutral background for the meeting but members should note this may affect their connectivity.

c. To support the videoconferencing meeting, the Senior Committee Officer's role will be to issue Webex invites, to host the meeting, to manage declarations of interest by moving Members to the lobby and re-admitting them to the meeting at the appropriate time and expelling the public and press from the meeting at the appropriate juncture. It will also be the Senior Committee Officer's role to make contact with any member who loses connectivity by sending a text message to that member with a number which will permit that member to re-join the meeting by phone if they are unable to reconnect by video. A note of the number will also be provided on the hard copy of the agenda/papers issued to members.

d. The Chair will, at the beginning of the meeting, briefly recap the protocol for participation in the meeting. A roll call of attendees will then be taken by the Senior Committee Officer and declarations of interest will be requested. If a Member joins the meeting after the roll call, he/she is requested to use the chat function to notify everyone.

e. The normal quorum requirements for meetings as set out in the IJB's Standing Orders shall apply to remote meetings.

f. Members should not leave the meeting during any item of business. Failure of the remote meeting connection is dealt with later in this note.

3. Meeting Procedure

a. Members are kindly asked to follow the procedure below during the meeting:

- The meeting link will be opened 15 minutes prior to its commencement and Members are asked to join the meeting as early as possible prior to the stated commencement time.
- All members should ensure their automatic Webex identifier clearly states their name.
- Members should be careful not to allow exempt or confidential papers to be seen in the video feed.
- All members on video should have their microphones muted when not talking.
- Any members participating by phone should, if possible, mute their telephone microphone when not speaking.
- Members should use the chat facility on Webex to indicate to the Chair that they wish to speak. This can be facilitated by sending a message to all participants. The chat facility "to everyone" is part of the public record.
- Members should unmute their microphone when the Chair invites them to speak.
- Only one person may speak at any one time.
- When referring to a specific report, page or paragraph, please mention the report, page or paragraph so that all members have a clear understanding about what is being discussed at all times.
- If a member requires to leave the remote meeting temporarily for any reason other than connection failure, the member must send a message through the chat to everyone facility to ensure their temporary absence can be noted and the member must send a similar message when returning to the meeting to ensure this is recorded in the minute.
- Any member participating by phone who requires to leave the remote meeting temporarily must state this when departing from and re-joining the meeting.
- If a member requires to leave the remote meeting early, the member must send a message through the chat to everyone facility to ensure this is recorded in the minute.
- Any member participating by phone who requires to leave the remote meeting early must state this when departing from the meeting.
- Any Officer who leaves the meeting must advise the IJB of their departure by using the chat to everyone facility.

4. Discussion

a. The Chair will introduce each item on the agenda and manage the business on the agenda.

b. Normal procedures will be followed in terms of questions, discussions, motions, amendments etc. As stated above, members must use the chat facility on Webex to indicate to the Chair that they wish to speak. The Chair will regularly monitor the chat function to ensure that members are engaged. This function will not be available to

members who are not on the video feed. The Chair will therefore ask those members individually at each item if they wish to speak.

c. Members who wish privacy for any reason can choose to disable temporarily, or for the whole duration of the meeting, their own video function but in this situation the chat function remains available to them for their participation in the progress of the meeting. If members disable their video function temporarily to retrieve papers or to relocate their seating/access location this will not constitute leaving the meeting unless they are not able to hear meeting progress or participate in the meeting in which case they should instead notify everyone they are temporarily leaving the meeting as noted above.

d. When the Chair is satisfied that there has been sufficient debate, the Chair will progress to making a decision.

e. Every effort shall be made by Voting Members of the IJB to ensure that as many decisions as possible are made by consensus. However, if there is a vote on an agenda item, the vote will be taken by roll call and the number of votes for or against the motion or abstaining from voting will be recorded.

f. The Legal Adviser to the IJB will call out the name of each Voting Member present with:
    - Voting Members stating “motion” or “amendment” to indicate their vote when their name is called or otherwise to “abstain”;
    - the Legal Adviser to the IJB will clearly state the result of the vote and the Chair will then move onto the next agenda item.

g. In the case of equality of votes, the Chair shall not have a second or casting vote.

h. Where there is an equality of votes, if the members still wish to pursue the issue voted on the Chair may either adjourn consideration of the matter to the next meeting of the IJB or to a special meeting of the IJB to consider the matter further or refer the matter to dispute resolution as provided for in the Integration Scheme. Otherwise, the matter shall fall.

5. Declarations of Interest

a. Any member who declares an interest in any item of business which would normally require them to leave the room, must also leave the remote meeting. The Senior Committee Officer will move that member to the “lobby” and readmit the member at the appropriate time.

6. Exclusion of Public and Press

a. Where a confidential or “exempt” item is under consideration, the Senior Committee Officer and Legal Adviser to the IJB will ensure that there are no members of the public

or press in remote attendance or remotely accessing the meeting and able to hear or see the proceedings once the exclusion has been agreed by the meeting.

b. Members must ensure that there are no other persons present who are not entitled to be (either hearing or seeing) consideration of such items, and/or recording the proceedings.

7. Connection Failure

a. If any member loses connection they should try to re-join the meeting. If unsuccessful, members should call the join by phone number provided in the Webex meeting invitation. The Senior Committee Officer, immediately upon becoming aware that a member has lost connectivity, will notify the Chair and will attempt to contact the member with a note of the phone number to enable the member to rejoin the meeting by audio. A note of the phone number will also be provided to members on the hard copy of the agenda and papers issued.

b. When it appears there has been a remote meeting connection failure affecting a member or members, the Chair should immediately determine if the meeting is still quorate:

- If it is, then at the discretion of the Chair, having regard to the nature of the item of business either:

  (i) the business of the meeting may continue; or

  (ii) the meeting will be paused for a maximum period of 5 minutes to allow reconnection of the member or members affected, during which time no business will be considered or transacted, the presumption being that when either the affected members have reconnected or 5 minutes have expired the meeting will continue to deal with business, provided it remains quorate.

- If there is no quorum, then:

  (i) the meeting will be paused for a maximum period of 5 minutes to allow reconnection of the member of members affected, during which time no business will be considered or transacted;

  (ii) if the affected member or members reconnect to the meeting and the meeting is once again quorate, the meeting will continue to deal with the business;

  (iii) if after 5 minutes the meeting is still not quorate, the meeting shall adjourn for a further period specified by the Chair, expected to be no more than 15 minutes to allow the reconnection to be re-established; and

  (iv) if, after such an adjournment, the meeting is still not quorate then the meeting shall be further adjourned to an appropriate date and time.

The presumption is that a quorate meeting will continue to deal with business.

c. If the connection is successfully re-established, then the remote member(s) will be deemed to have returned at the point of re-establishment.

d. If a member has a connection failure and is able to re-join the meeting, the member must use the chat to everyone facility to advise the IJB and to indicate the items for which they were not present.

e. If the connection to the Chair is lost, the Vice-Chair will exercise discretion in terms above. If the Vice-Chair is not present (or connection is lost), the remaining members will elect a replacement Chair for the purpose only of exercising the Chair's discretion in terms above.

8. Attendance of the Public

a. When meetings are held remotely the public will therefore be unable to physically attend the meeting. Members of the public will be able to view all IJB and IJB Audit Committee meetings which will be live streamed on the Council's website.

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**7 November 2022**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IIJB/51/2022/CG**
Contact Officer:	**Craig Given Head of Service: Finance, Planning & Resources**	**Contact No:**	**01475 715212**
Subject:	**HSCP Workforce Plan 2022 -2025**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to agree the HSCP draft three year workforce plan.

1.3 The plan has been developed in partnership with HSCP Staff Partners and has been presented to Staff Partnership Forum, Senior Management Team and Strategic Planning Group. Feedback has also been received from NHSGG&C Workforce Planning and Health Workforce Directorate of Scottish Government.

1.4 The plan describes how the HSCP will Plan, Attract, Train, Employ and Nurture the workforce to support delivery of the Strategic Plan and the Six Big Actions.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

- Agrees the HSCP Workforce Plan 2022-2025; and
- Notes the ongoing work to identify the future quantified whole time equivalent workforce requirements

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 A three year workforce plan 2022 - 2025 has been developed in line with guidance provided by the Health Workforce Directorate of Scottish Government in DL 2022 (09) 'National Health and Social Care Workforce Strategy: Three Year Workforce Plans'. This builds on both the previous plans of 2020-24 and the comments received from Heath Workforce Directorate on the 2020/21 HSCP Interim Workforce Plan. The National Workforce Strategy for Health and Social Care (2022) has been used to guide development of the HSCP plan focussing on the Five Pillars of the Workforce Journey:

- Plan
- Attract
- Train
- Employ
- Nurture

3.2 Feedback from Scottish Government Health Workforce Directorate is that "the plan establishes a good baseline description of current population and workforce which would inform a more fully developed and comprehensive workforce plan." Recognising the timescale for publication and associated governance arrangements, feedback supports the further development of likely size and scale of future workforce recruitment, retention and reconfiguration needs across the next year.

3.3 **Development & Governance of Plan:**

Committee/ Other	**Date**	**Comment**
HSCP Workforce Plan Group	From Dec 21	Initial drafts
Heads of Service/ Service Managers. Lead AHPs, CSWO & Chief Nurse	Throughout process	Initial drafts, service and profession specific requirements
Strategic Planning Group	May 22	Draft for review & comment
Staff Partnership Group	May 22	Draft for review & comment
HSCP SMT	May 22	Draft for review & comment
NHSGG&C Workforce planning	End July 22	Draft for review & comment
National Health and Workforce Programme Office	End July 22	Draft for review & comment
Strategic Planning group	September 22	Updated draft for review & comment
IJB	November 22	Final version to include comments from National Health Workforce Directorate
Publish on HSCP website	Following IJB agreement	National Health Workforce Directorate aware of 1 week delay to timescale

3.4 A high level action plan linked to the five pillars of the workforce journey has been developed. Whilst there are clear timescales for some outcomes such as service reviews, other outcomes will be delivered across the lifetime of the plan or will require further work to develop timescales. The action plan will remain a working document.

4.0 PROPOSALS

4.1 The three year workforce plan will remain an evolving document as the HSCP continues to respond to changes in demographics and demand. The outcomes of service reviews will also impact the required workforce and skills development at all levels as will the addition of new and time-limited funding sources across the timescale of the plan. Finance and staff partnership colleagues are involved in all service reviews. Further work will continue across the next year to more fully respond to the comments from Scottish Government Health Workforce Directorate particularly in relation to quantifying future impacts and requirements. Support from the Directorate and NHSGG&C Workforce Planning team will be sought.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources	X		
Strategic Plan Priorities	X		
Equalities	X		
Clinical or Care Governance	X		
National Wellbeing Outcomes	X		
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

5.2 **Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

There are no legal implications arising from the content of this report.

Service reviews can potentially impact on staff within the HSCP. All changes require to be managed via appropriate HR processes.

5.4 **Human Resources**

As outlined within the Plan, recruitment and retention across health and social care sector is problematic and the plan aims to augment how we address this.

5.5 **Strategic Plan Priorities**

All Big Actions are impacted by the availability and adequate training and deployment of staff.

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement. Each service review detailed in the Workforce Plan will progress EqIAs appropriate to the review.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Workforce plan supports through staff awareness, training & development
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Workforce plan supports through staff awareness, training & development
People with protected characteristics feel safe within their communities.	Workforce plan supports through staff awareness,

	training & development
People with protected characteristics feel included in the planning and developing of services.	Workforce plan supports through staff awareness, training & development
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Workforce plan supports through staff awareness, training & development
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Workforce plan supports through staff awareness, training & development
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Workforce plan supports through staff awareness, training & development

5.7 **Clinical or Care Governance**

As per the Action Plan, ongoing monitoring of vacancies, demand, capacity and skills by the SMT will ensure risks to clinical or care governance are highlighted and addressed.

5.8 **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.	Improved outcomes delivered through operationalising the 5 pillars action plan
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	Improved outcomes delivered through operationalising the 5 pillars action plan
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved outcomes

	delivered through operationalising the 5 pillars action plan
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved outcomes delivered through operationalising the 5 pillars action plan
Health and social care services contribute to reducing health inequalities.	Improved outcomes delivered through operationalising the 5 pillars action plan
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.	Improved outcomes delivered through operationalising the 5 pillars action plan
People using health and social care services are safe from harm.	Harm reduced through operationalising the 5 pillars action plan
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff satisfaction & retention improved through operationalising the 5 pillars action plan
Resources are used effectively in the provision of health and social care services.	Plan describes the required workforce & skills deployment

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

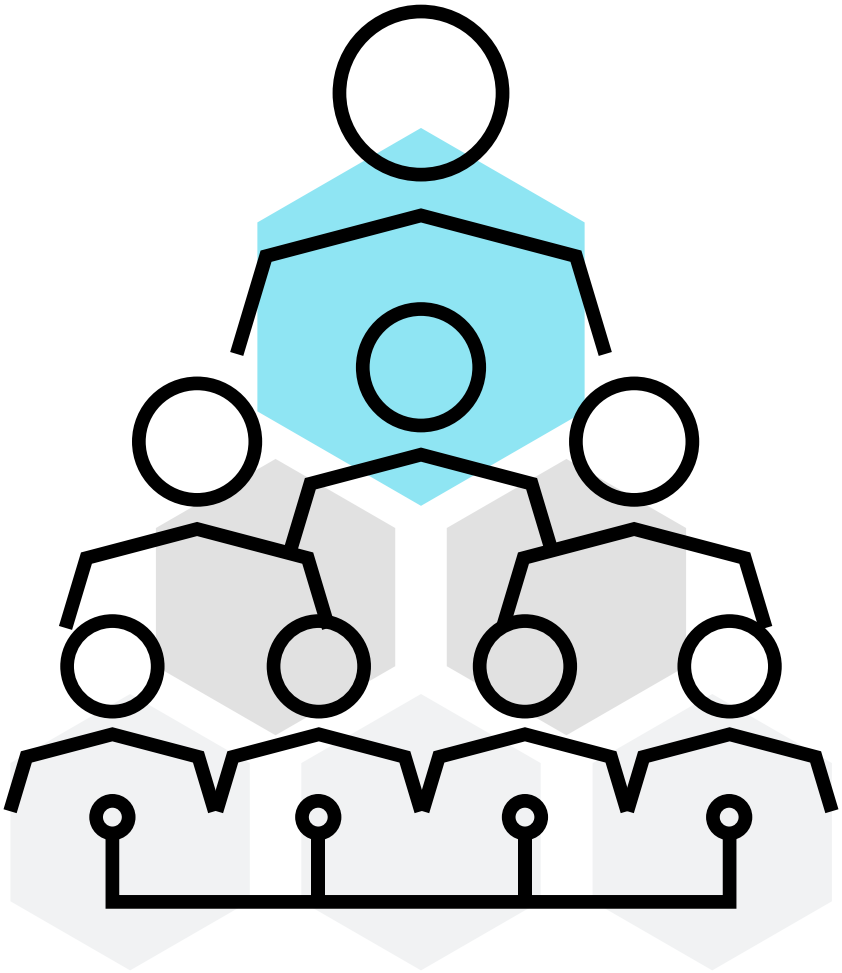
7.1 This report has been prepared following development and review of the plan outlined at 3.3 and following feedback from the Workforce Planning Data, Analytics and Insight Unit of Scottish Government Health Workforce Directorate.

8.0 BACKGROUND PAPERS

8.1
- Inverclyde HSCP Draft Workforce Plan 2022- 2025
- Feedback letter – October 4th 2022 Workforce Planning Data, Analytics and Insight Unit of Scottish Government Health Workforce Directorate.

INVERCLYDE HSCP
Health and Social Care Partnership

Appendix 1



Workforce Plan

2022 - 2025

Inverclyde

Health and Social Care Partnership

NHS Greater Glasgow and Clyde

Inverclyde council

Contents:

Introduction

The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.

The Inverclyde Health and Social Care Partnership (HSCP) does not directly employ staff but rather, is responsible for co-ordinating service as detailed within the published Integration Scheme. The refreshed HSCP Strategic Plan (2022-24) reaffirms our vision of Improving Lives. Everything we do to deliver that vision relies on our workforce, and this Workforce Plan is a sub-set of our overarching Strategic Plan.

As such, the Workforce Plan sets out how we will recruit, develop and retain the right people in the right place at the right time to deliver positive outcomes for Inverclyde. It outlines how we will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in Inverclyde. The paid HSCP workforce includes people with a range of health and social care backgrounds who are committed to working together in a single organisation, to improve the outcomes of those people who need health and social care support. Health and Social Care is also provided by local or nationally commissioned/ contracted independent providers such as Nursing Homes, Care at Home and Primary Care services (General Practice, Community Pharmacy, Dentists and Optometrists).

There is also a vibrant third sector within Inverclyde and this includes both paid staff and volunteers within both commissioned services and local community organisations. This includes for example, social prescribing and peer support roles within primary care or Alcohol and Drug Recovery services, or volunteers who have supported the smooth running of mass Influenza and Covid vaccination centres.

The Independent Review of Adult Social Care in Scotland recognised the contribution of community and peer support, the wider third sector and unpaid carers in supporting access to the highest standards of wellbeing and independence.

By considering all of these aspects, we need to approach workforce planning by taking account of everyone who is part of this complex landscape, ensuring that we recognise all of the contributions and support and sustain these as we move forward. In some instances we can take deliberate actions, for example through our commissioning & procurement activity and in others we can influence and advocate for change such as in the case of nationally negotiated primary care contracts.

The full impact of the ongoing COVID pandemic on health and social care services continues to evolve and we may not know the full position for some time. Services and staff have however been under unprecedented pressures since the start of the pandemic and the increased waiting times for diagnostics and treatments will continue to add to late diagnosis of many long term conditions and cancers which will impact our services further. An ageing population, high levels of deprivation and a worsening economic position will only add to the ongoing demands on our workforce.

Moving forward, the lessons learned from the Covid-19 pandemic are already influencing how we all live and work and how we as an HSCP deliver services. This plan builds on our Interim Workforce Plan (2021/22) and the associated feedback received from Scottish Government Workforce Planning Unit.

Section 1

Our Vision and Strategic Direction

Our vision

***Inverclyde** is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.*

Improving lives

The refreshed Strategic Plan reinforces the values and principles that underpin our identity and it is important to us that all of the Inverclyde health and social care workforce subscribes to these.

We are committed to our ambition of Improving Lives and these commitments are reflected in our six Big Actions outlined in our Strategic Plan:

Inverclyde HSCP – 6 Big Actions

All of our Big Actions are woven through our strategic and operational plans and they also underpin this Workforce Plan. These actions interlink and can be cross referenced with codes of practice and professional standards.

Inverclyde experiences high levels of socio-economic deprivation and the associated impacts, our refreshed strategic needs assessment can be found on our website and this has highlighted the following key messages:

- We have high quality children's houses and adoption and fostering services that provide sector leading support.
- We are one of the best partnerships in Scotland at preventing delayed hospital discharge.
- Death rates for substance misuse and liver disease are significantly higher in Inverclyde than the rest of Scotland.
- High numbers of children are on the child protection register for reasons linked to parental drug misuse.
- Increasing numbers of Advice Service users are experiencing food, fuel and financial exclusion.
- Alcohol, drug and chronic obstructive pulmonary disease (COPD) hospital stays are significantly higher in Inverclyde than the rest of Scotland.
- We have a high rate of mental health problems.

National & Local Drivers

The national policy direction has moved away from the traditional approach of measuring systems and processes within organisations. Instead, we now need to show that we are making a positive difference to the lives of the people we support. We need to think about what will improve outcomes, and what workforce we will need to make that happen.

In respect of services for adults, our core values, professional codes of practice and standards align themselves to the Scottish Government's 9 National Health & Wellbeing Outcomes.

Our core values and principles also apply to services for children and families, as indicated in the Inverclyde Integrated Children's Services Plan 2020-2023 which is the overarching plan that supports all aspects of work with children, young people and families, and these values and principles support our commitment to achieving the National Outcomes for Children. In addition to these we also have a legal requirement to adhere to the National Outcomes and Standards for Social Work Services in the Criminal Justice System.

A number of service reviews and redesigns are at different stages of progression or implementation and will influence future workforce developments. Other local and national policies and strategies will also guide our planning during the timescale of this plan:

- Refresh and update the Business Support review;
- Continue to implement the Primary Care Improvement Plan and build the multi-disciplinary team;
- Complete new Learning Disability Services hub building;
- Commence Homeless Service review;
- Continue to develop our Digital Strategy and digital capabilities;
- Further development of Compassionate Inverclyde and Inverclyde Cares;
- Develop a Trauma informed workforce and organisation;
- Continue to promote and support staff health & wellbeing;
- Support and implement formalised hybrid/ home working policies;
- Remobilisation and Covid recovery in line with Scottish Government plans.

The biggest factor influencing planning and delivery of services will be the establishment of a National Care Service following the Independent Review of Adult Social Care – The Feeley Report. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach. The report sets out three key foundations which the review proposed as integral to future delivery:

- The need for further implementation of need self-directed support and full integration of health and social care;
- Nurturing and strengthening the social care workforce;
- Support and enable unpaid carers to continue to be a cornerstone of social care support.

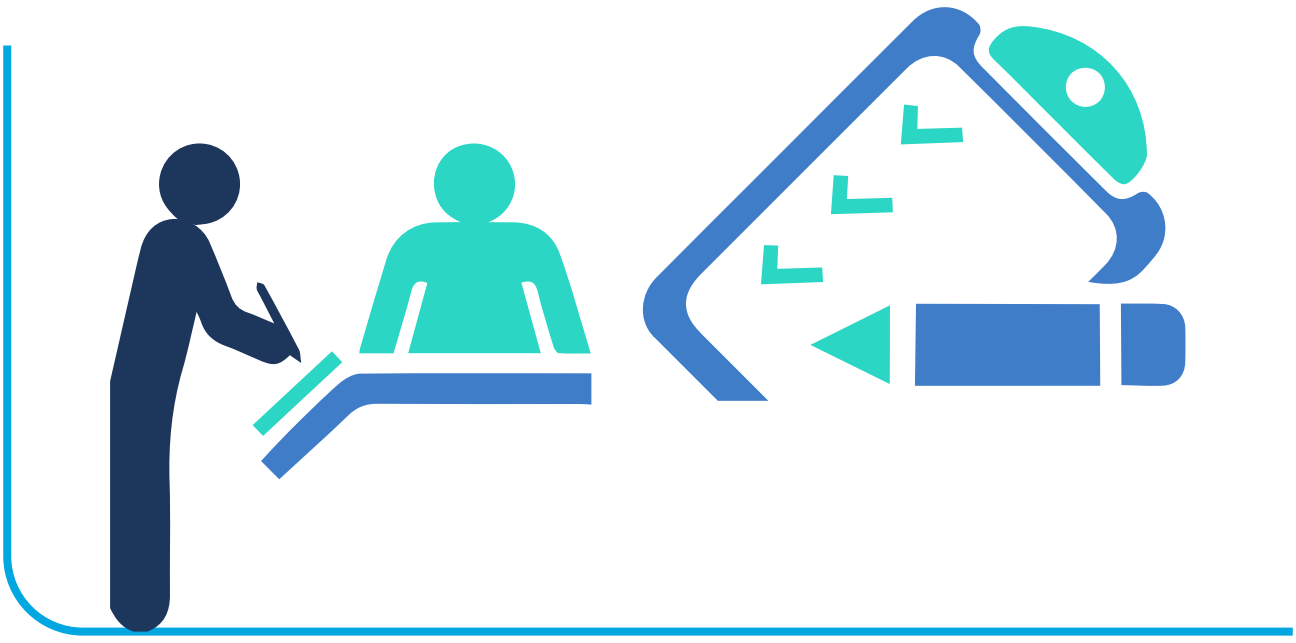
At this time it is still uncertain what structural and systems change will be required, however we expect over the lifetime of this plan to better understand the Scottish Government's plans for future delivery of health and social care and its associated impact on our workforce plans.

Regulation and Governance

Many of the current health & social care workforce are required to be registered with a particular professional or regulatory body and this extends across the range of frontline and support service including for example care at home staff and finance staff. The requirements for initial registration and on-going continuing professional development for an integrated workforce will support the drive for shared learning opportunities and both formal and informal Learning Networks. The existing clinical, care and professional governance arrangements for staff are subject to regular review, with the IJB receiving an annual Clinical and Care Governance Report.

There is a need to actively embrace new models of working, looking to harness the drive and passion of local communities through co-production models and to better utilise strengths/ asset based approaches. The principles of integration focus on the need for resources to be better directed towards prevention and early intervention, and our locality planning & engagement groups will help to shape this. The HSCP Strategic Plan is aligned to the priorities of both its parent organisations and the wider Community Planning Partners through the Inverclyde Alliance Board and its associated work streams: Population, Inequalities, Environment, Culture & Heritage.

Health and social care services are facing increasing demands from a population that has a greater number of older people living with complex care needs alongside a need to make significant reductions in spending to balance ever tightening budgets. The shift in the balance of care from traditional hospital based settings to more personalised approaches within the community, including more versatile care at home services require ongoing changes to organisational and professional culture and boundaries. Inverclyde is well placed to deliver this kind of change, having successfully begun to shift the balance of care through integrated, collaborative working within the HSCP and with our secondary care colleagues. Examples of this include developing in-reach and community based services which provide alternatives to hospital admission for frail older people such as rapid response and step-up care.



Section 2

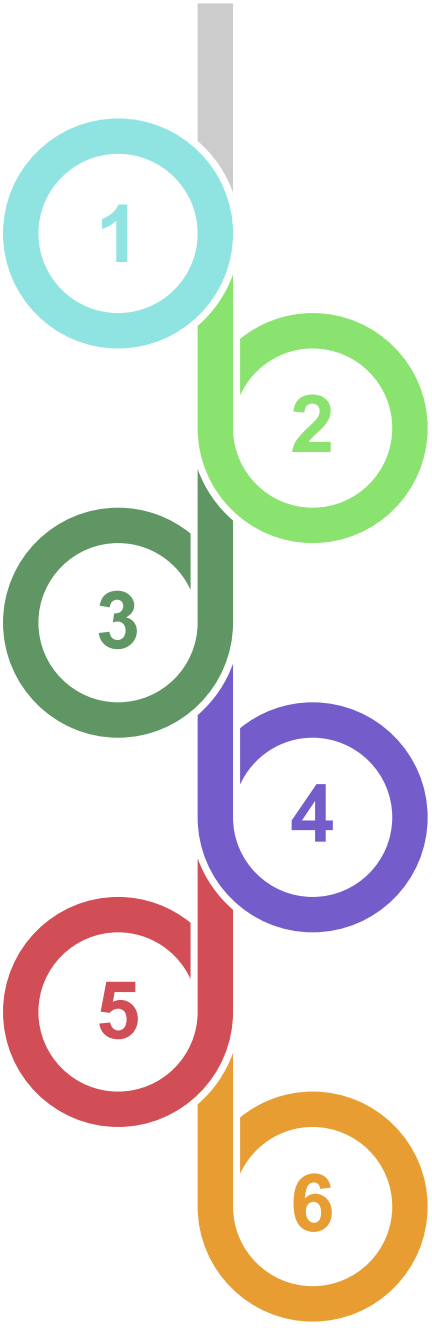
Workforce Planning

This Workforce Plan has considered the NHS Six Steps to Integrated Work-force Planning Methodology. The main aim of the Six Steps Methodology is to set out in a practical framework those elements that should be in any work-force plan.

Identify the purpose and scope of the plan and establish ownership and responsibilities.

Define the plan

Steps 2, 3 and 4 are all inter-related so will need to be approached in synergy.



Map the service change

Identify the benefits of change, driver and barriers. Option potential working models.

Define the required workforce

Map the new service activities, identify the skills needed and the types & numbers of staff required.

Map out the current workforce in terms of exisitng skills, demographics and supply options.

Understand workforce availability

Consider revising steps 2 and 3 based on availability or shortage of staff with required skills.

Develop a plan to deliver the right staff with the right place, and manage any changes.

Develop an action plan

Determine the most effective way to deliver the redesigned service against time and resources.

Now it's time to make your plan a reality. Be sure to measure the progress of the plan against targets.

Implement, monitor and revise

Revisit the six steps preiodically to reflect any unplanned changes.

The aim is to:

- Create and articulate a compelling vision of the future;
- Define what we are doing, why and how;
- Specify who we need and where we will find them;
- Outline how we will deploy the right people, in the right place, at the right time;
- Develop mechanisms for monitoring and measuring progress and success.

Section 3
National Workforce Strategy for Health and Social Care

Our aspiration for Inverclyde's workforce plan is supported by the National Workforce Strategy:

Our workforce is central to implementing our vision and delivering a whole system approach to improving health and wellbeing outcomes. At every stage of the journey to improve health outcomes, we need appropriately skilled Health a Social Care staff.

This national strategy is designed not just to build upon recovery from the Covid pandemic, but to embed the opportunities offered by technology, data and analytical services and innovative ways of working. Underpinning this is the thread which runs throughout health and social care: working in partnership to deliver high quality care. Wellbeing of staff continues to be paramount and this should be facilitated by a culture of dignity, respect and compassion supported by policies which ensure fair work, local employment and skills development which contribute to reducing inequalities within our community.

Key elements of the strategy include:

- **Recruitment** – not just registered staff required but reflecting the diversity of, and talent available within our communities;
- **Training** - succession planning for leadership roles, developing digital skills, person - centered, trauma informed workforce;
- **Employment** - fair work, progression and professional development for social care workers resulting in more rewarding careers;
- **Stable and resilient workforce** - create modern, flexible workplaces;
- **Nurturing** - focusing on values based recruitment, compassionate leadership, increasing diversity.

Alongside this, additional investment is committed to medical, nursing and AHP training, a national induction programme for social care entrants, developing a digitally enabled workforce and further developing the NHS Academy providing accelerated training to address current workforce needs, focussing specifically on increasing capacity, enhancing skills and improving productivity.

Figure 4: Five Pillars of the Workforce Journey

National Workforce Strategy for Health & Social Care 2022

Section 4

Engagement & Participation

This Inverclyde HSCP Workforce Plan builds upon previous iterations created in close liaison with our partners and stakeholders and continues to deliver on the following points:

- Definition of the plan;
- Identify what change may look like;
- Describe the current workforce;
- Outline what the future workforce will need, in order to deliver the National Wellbeing Outcomes in Inverclyde;
- Highlight what actions we need to take to deliver the future workforce;
- Detail how change will be implemented, monitored and reviewed over the next five years.

We have utilised information and feedback from a variety of sources in developing this workforce plan including consultations on our strategic plan, imatters feedback and informal feedback from staff and managers during the pandemic and through our wellbeing activities. We have also considered the Scottish Government feedback on interim plan 2021 and reviewed the commitments from the 2020 plan.

We have taken a partnership approach to the development of our Workforce Plan. Our long-established collaborative approach breathes life into our strategic value of ***"working better together"*** with our local statutory, independent, voluntary, third and housing sector partners and Trade Unions, all of whom make a significant contribution to ensure that Inverclyde is a safe, secure and healthy place to live and work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair.

Section 5

Inverclyde Context

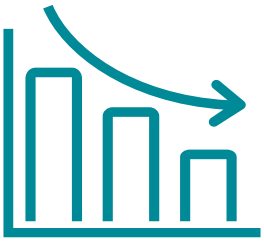
Our recently refreshed Strategic Needs Assessment provides a comprehensive overview of the available intelligence on the socio-economic position of Inverclyde and health and social care data to outline the current needs of our population. An overview of key information is provided here.

Strategic Plan 2022 - Key Population Information

Population

77,060

Inverclyde's population in **mid-2020** was **77,060**



Inverclyde's population is set to fall by **12%** by **2039**.

Overall Deprivation

44%

44% of all datazones are in the **20%** most deprived in Scotland.

Life Expectancy

74.3 **78.6**

Both the life expectancy for Males and Females is **lower** than the Scottish averages (F - 81 and M - 76.8)

Healthy Life Expectancy

58.4 **59.7**

Healthy life expectancy in Inverclyde is **lower** than the Scottish average.

Female - 61.9/Male - 61.7)

Older People

+68%

Inverclyde's older population **(75+)** is set to increase by **68%** by 2039.

Young People

-16%

Inverclyde's young population **(0-15)** is set to decline by **16%** by 2039

Our Population and Projections

The size and make-up of the population is a key consideration when planning and delivering health and social care services. Inverclyde is expected to continue experiencing a population decrease.

The Black, Asian and Minority Ethnic (BAME) population accounts for **1.3%** of the overall population

Population decreased **10.2%** 1998- 2020

Birth rates decreasing by **28.7%** between 2000 and 2020

Working age population predicted to decrease **22.5%** by 2039

23.8% of children live in relative poverty after housing costs.

223 – number of looked after children.

The rate of child protection registrations with parental drug misuse is higher in Inverclyde than both GG&C and Scotland.

Disease prevalence & dependency levels higher than Scottish average.

3,941 claiming incapacity benefit/severe disability allowance.

Leading causes of death in Inverclyde 2020

Cancer **23.4%**

Diseases of Circulatory System **21.3%**

COVID-19 **10.3%**

Diseases of Respiratory System **9%**

Drug related deaths **Twice the Scottish Average**

Alcohol specific deaths **Highest Rate in Scotland**

Rates of depression and new diagnosis of depression **Higher than Scottish Average**

The size and make-up of the population is a key consideration when planning and delivering health and social care services. Inverclyde continues to be impacted by three main population changes; a reduction in the population of children, an increase in older age groups and a continued fall in total population caused by depopulation over a number of years. Whilst the number of children is falling, demand and complexity remains high within services. Increases in older age groups and the debilitating nature of chronic illnesses are impacting on levels of health and social care support required for individuals to remain as independent as possible within their own homes or within a homely setting. The table below shows the population decline in more detail which will assist in quantifying our mid to longer term workforce requirements.

Projected Percentage Change in Population by Age Structure

Age Group	2018-23	2018-28	2018-33	2018-38	2018-43
Children (0-15)	-6.4	-14.2	-19.5	-22.6	-25.6
Working Age	-2.4	-6.0	-13.0	-19.0	-22.5
Pensionable age and over	-2.0	-0.1	9.4	13.7	9.9
Age 75 and over	8.4	16.0	24.7	42.8	55.5
All ages	-3.0	-6.1	-9.3	-12.6	-16.2

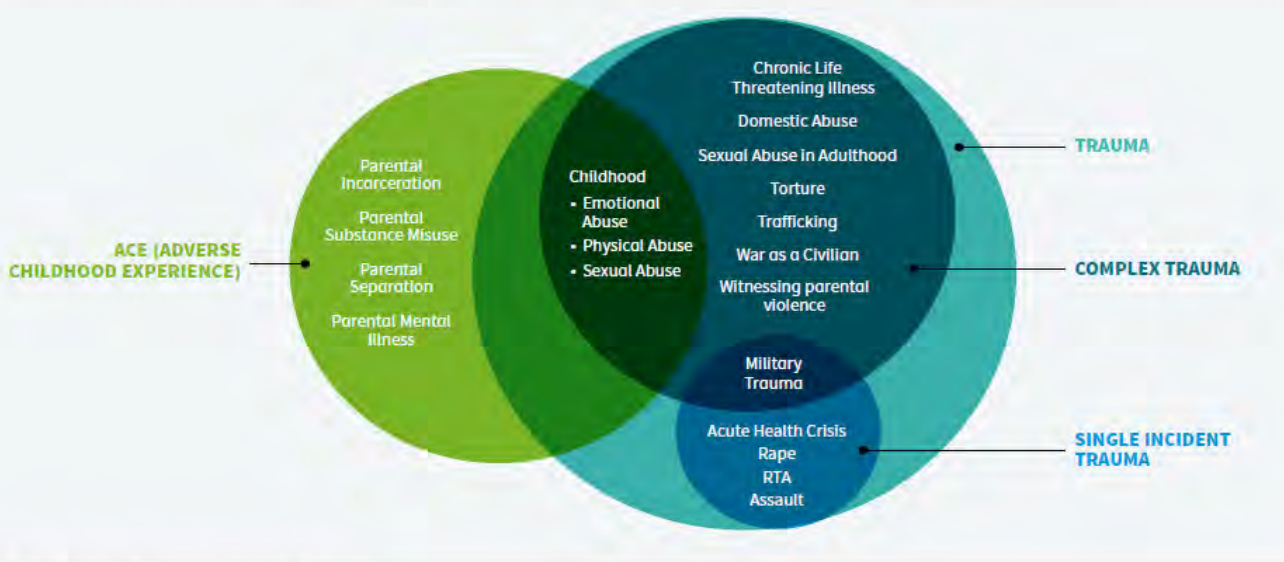
Cancer is the leading cause of death in Inverclyde. Deaths from all other major causes are higher in Inverclyde than for Scotland as a whole. This means that we have increased demand for palliative care within our community nursing services. Combined with data on health life expectancy, cause of death demonstrates that the need for both nursing/ medical care and for supported self-management of long term conditions is likely to be higher per capita in Inverclyde than is the case in other areas.

Decreases in the number of women in working age groups will have an impact on our services where many health and social care roles, for example nursing and home care roles have traditionally been carried out by women as have family caring roles. The burden of support for an increasing older population is likely to increase the demand for family caring roles.

Trauma and Adverse Childhood Events

As we develop our workforce, trauma informed practice will be at the forefront. Evidence of the full impact of trauma has been emerging now for several decades, establishing beyond doubt that its effects can be wide-ranging, substantial, long-lasting and costly. Figure 5 shows the range of trauma individuals may experience which may be single episode or experienced longer term.

Figure 5: Types of Trauma and Adverse Childhood Events



Research shows that traumatic events are more frequently experienced by people in low socio-economic groups where childhood trauma can be common. In Scotland, one in seven adults reported four or more ACEs, with those in the most deprived areas twice as likely than those in the least to experience this quantity of ACEs. ACEs have also been shown to be highly correlated with socio-economic disadvantage in the first year of life. Those who reported four or more ACEs were significantly more likely to have lower mental wellbeing scores, be obese, have cardio-vascular disease and/or limited long term physical or mental health conditions. Using Scottish Government estimates of trauma & adversity in the general population, we can expect that around 20% of individuals will have experienced physical or sexual abuse in childhood, 20% will have experienced domestic abuse and 14% of the population will have experienced 4 or more ACEs in childhood.

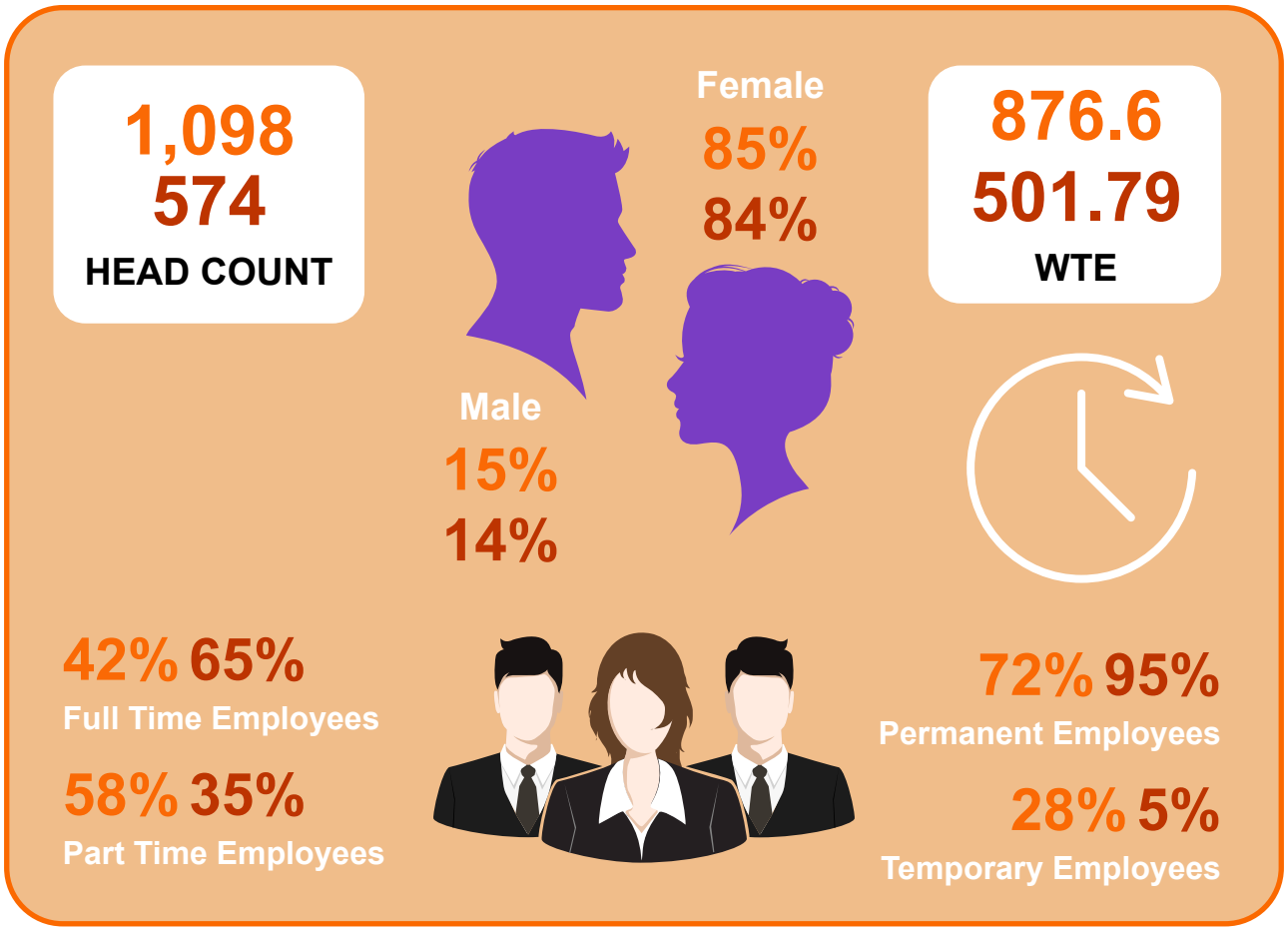
If this is extrapolated to HSCP staff then it is possible that 315 staff will have experienced physical or sexual abuse in childhood, 267 will have experienced domestic abuse and 220 will have experienced 4 or more ACEs in childhood.

Section 6

Our Workforce

COUNCIL Q3 Data 21/22

HEALTH April 22 Data



Average Age

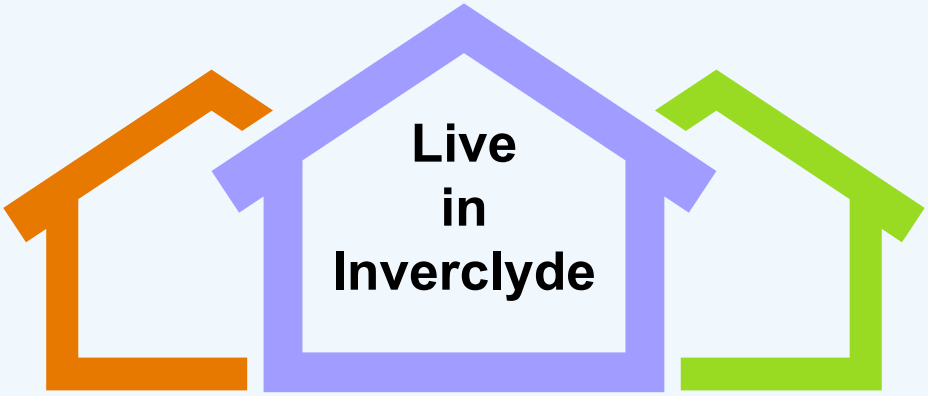
56 - 65

46 - 55

Average Salary

£27,349.94

£29,942

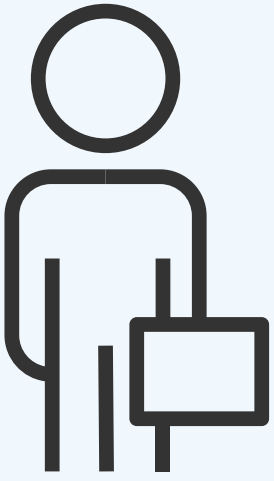


85% **79%**

Grade accounting for the largest number of employees

Grade 5 in Council

Band 5 in NHS



HSCP Workforce Highlights

The HSCP workforce is predominately female over age 45, and employed on a part time basis. Those aged below 45 account for around 38% of staff with only 19% being under 35. There are more council employed staff in the older age groups however across both employers, this part of our workforce accounts for considerable skills and knowledge which could leave a significant skill gap over the next 5 -10 years if we do not take steps to address it. More detail on staff age groups can be seen in Appendix 2. There is also an increase in those still working over the age of 65 particularly within council employed staff. This may be due to increases in pension age however it is difficult to predict the impact of retirement as schemes such as the Refresh Programme and Retire and Return influence this. During the first quarter of 2022, 60% of those leaving an NHS post was due to retirement.

Almost a third of council staff are employed on temporary contracts which impacts on recruitment, retention and turnover. Across both organisations, as is the experience nationally, recruitment challenges exist exacerbated by the often temporary nature of funding and key skills gaps.

Since the last iteration of the workforce plan (data from September 2019) some areas of the HSCP have seen an increase in number of employees and full time equivalent posts. There has been an increase in staff number within Health and Community Care equating to an additional 44 council staff (up 7%) and 43 GGC staff (up 28%) over 2 ½ years. Many of these new posts will be attributed to new funding for example Primary Care Improvement monies (permanent funding) and temporary funding such as Covid response and recovery monies. It is expected that more sources of both permanent and temporary funding will continue to become available throughout the lifetime of this plan.

Third Sector, Volunteers & Family Carers

We have estimated that within the third sector there are around 1500 staff and 250 volunteers. In total around 1 in 4 people in Inverclyde do some form of volunteering and contribute around 2.7 million hours of help with many volunteering support to more than one organisation. The HSCP recognises carers and young carers as equal partners in care, providing unpaid support to family members and friends in a range of circumstances. In 2011, 8,252 citizens identified themselves as carers with 124 of these being under 16 and 69% being female.

Commisioned Services

Care homes for older people	Care homes for adults	Care at home providers
1,008 staff	**110 staff**	**1,008 staff**

All care homes for older people within Inverclyde are contracted under the National Care Home Contract. Other types of care are provided via contract through a commissioned service. Terms, conditions and pay are set by the businesses or charities providing the service but should meet the National Living Wage. Recruitment & retention remains the biggest challenge for these services.

Primary Care Services

The HSCP does not have complete data on all those employed within the range of contracted primary care services but this includes:

- Community Pharmacies; Registered Pharmacists & Technicians, shop front staff
- General Practices; GPs, Nurses, Administration & Reception staff & a range of supporting Allied Health professionals and other support staff
- Dental Practices; Registered Dental Practitioners, Dental Nurses & Hygienists, Administration & Reception staff
- Optometry services; Registered Optometrists, opticians, other support staff, Administration & Reception staff

Inverclyde has 53 GPs (headcount) with around 11% being between 55 – 64. Whilst recruitment can prove challenging, unlike some other areas the GP workforce has been relatively stable locally. GP training and recruitment is recognised as a national challenge. Other national challenges also impact Inverclyde such as a reduction in Registered Dentists providing NHS treatment and a shortage of Registered Pharmacists which can sometimes lead to unforeseen closures or shorter opening hours of Community Pharmacies. Whilst some training, recruitment & retention issues can be influenced locally these are examples of where the influence of NHSGGC and Professional Bodies is required.

Wellbeing

The HSCP staff Workforce Wellbeing Plan can be seen at Appendix 3 showing the range of activity which begun during the pandemic and which remains an ongoing feature of our staff support. A Winter Wellness Week was organised in conjunction with CVS Inverclyde to support the mental health and wellbeing of staff across the HSCP and included those working in the community (e.g. vaccination and test centres, primary care, care at home) and in residential care, including those working in the third and independent sectors.
The week consisted of 4 days of various online wellbeing sessions, an In Person Day held with our local partner and other organisations providing support, advice and creative opportunities on the day and competitions running throughout the week. We also partnered with Inverclyde Leisure to offer staff free access to gyms, pools and classes throughout the week. Feedback was overwhelmingly positive and a second event is planned for summer.
The number of employees absent due to reasons related to their Mental Health or Work Related Stress has almost doubled recently coinciding with staff reporting increased fatigue and burnout following the pandemic. Continuing our wellbeing activities will be an essential response to supporting staff.

Performance Appraisal Information

Employee Appraisals 2021-22

In response to the pandemic, an extension was applied to completion of appraisals for Inverclyde council staff with 85% being completed by end of March 22. NHS KSF reviews were deemed non-essential and as at 1st May 2022 34.5% of eligible NHS staff had an up to date KSF performance appraisal recorded with 173 being out of date and 181 reviews due (total headcount 564). Full commitment to re-engage in appraisal activity as per pre COVID restrictions will ensure that staff have access to performance and development plan reviews.

Section 7

Training and Development

Significant amounts of training and development were put on hold during the Covid 19 pandemic and much of what was required to be delivered such as statutory & mandatory training was moved online where not already available and where appropriate. There continued to be delivery of face to face training where necessary for example induction and moving and handling training for care at home staff. There has been a reduction in expected numbers supported through the SVQ centre with staff release being impacted by absence rates and high staff turnover.

Statutory & Mandatory training supports the delivery of high standard, safe, effective care & support. Whilst completion varies across service areas and some aspects requiring improved uptake in particular, Security & Threat, Public Protection & Fire Safety.

Following feedback from the Extended Management Team, the HSCP launched Leading in Inverclyde, bespoke externally facilitated leadership sessions. 15 members of staff have so far completed the sessions with a further 22 participating currently. We wil lrveiw the feedback from this and consider future leadership development in conjunction with our third sector partners.

There are also several essential buisness areas where staff training and qualification to support succession planning is crucial including within Finance and Commissioning teams.

Section 8

Strategic Commissioning – Market Facilitation and Commissioning Plan

The Market Facilitation & Commissioning Plan represents the communication between the HSCP, service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region of £40 million annually on commissioned Health and Social Care Services.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process. Our Market Facilitation planning allows greater scope for improving career pathways and employment throughout Inverclyde.

The HSCP is encouraging providers to be more flexible and creative in how they provide services. The six big actions bring further opportunities for creativity, innovation, stimulate growth and diversity in the market and empower service users or those who act on their behalf to decide how their outcomes are best met.

The big actions cut across all care groups rather than work in care group silos, this allows providers to identify opportunities for collaboration across services and focus on better outcomes that make a real difference to the lives of individuals, families and communities rather than targets.

As we move forward and commission by big action themes we will identify any opportunities to work with partners to commission services across care groups.

Section 9
Future Workforce

Recruitment and Retention

It is evident from research that the recruitment and retention of staff in health and social care sectors has become a challenge. There are real issues in terms of a lack of available trained staff, such as business support due to the changing private sector landscape. Including but not limited to, health improvement practitioners, health visitors, psychiatrists, mental health officers and some AHPs. This is being experienced across the country due to a national shortage of staff and an ageing workforce. The COVID-19 pandemic has increased that pressure in some qualified roles, which are in high demand nationwide, but may increase the availability of people for other roles.

Our challenge is to identify what we should change in terms of current service models, and what actions we can take in order to continue to attract people into the health and social care sectors and in particular to Inverclyde. It is also crucial that we consider the impact of additional new posts and service redesigns on the requirement for staff management time and appropriate business support.

We will:

- Equip our staff with the skills they need to deliver better outcomes for them and our service users;
- Enable and upskill all of those who need support, focusing on their abilities and what they can do, rather than limitations;
- Consider ways in which we can make careers in Health & Social Care in Inverclyde more attractive;
- Consider options to make the best use of our resources to deliver our services in the most effective and efficient way; This includes through appropriate skill mix to ensure the right people with the right skills are doing the right job;
- Take in to account the effects of future funding uncertainties and the changing landscape of health and social care such as the developing National Care Service

Staff Retention

We collect information about the reasons why people leave the HSCP using a questionnaire. The aim of this is to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

Recruitment will include a robust selection process and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role. This includes reviewing the joint induction package previously used and further development of the supported one year programme for Newly Qualified Social Workers.

We want to ensure that Inverclyde HSCP is the place to work, succession planning and supporting staff in developing a career path to support the retention of our skilled staff is a priority.

Many services have undergone significant savings over recent years with an associated reduction in posts. Recruitment and retention is problematic - recruitment processes often do not keep pace with turnover - and the increase in temporary contracts/fixed term posts compounds this.

Reasons for Leaving

The temporary nature of many posts means that often the calibre of applicants is lower than it may otherwise be as skilled staff choose not to leave permanent posts and temporary posts are becoming increasingly difficult to fill within the current labour market. Whilst the HSCP does, and will continue to support a range of secondments at all levels as valuable development opportunities for staff, this also increases the number of temporary arrangements required.

Staff Recruitment Challenges and Activity

During 2021, 104 (18%) of Care at Home staff left the service increasing the pressure to provide high quality care essential to those in their own homes. Creative recruitment practices have been developed such as holding open day events within local supermarkets and now monthly open days at their base within the Hillend building. This allows potential employees to attend and complete paper applications and have on the day interviews. Examples of the joint activity undertaken to support recruitment:

- Regular liaison with dedicated staff: HR, Corporate Communications, Graphics, finance, Department of Work & Pensions (DWP).
- Recruitment Huddle twice weekly for home care operational staff to monitor progress and address any delays.
- Fast track events commenced in priority areas, overview of job role sessions with employability partners & DWP.
- Advertising, posters, social media, internal & external promotion.
- Consideration of purchasing vehicles and support with driving lessons
- Key link established with West College Scotland: exploring the option to build a bespoke course

We will take the learning from these examples and consider where these activities may be appropriate for other services.

The majority of our staff live and work in Inverclyde, (Inverclyde Council 85%, NHSGGC 79%) and recruiting from outside the area can be problematic particularly for specialist roles. This is particularly evident in some of our NHS roles where the bigger pool of staff lives closer to the Glasgow area. This is a key area for our focus both to attract staff in to the area and to ensure we grow and develop the skills of our own staff including having robust succession planning in place.

Nursing Workforce – Chief Nurse

It is difficult to predict the exact size and skillset of our future nursing workforce, however what is clear is that it will be required to grow and transform to meet the increased demands. Work is ongoing in terms of roll out of caseload weighting tools for both community nursing and health visiting, and the Inverclyde teams are actively involved in this and the ongoing analysis of workload data - looking at leave in relation to maternity and sickness in addition to patterns around retirement, age profiles and turnover.

The Chief Nursing officer for Scotland is committed to maximising the contribution of the Nursing, Midwifery and health Professional (NMaHP) workforce and pushing the traditional boundaries of professional roles. Inverclyde has successfully developed a number of Advanced Nurse Practitioner (ANP) roles in Primary Care, Frailty and Learning Disability services and will continue to develop these within Mental Health settings. The Transforming Roles programme aims to provide strategic oversight, direction and governance to:-

- Develop and transform NMaHP roles to meet the current and future needs of Scotland's health and care system;
- Ensure nationally consistent, sustainable and progressive roles, education and career pathways

A series of papers has been developed by the Chief Nursing Officer directorate with the aim of modernising roles fit for the future, and there is a call for professionals to be engaged in the process to reflect on services and identify changes to meet the needs in the changing health and social care landscape. Inverclyde is represented across the NHSGGC Transforming Nursing Roles work streams which are focused on quality, education and workforce, and this work will continue to be used by the Chief Nurse to inform our workforce requirements as we move forward.

Safe Staffing Legislation

The Health and Care (Staffing) (Scotland) Act 2019 was passed in the summer of 2019 although implementation has been delayed by the pandemic. The act lays down a series of duties, and decision-making processes and sets out requirements for safe staffing across both health and care services. Using the staffing level tool and the professional judgement tool the Common Staffing Method must be used with relevance to registered nurses in the following prescribed areas within the HSCP:- Community Nursing; Community Children's Nursing and Mental Health in-patient units.

Preparation for implementation is being supported by Healthcare Improvement Scotland.

Allied Health Professionals - AHP Leads

AHPs work across health, education and social care settings and are the only professions expert in rehabilitation and enablement at the point of registration. This means that they are crucial to delivering all of our strategic Big Actions especially in respect of ensuring individuals have the mobility and the ability to carry out activities of daily living which support maximum independence and to engage in recovery and employment orientated outcomes.
Identified objectives:

- AHPs are part of organisational and local strategic planning;
- To provide additional professional Leadership for AHPs working across Mental Health Services;
- To create an AHP workforce that is able to deliver compassionate, safe and effective care across the range of services;

- To maximise recruitment and retention through increasing stability of contracts, development of advanced roles and innovative solutions for hard to fill posts such as Speech & language Therapy;
- Increasing patient access to Therapeutic Interventions;
- To improve the professional support and communication across health and social care AHP teams;

Maximise opportunities for joint working and integrated responses which keep the person at the centre.

Key priorities for the next 5 years:

» **Develop Advanced AHP practitioner posts in key areas:- Dementia, Primary Care, Vocational Rehabilitation, Forensic Services, ADRS and ADHD, RES;**

» **Upskilling of generic support staff which facilitates registered AHP staff to have maximum impact in their role;**

» **Training and development to ensure staff are working to the top of their professional licence eg. prescribing skills;**

» **Ensure AHPs & Rehabilitation Services have the skills to contribute to avoiding unnecessary admission and supporting early discharge;**

» **Ensure that AHPs are included in any long Covid developments to minimise the health and psychological impacts of long term impact of disease;**

» **Enhance the role of AHPs in public health and prevention.**

Chief Social Work Officer

The challenges faced by staff have been unprecedented and the pace of response, ongoing reflection and review has been extremely rapid. The efforts of our staff, working with partners, our community of volunteers and our service users has supported our community through the most challenging of circumstances using creativity and innovation. This has taken place against a backdrop of ongoing recruitment and retention challenges which were already being experienced within Children and Families services prior to 2020/21. During this time 12 newly qualified social workers were recruited into the service. Recognising these newly qualified social work staff were embarking on their career during this most challenging of times an academy for new staff was established. A programme of support including managed caseloads, peer support and structured learning and development has been implemented. This successful programme has had a positive impact on stability for staff as well as enshrining a culture of high standards and quality improvement.

The programme has placed the HSCP in a strong position as the SSSC implements the supported year of practice for all newly qualified Social Workers (NQSW).
This national approach is a best practice model to support NQSW transition to the workforce and ensure an increasingly confident and competent workforce for people who use services and their families. It provides NQSWs, their supervisors and employers with a consistent and robust framework for supporting professional learning and development.

Recommendations from the review of Mental Health Officer provision have been completed with an increase in WTE from 3 to 6 and a service team lead in place. This will help support the service response 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.

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 across a range of services including mental health and community justice teams. Staff digital skills and access to a range of alternative solutions to support service users will continue to be a priority.

The challenges throughout the lifetime of this plan will be to maintain and develop our approaches to recruitment, retention and development of staff whilst ensuring wellbeing remains at the heart of this as staff continue to respond to the increased service demands.

Delivering on the Key Challenges

- **Inverclyde HSCP will plan to achieve the right workforce with the right skills in the right place at the right time.**
- **Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity and inclusion in our workforce.**
- **Inverclyde HSCP will train staff in order to ensure that they have the skills to continue to develop in their roles as well as developing career paths which will aid retention of our workforce.**
- **Inverclyde HSCP will ensure staff feel valued and rewarded for the work they do and that NHS Scotland and Social Care employers are employers of choice.**
- **Inverclyde HSCP will foster workforce cultures, kind and compassionate leadership that supports wellbeing and positive workplaces.**

Our High Level Action Plan for delivery can be found at Appendix 1.

Section 10
Governance

The HSCP has a variety of governance structures in place to oversee all strategic and operational activity. The main elements of this are summarised in the Figure 34 below.

HSCP Governance Structures

This plan will be presented to:

- HSCP Senior Management Team (SMT)
- HSCP Strategic Planning Group (SPG)
- HSCP Staff Partnership Forum (SPF)
- Integration Joint board (IJB)
- Inverclyde Council Corporate Management Team (CMT)
- NHSGGC Workforce Planning Group

The plan will also be submitted to Health Workforce Directorate of Scottish Government for comment.

Updates on progress against the aims and targets set out in the Workforce Plan will be provided every 6 months to highlight progress, including any concerns or issues and ways these will be addressed.

This Workforce Plan will be published on HSCP public website by October 2022 and any updates and achievements will be communicated across the HSCP using the usual communication channels.

Appendix 1

Action Plan – High Level Outcomes 5 Pillars of the Workforce Journey

PLAN

Inverclyde HSCP will plan to achieve the right workforce with the right skills in the right place at the right time.

Development Area	Actions	Who is Responsilbe	Timescale
Staff and Staff partnership representatives are engaged in service reviews and developing future service models	Review of Homelessness services	Head of Service	May 2022 - May 2024
	Review of Chidlren's Services	Head of Service	2023
	Business Support Review to consider future options for delivering business support across the HSCP	Head of Service	July 2022 - March 2023
Services use evidence to inform current demand, capacity and skills	HSCP wide and Service level workforce profiles should be routinely reviewed	SMT	Quarterly July 2022 – March 2025

ATTRACT

Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity and inclusion in our workforce.

Development Area	Actions	Who is Responsilbe	Timescale
Working in the health and social care sector in Inverclyde is attractive	Focussed recruitment in key areas such as Speech & Language, Psychiatry and work with NHSGG&C primary care leads to attract GPs locally	SMT	July 2022 – March 2025
	Utilise market facilitation to influence pay, terms and conditions across the range of commissioned services	SMT Service Manager Commissioning Inverclyde Council procurement	July 2022 – March 2025
	Work with Council and NHS HR to develop innovative recruitment campaigns for hard to fill posts - Learn from and develop approaches such as Care at Home recruitment	SMT & EMT	July 2022 – March 2025
	Aim to reduce reliance on temporary contracts and bank/ locum staff	SMT	July 2022 – March 2025
	Work with IC and NHSGGC to enhance entry to the workplace through graduate programmes, apprenticeships, kickstart & other employability services as appropriate	HR, SMT & EMT	July 2022 – March 2025

TRAIN

Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity and inclusion in our workforce.

Development Area	Actions	Who is Responsilbe	Timescale
Training is linked to Appraisals, PDPs and staff development	Continue development of a Training Board to oversee training delivery and administer a training fund	Chief Social Work Officer	July 2022 – Dec 2023
	Sponsor & undertake a TNA across HSCP & include third sector	SMT	July 2022 – Dec 2023
Competent and confident managers and leaders at all levels	Access a range of leadership development programmes & coaching that will support the development of leadership skills with staff linked to PDPs	SMT, EMT, Team Leaders	July 2022- March 2025
	Explore opportunities for joint leadership programmes such as extending Leading in Inverclyde to third sector		July 2022- March 2025
Confident and competent staff who contributes to delivery of 6 Big Actions	Continue to develop the HSCP's SVQ Centre, to include Level 4 (Social Services and Healthcare)	Head of Finance Planning & Resources Service Manager Learning & Development	July 2022- March 2025
	Continue to deliver the appropriate levels of Adult & Child Protection Training Implement any learning that emerges from the Scottish Child Abuse Enquiry	Chief Social Work Officer	July 2022- March 2025
	Review & refresh of the HSCP's Assessment & Care Planning training	Head of Health & Community Care Service Manager Assessment & Care Management	July 2022- March 2025

Confident and competent staff who contributes to delivery of 6 Big Actions	Develop a programme which ensures staff are skilled in managing complaints, FOIs & SARs promotes culture change and understanding Develop training matrix	Head of Finance Planning & Resources Service Manager Business Support Complaints Manager	July 2022- March 2025
	Support staff to meet the required SNSIAP competencies at level 3 including access to training, supervision, mentorship & required reference materials prepare for re-accreditation using **SNSIAP framework**	Head of Finance Planning & Resources Service Manager Advice Services	July 2022- March 2025
	Ensure the values & actions from the 21-24 The Promise plan are incorporated in our culture & training	Chief Social Work Officer *IPromise* Programme Manager	July 2022- March 2025
	Undertake a review of the local capacity to deliver the Promoting Excellence Framework for Dementia	Head of Finance Planning & Resources Service Manager Learning & Development Dementia Training Coordinator	July 2022- March 2025
	Review the range of suicide prevention training and develop a suite of F2F & digital learning which is accessible to all partners	Head of Health & Community Care Service Manager Health Improvement/ Mental Health Programme Board	July 2022- March 2025
	Ensure compliance with Statutory and Mandatory Training – regular reporting to Service Managers & Health & Safety Committee	SMT & EMT	July 2022- March 2025

EMPLOY

Inverclyde HSCP will ensure staff feel valued and rewarded for the work they do and that NHS Scotland and Social Care employers are employers of choice.

Development Area	Actions	Who is Responsilbe	Timescale
Positive workplace changes from Covid-19 are embedded & spread	Implement flexible/ hybrid working arrangements as per parent body policies Examples include:	SMT & EMT, HR	July 2022- March 2025
	Ensure a refreshed HSCP digital strategy supports flexible working arrangements		December 2022
Staff are motivated to remain employees of the HSCP	Continue to promote the wellbeing plan as a means of valuing staff		July 2022- March 2025
	Clear role and development pathways & succession planning		July 2022- March 2025
New staff are supported and feel confident in their new roles	Review and reinvigorate the joint Induction programme for new staff	Chief Social Work Officer Head of Service Finance, Planning Resources	TBC
	Continue to develop current programme of support for Newly Qualified Social Workers which delivers the year of supported practice	Chief Social Work Officer Head of Service Finance, Planning Resources	July 2022 – July 2023

NURTURE

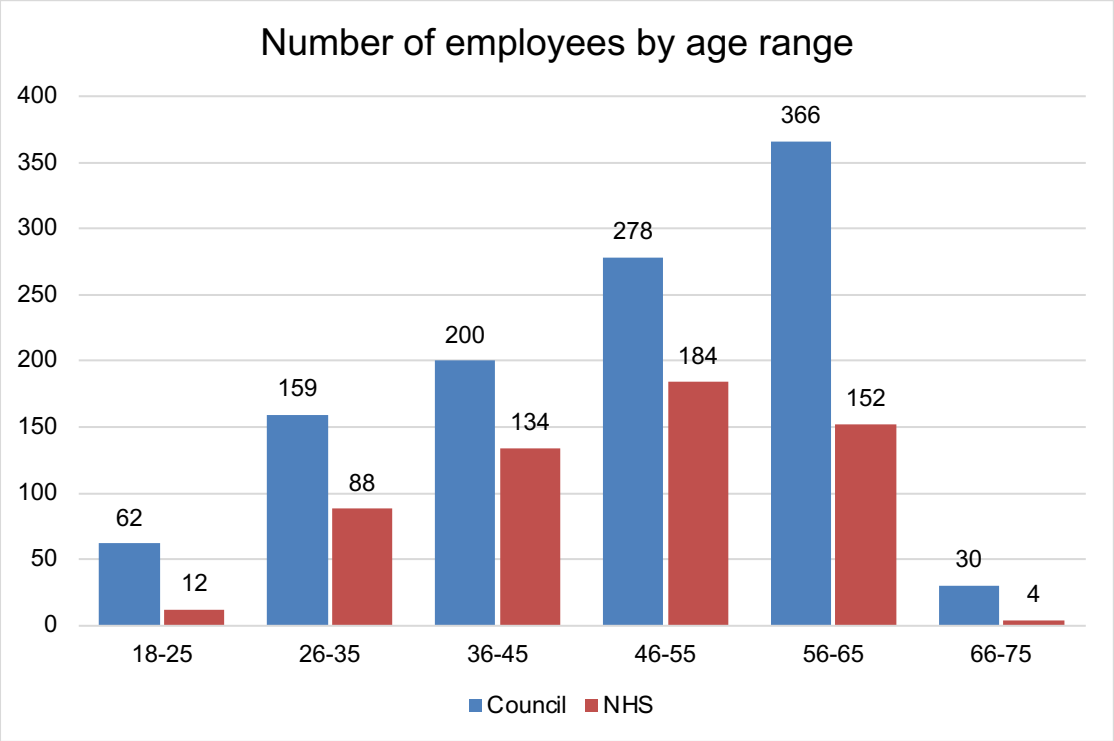
Inverclyde HSCP will foster workforce cultures, kind and compassionate leadership that supports wellbeing and positive workplaces.

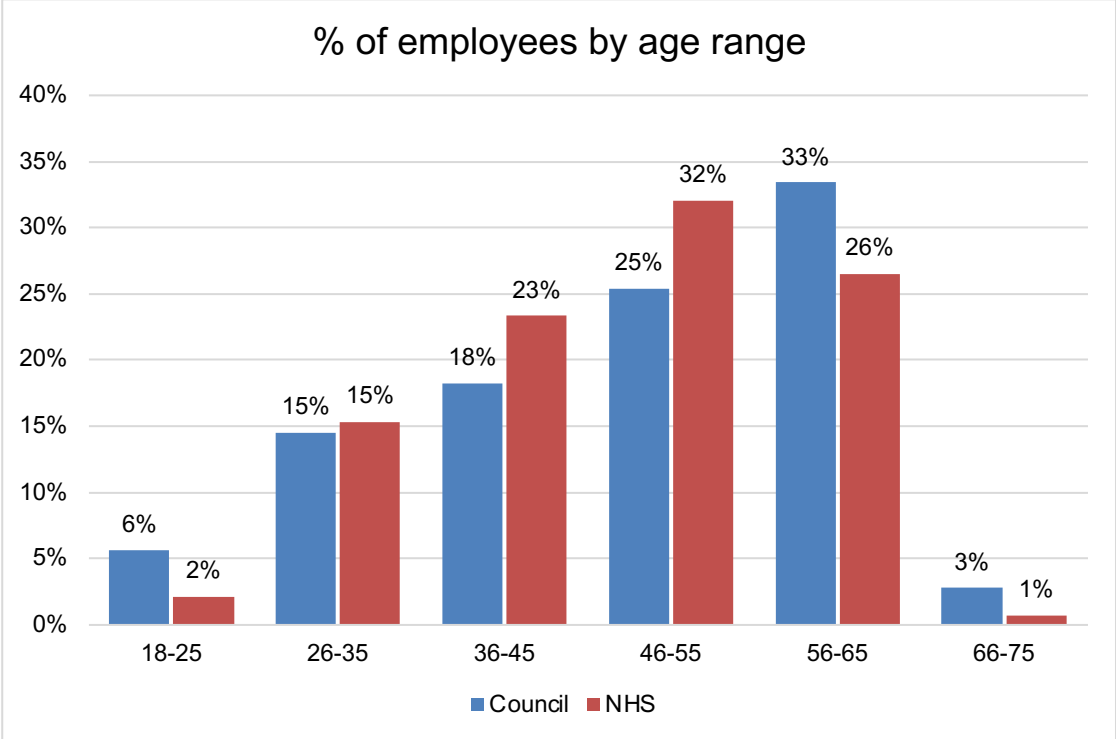
Development Area	Actions	Who is Responsilbe	Timescale
Staff wellbeing is supported and improved	Continue to implement and develop the staff wellbeing plan	HSCP wellbeing lead	July 2022 – March 2025
	Continue to develop Inverclyde Cares including No One Grieves Alone and support all partners to contribute to & implement the developing workplace charter	Inverclyde Cares programme Board Chief Officer	July 2022 – March 2025
	Develop and display values and behaviours that are consistent and support a healthy culture	SMT & EMT	July 2022- March 2025
	Develop a Trauma Informed organisation at all levels beginning with Scottish Trauma Informed Leaders Training (STILT) Training needs analysis & plan Trauma coordinator to be appointed for Inverclyde	SMT & EMT	July 2022- March 2025
Staff are actively engaged in making the HSCP a better place to work	Roll-out iMatters and construct aligned action plans	SMT, EMT, Team Leaders	June 2022- March 2025
	Appraisal, team meetings, informal feedback, development sessions	SMT, EMT, Team Leaders	June 2022- March 2025
Staff achievements are celebrated	Yearly HSCP & NHSGGC staff awards, Scottish Social Services Awards and others	All employees	June 2022- March 2025

Appendix 2

Workforce Data

Staffing numbers change since last workforce plan in 2019





Leavers

Council employees Q3 21/22 = 24 with 5 retirements 20.8%

NHS employees Q4 21/22 = 28 with 17 retirements 61%

HSCP Council Employee Appraisals 2021-22

Health and Social Care Partnership	Percentage Received (target 90%):
Children Services & Criminal Justice:	63.58
Health & Community Care:	89.73
Mental Health, Addictions & Homelessness:	65.28
Strategy and Support Services (Includes Business Support)	100.00
Total for HSCP	**85.5**

SVQ Centre Registered & Completed 2021

AWARD	STAFF GROUP	REGISTERED 2021	COMPLETED 2021
SSHC 2	HSCP	14	5
SSHC 3	HSCP	4	1
SSHC 4	HSCP		
CSLM 4	HSCP		
Supervisory Award	HSCP	5	4
SSCYP 2	Education Dept.	10	3
SSCYP 3	HSCP	5	0
SSHC 2	External agencies	6	3
SSHC 3	External agencies	2	2
SSHC 4	External agencies	2	0
CSLM 4	External agencies	2	0
Supervisory Award	External agencies	5	4
Total		55	22

SSHC – Social Services and Healthcare

CSLM – Care Services Leadership and Management

SSCYP – Social Services Children and Young People

Please note: Candidates may register in one year and complete the following year as there is a rolling programme of intakes throughout the year.

Estimates of Future Demand for SVQ Completions

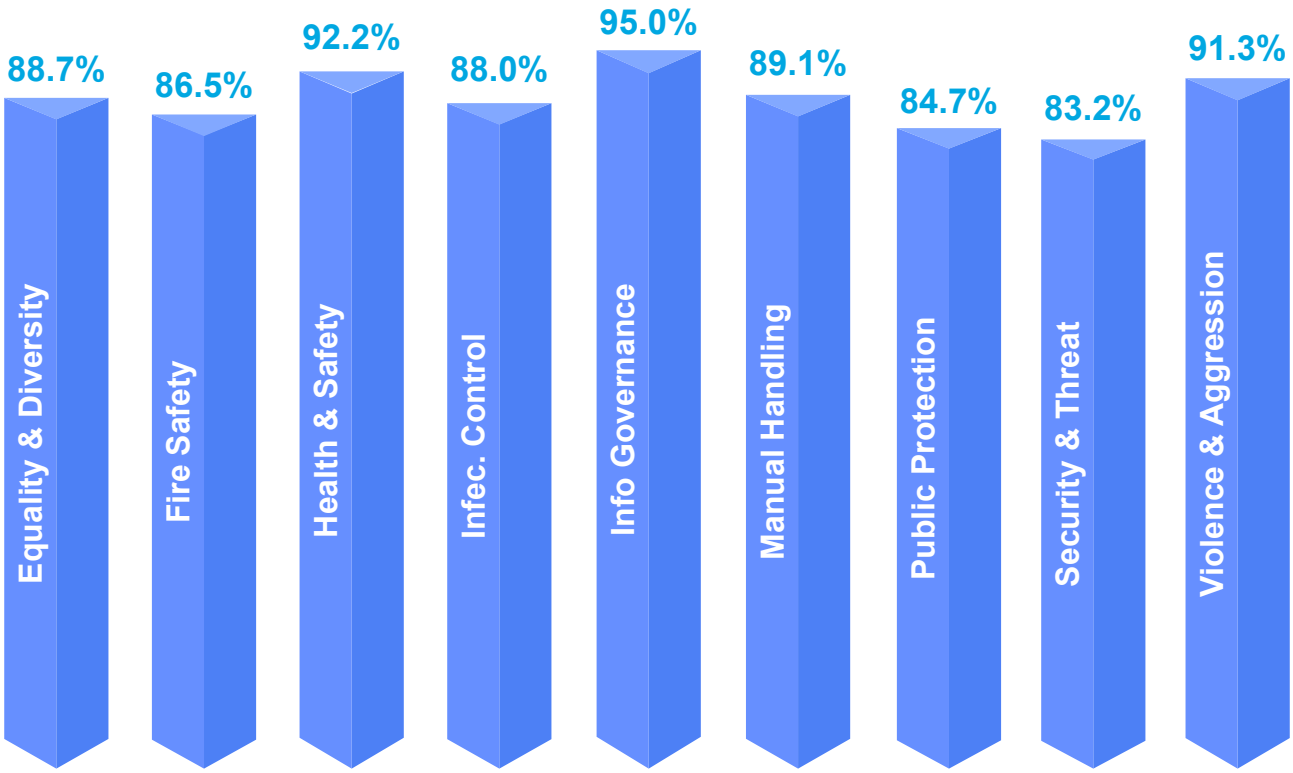
AWARD	STAFF GROUP	Estimated number requiring qualification over next 5 years
SSHC 2	HSCP Homecare	152
SSHC 3	HSCP Homecare	15
SSHC 4	HSCP Homecare Other HSCP	4 2
CSLM 4	HSCP Homecare Other HSCP	4 2
Staff Vacancies	HSCP Homecare	50
Supervisory Award	HSCP Homecare Other HSCP	15 p.a. 15 p.a.
SSCYP 2	Education Dept.	5 p.a.
SSCYP 3	Education Dept.	3 p.a.
SSCYP 3	HSCP	5 p.a.
All Awards	External agencies	10 - 15 p.a.

SSHC – Social Services and Healthcare

CSLM – Care Services Leadership and Management

SSCYP – Social Services Children and Young People

NHS Statutory & Mandatory Training uptake Feb 2022



Breakdown of council training required:

Corporate training attended: **43**

E-learning completed: **277**

Leading in Inverclyde 2021 – **completed;**

Cohort 1 – **8 participants completed;**

Cohort 2 – **7 participants completed;**

2022 – **not yet completed;**

Cohort 3 – **14 people;**

Cohort 4 – **8 people;**

Appendix 3

HSCP Staff Wellbeing Delivery Plan

1. Primary Driver: Embed and support organisational cultures, where all staff are and feel valued						
Ref No.	**Commitment (Why?)**	**Improvement Action(s) (How)**	**How will we get there? (Drivers)**	**Timescale(s)**	**(Co-) Sponsor/ Lead**	**Measure / RAG Status**
1.1	We will address – ▪ Supporting organisational vision and values for staff wellbeing, irrespective of an individual's role, if it is frontline or backroom, all are valid ▪ Alleviate any feelings of guilt held by staff that they were not making an impact, in the same way as other staff	We will embed and encourage – ▪ Visibility of senior leadership teams ▪ A Culture of inclusiveness and permission to care for oneself and other that informs and permeates through the organisation	We will – ▪ Adopt and support approaches to optimise away from screen time and ensure this is built into staff 'Keeping Well in Your Workplace' ▪ Enable and support time for check-ins on own and colleagues wellbeing	Commitment 1 Commitment 1	Louise Long/Charlene Elliot (Co-sponsors)/ Champion Lead (Lead)	

2. Primary Driver: Staff feel safe in their workplaces						
Ref No.	**Commitment (Why?)**	**Improvement Action(s) (How)**	**How will we get there? (Drivers)**	**Timescale(s)**	**(Co-) Sponsor/ Lead**	**Measure / RAG Status**
2.1	We will address – ▪ Reducing anxiety about exposure to and catching Covid-19 and potential impact on self, family, and service users ▪ Support and enable staff to be proactive about keeping themselves etc. safe and thus build sense of safe workplace practices	We will embed and encourage – ▪ Physical environments are adapted to become Covid-19 compliant ▪ Systems in place to maintain adequate supply of PPE and staff able to have adequate access ▪ Appropriate risk assessments carried out, focusing on workplace environment(s), specific duties, and other work-related activities, which are kept under review and staff can access ▪ Infection risk and control	We will – ▪ Ensure there is training on the completion of Health & Safety risk assessments that supports the current processes ▪ Recruitment and appropriate training of workplace Health & Safety Champions, which complements and supports existing processes. ▪ Review communication approach to PPE, in terms of ensuring equity of use is in place for all staff	Commitment 1 Commitment 1 Commitment 1	Allen Stevenson/ Champion Lead	

			▪ Implement strict and effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.	Commitment 1		

3. Primary Driver: Staff maintain a sense of connectedness to their team, line manager and organisation						
Ref No.	**Commitment (Why?)**	**Improvement Action(s) (How)**	**How will we get there? (Drivers)**	**Timescale(s)**	**(Co-) Sponsor/ Lead**	**Measure / RAG Status**
3.1	We will address – ▪ Reduce feelings of isolation ▪ Promote peer support ▪ Sustain team identity and focus ▪ Promote understanding of organisational COVID response and importance of staff's role within this	We will embed and encourage – ▪ Senior Leadership teams to review approach to communication that ensures consistency, balance, and accuracy ▪ Regular Team Meetings taking place, which are inclusive of all regardless of work location and routinely facilitates wellbeing discussions ▪ Regular supervision taking place with all staff regardless of work location and routinely facilitates wellbeing ▪ discussions	We will – ▪ Develop and forge stronger links to HSCP's Strategic Plan Big Action 6 (Building on strengths of our people and community) ▪ Create a system change to record organisational decisions are made and there is a subsequent impact on workforce health and wellbeing, e.g., as part of committee papers, and similar to the EQIA processes. ▪ Devise and implement 'Keeping Well in Your Workplace	Commitment 1 Commitment 1 Commitment 2	Louise Long/ Champion Lead	

		▪ Consideration given to different modes of communication and to have an equitable and consistent approach	Plans', adopting a sponsorship approach, for all staff ▪ Work with key stakeholders to develop a Workplace Wellbeing Communications Plan – ▪ including equitable access and use of devices ▪ Design and develop an evidence-based framework that supports and enables all staff to participate in – o Team Wellbeing Huddles o Support Bubbles (for common interests)	Commitment 1 Commitment 3 Commitment 1		

4. Primary Driver: Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)						
Ref No.	**Commitment (Why?)**	**Improvement Action(s) (How)**	**How will we get there? (Drivers)**	**Timescale(s)**	**(Co-) Sponsor/ Lead**	**Measure / RAG Status**
4.1	We will address – ▪ Facilitate agility in responding to changing personal, organisational and community circumstances arising from covid-19 pandemic	We will embed and encourage – ▪ Identify appropriate solutions that enables equity of access to online information and resources, for staff who may not have readily available internet access ▪ Work with the respective Communications and ITC departments to undertake an audit and identify gaps in provision of devices for all staff ▪ Ensure there is a consistent approach in the use of software that enables all staff to undertake their work, with gaps identified, with an action plan to resolve	We will – ▪ Work with the HSCP's Digital Strategy ▪ Develop local Z-card information ▪ Continue to influence National and GGC-wide direction of travel	Commitment 2 Commitment 1 Commitment 1 Commitment 2 Commitment 2	Lesley Aird/ Champion Lead	

5. Primary Driver: Staff have access to information and resources, which sustains and improves their wellbeing						
Ref No.	**Commitment (Why?)**	**Improvement Action(s) (How)**	**How will we get there? (Drivers)**	**Timescale(s)**	**(Co-) Sponsor/ Lead**	**Measure / RAG Status**
5.1	We will address – ▪ To support staff to recognise signs and symptoms in themselves and others, in times of stress and anxiety ▪ Promotes a sense of agency over individual's wellbeing	▪ We will embed and encourage – ▪ A co-ordinated approach to ensure all staff are supported to complete relevant improving wellbeing and resilience workshops, such as Psychological First Aid Training ▪ Information on supporting health and wellbeing available through variety of mediums, linking to developing Communications Strategy ▪ Work with key stakeholders to deliver on specific multi-media campaign targeting health and wellbeing, ensuring equitable access to the information, and link with the developing Communications Strategy	We will – ▪ Have an inclusive and multi-agency approach to training/up skilling programmes to supporting staff and workplace wellbeing ▪ Design and develop a set of resources that supports and enables resilience in the workplace ▪ Recruit to Workplace Wellbeing Ambassadors ▪ Improve the uptake of the National Coaching offerings ▪ Improve the profile and increase the promotion of the national Promis website	Commitment 1 Commitment 1 Commitment 2 Commitment 1	Anne Malarkey/ Champion Lead	

NHS
Greater Glasgow
and Clyde

Inverclyde
council

Appendix 2

Scottish Government
Health Workforce Directorate
Workforce Planning Data, Analytics and Insight Unit

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

4 October 2022

Dear Kate,

Inverclyde HSCP Draft 3 Year Workforce Plan: feedback

Thank you for forwarding a copy of your draft Three Year Workforce Plan to the Scottish Government Workforce Planning Data, Analytics and Insight Unit.

We recognise the considerable work that you and your partners in the various stakeholder groups have undertaken in developing the draft during what remains a challenging operating environment, as we begin the recovery of service capacity.

As outlined in the guidance published under DL (2022) 09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans - we have undertaken a review of the content of the draft document and are providing the undernoted feedback to you for consideration as you finalise the content of your plan in advance of publication at the end of October.

Members of the Workforce Planning Data, Analytics and Insight Unit have used the indicative content checklist in Appendix 1 of DL (2022) 09 as a baseline to frame the following comments.

- The draft plan is clearly linked to local and national strategic documents which set out the operational context and contain useful metrics around the current local population and workforce;

- Linkages to the 5 Pillars of the National Health and Social Care Workforce Strategy for Scotland and the use of the 6 Steps Methodology are clearly described;

- Overall, the plan establishes a good baseline description of current population and workforce which would inform a more fully developed and comprehensive workforce plan. We suggest the partnership may wish to consider augmenting its references to the likely size and scale of future workforce recruitment, retention and reconfiguration needs. We noted helpful references to these in the draft plan, and if possible would welcome further detail as suggested below.

- Section 5 – provides useful data on the current population profile and disease profile. From a workforce planning perspective, it would be useful to see further consideration of any anticipated medium term changes in the population profile and how these are likely to link to demand for future services and any identified workforce need in quantified, wte terms where possible;

- Section 6 – the metrics provided on the current workforce are useful but are outlined only at a high level. While narrative goes into some helpful additional detail about workforce age profile, it is quite difficult to get a clear understanding of the scale and quantification of retiral risk and replacement need associated with current workforce demographics. It may be useful if the partnership could provide further metrics on the age banding (e.g. using 5 year bandings) for the workforce either by NHS/Inverclyde Council, or in key job families and professional groups. We think this would help to provide a more quantified assessment of the recruitment and retention challenges for the partnership as a whole;

- Appendix 2 – the current visualisation provides some context but does not outline the size of the workforce change. We would find some numerical data describing the actual number change against the 2019 baseline figures helpful.

We appreciate that your workforce plan is part of a local suite of strategic planning work that is already underway and hope that you will consider this feedback as constructive and of value to you and your partners in finalising plans.

Reviewing the plans developed by NHS Boards and Integration Joint Boards (via HSCPs) will enable us to provide Scottish Ministers with further insight, and help them to determine approaches that will:

- Support the health and wellbeing of our workforce during these challenging times;
- In the short term, and in preparation for winter, inform their understanding of the workforce implications of sustained, increased service demand;
- In the medium term, better understand the national implications arising from the local analysis of workforce plans – particularly around population and workforce demography, service redesign and the introduction of new roles.

We recognise that the timescale for publication and associated governance arrangements may limit your ability to make changes to this version. However we would welcome the opportunity for further discussions across the next year to inform subsequent annual revisions to your workforce plan.

Should your governance processes necessitate a delay in publication beyond the indicative date of 31st October 2022 we would appreciate that you advise us of this along with a likely publication date by contacting WFPPMO@gov.scot

Yours sincerely,

Grant Hughes

Grant Hughes
Head of Workforce Planning Data, Analytics and Insight Unit
Directorate of Health Workforce

cc.
Emma Cummings
Brian Greene

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

1	Reference number	IJB/31/2022/CG
2	Report Title	IJB Workforce Plan
3	Date direction issued by IJB	7th November 2022
4	Date from which direction takes effect	7th November 2022
5	Direction to:	Inverclyde Council and NHS Greater Glasgow & Clyde
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes: IJB/54/2020/LA - superseded IJB/26/2021/AM - superseded
7	Functions covered by direction	All Services and Functions
8	Full text of direction	Inverclyde Council and NHS GG&C jointly are directed to implement the requirements of the Workforce Plan attached as Appendix A to the report.
9	Budget allocated by IJB to carry out direction	Exisiting Budget allocations
10	Outcomes	Implement and Review the Workforce Plan and associated Action Plan
11	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Inverclyde Integration Joint Board and the Inverclyde Health and Social Care Partnership. This Direction will be monitored and progress reported 6 monthly.

Appendix 3

12	Date direction will be reviewed	7th November 2023

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**7 November 2022**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/50/2022/CG**
Contact Officer:	**Craig Given Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**Proposed Approach - 2023/24 IJB Budget**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the proposed approach to approving the 2023/24 Revenue Budget and provide updates in respect of the current overall position, the proposed process/timelines and the current position of savings proposals and cost pressures.

1.3 The IJB requires to approve its approach to the 2023/24 Budget and identify the key assumptions for funding from both the Health Board and the Council. The IJB expect the Health Board funding to be based on 2022/23 funding plus any proposed pay award at this present time. The IJB expect the Council funding to be based on 2022/23 funding plus any pass ported funding directly from Scottish Government. Both the Council and the Health Board do not fund any pressures currently within the IJB.

1.4 The current timeline for the IJB budget is described in section 6 with the main driver being the Scottish Government funding announcement in Mid December 2022. The budget requires to be set in March 2023.

1.5 The key budget announcement will be the Scottish Government funding announcement. The Scottish Government have stated that they will not fund any ongoing Covid 19 costs from 2023/24 onwards. The IJB expect our main pressure here to be within the Children & Families budget which we have commenced work around with the expectation of reducing this pressure. These include detailed work plans, a spend to save plan and the use of the Children & Families smoothing reserve if necessary.

1.6 The IJB will continue to work to identify potential savings to help reduce the projected funding gap in 2023/24. Officers have already started this process by identifying a number of potential

recurring savings / budget adjustments for consideration by the IJB. This will be further developed over the coming months through our IJB Budget working group.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. notes the proposed approach to the 2023/24 Budget;
2. notes the key timelines and Budget Announcements to the preparation of the 2023/24 Budget; and
3. notes the Funding pressures identified and that officers have developed initial savings proposals which will be reported to a future meeting of the IJB and IJB Audit Committee.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 From 1 April 2016 the Health Board and Council delegated functions and are making allocations to the IJB in respect of those functions as set out in the integration scheme. The Health Board also "set aside" an amount in respect of large hospital functions covered by the integration scheme.

3.2 The IJB makes decisions on integrated services based on the strategic plan and the budget delegated to it. The 2022/23 Budget was agreed in March 2022 and the IJB issued relevant directions to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan.

3.3 The IJB are expecting to set a 1 year budget in line with the Scottish Government funding settlement.

3.4 Inverclyde Council will set their 2023/24 budget in March 2023 and then confirm a proposed funding allocation for the IJB for the year. Greater Glasgow & Clyde Health Board will also confirm an indicative funding allocation for 2023/24 in March 2023. An indicative budget will be kept under review until such time as the final budget pressures and non-recurring settlements are formalised

4.0 PROPOSALS

4.1 PROPOSED BUDGET APPROACH

The IJB currently receives a resource allocation from both Inverclyde Council and Greater, Glasgow and Clyde. At present we expect to receive a similar Resource Allocation from the Health Board as the IJB did for 2022/23. The IJB expect the Health Board to continue to fund the 2023/24 pay award. At present the IJB have had no indication or discussion around a potential reduction in funding allocation from the Health Board.

4.2 The IJB in line with the recent Council Policy & Resources report in September is now operating with more financial independence of the Council. The IJB approach to the Social Care element of the budget is as follows:

- The start point for the 2023/24 Council contribution to the IJB is the 2022/23 current approved contribution.
- No new pressures funding to be allocated.
- We anticipate that the Council will allocate an element of the recurring 2022/23 pay settlement to the IJB. At the time of writing this amount has not been confirmed.
- The Social Care savings proposals continue to be included in the overall savings review with the IJB Budget Working group.
- Any new 2023/24 Scottish Government funding for Social Care be pass-ported to the IJB

5.0 CURRENT TIMELINES

5.1 Both Inverclyde Council and Greater Glasgow & Clyde Health Board will produce a 1 year budget in line with the Scottish Government settlement.

5.2 Inverclyde IJB will review estimated 2023/24 cost pressures and anticipated savings required during October 2022 – December 2022. Officers will work with The IJB Budget Working Group during this time period on potential savings options which will be considered by the IJB at a

development session early January. Once agreed by the IJB any potential savings requiring public consultation will go to consultation late January/ Early February.

5.3 The Scottish Government will set its proposed budget Mid December 2022.

5.4 The IJB expect both Inverclyde Council and Greater Glasgow & Clyde Health Board to confirm indicative funding in March 2022.

5.5 The IJB 2022/23 Budget will be set Mid / Late March with approval from both IJB and IJB audit committee.

6.0 KEY BUDGET ANNOUNCEMENTS

6.1 The main budget announcement from the Scottish Government is due Mid December 2022. This will highlight the core funding available for both NHS and Council in determining the IJB's core Resource Allocation. The IJB assume that any pay award in 2023/24 continue to be fully funded by the Health Board. The IJB expect to have to pay for the Social Care element of the 2023/24 pay award via any new passported funding or from a savings exercise.

6.2 At this point the IJB are not aware of any new funding streams identified by the Scottish Government to be pass ported to the IJB.

6.3 All Covid 19 funding is expected to conclude in 2022/23 and the IJB don't expect any new funding in 2023/24. Officers have worked to reduce the impact of any Covid legacy costs by maximising the use of other funding streams such as the Winter planning fund to secure permanent funding to replace these costs. One area of Covid pressure is the £1.5m worth of Children and Family external and in-house placements which were commenced at the start of Covid. These placements remain within the overall costs however the service plan to further review these costs with the view of identifying measures to reduce these whilst ameliorating risk for children. This includes an overall redesign of the Children and Families service that will commence once the appointment to the Head of Service post is made. In the meanwhile the spend to save plan will recruit a further 5 additional Social Work assistant posts on a temporary basis to contain the current recruitment and retention risks and the use of our Children and Families smoothing reserve.

7.0 CURRENT EXPECTED BUDGET GAP

7.1 The Below table shows the anticipated budget funding gap over the next 2 financial years based on current estimates of costs on the Social Care side:

	2023/24	2024/25	2 year total
	£000s	£000s	£000s
Indicative funding from SG (via Council)	**(2,080)**	**(1,480)**	**(3,560)**
Anticipated recurring pressures			
Payroll uplifts (9% over 3 years) - 21/22 recurring element included in 23/24	1,826	670	2,496
Inflationary/contractual uplifts - 4% (including National Care Home Contract of 6%)	2,393	2,393	4,786

New pressures	147	0	147
Total assumed pressures	***4,366***	***3,063***	***7,429***
Remaining budget gap	**2,286**	**1,583**	**3,868**

7.2 At present the Officers working towards a £3.868m budget gap over the next 2 financial years and working towards savings to fund this. As a minimum the IJB need to agree proposals to produce a budgeted break even position for 2023/24.

7.3 The IJB have made the assumption that there will be a minimum £1.48m increase in Scottish Government funding over the next 2 years as part of our plans. This relates to indications from Scottish Government during their pre-budget scrutiny process and in line with general expected inflationary increases. The IJB have also made an assumption of an additional £0.6m from Inverclyde Council. This is the estimated recurring contribution towards the 2022/23 pay award.

7.4 A number of pressures are expected in the next 2 years. Firstly the IJB is assuming a further 2% pay uplift each year along with the recurring balance to be implemented from the 2022/23 pay award. The IJB will note that Inverclyde Council transferred a non-recurring payment of £0.55m to assist with the 2022/23 pay award shortfall. As this was non-recurring it needs to be added to the overall shortfall. Each 1% increase in pay uplift costs an estimated £0.335m. As part of the expected pressures it is also anticipated that there will be further recurring pressures in inflationary and contractual uplifts. This budget assumes 4% increases in inflationary and contractual uplifts and 6% for the National Care Home contract. This increases expected yearly costs by an estimated £2.393m each year. At present no additional income has been assumed for this. A further £0.147m has been assumed for additional pressures. These include increases in Utilities and fuel costs.

8.0 POTENTIAL SAVINGS /ADJUSTMENTS

8.1 To address the anticipated 2 year funding gap a detailed savings exercise will need to take place. The IJB has commenced this process via the IJB Budget Group and have started to review areas for potential savings. At this point the aim of this is to close the funding gap without the requirement for compulsory redundancies. This exercise may result in the redeployment of staff or targeted voluntary redundancies where required. All relevant staff and Trade Unions will be involved in all aspects of this process.

8.2 The IJB will aim to close the majority of the funding gap with the use of budget adjustments, increase in turnover targets, increase in charges, deletion of long term vacancies and reduction of minimal use services with the view of protecting all front line and essential services. The impact of the savings may also be delayed with the use of one off reserves.

8.3 Any potential voluntary redundancies will be carried out in discussions with staff and relevant trade unions. Any decision on the release of employees will go through a value for money exercise with a minimum cost payback of 3 years in line with Inverclyde Council current process. All relevant redundancy costs will be paid out of IJB reserves.

8.4 At present no budget savings are being considered on the Health side of the Budget until the IJB know the likely funding settlement from the Health board.

9.0 IMPLICATIONS

9.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	x		
Legal/Risk		x	
Human Resources		x	
Strategic Plan Priorities		x	
Equalities		x	
Clinical or Care Governance		x	
National Wellbeing Outcomes		x	
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability			x
Data Protection			x

9.2 **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	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

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

9.3 **Legal/Risk**

There are no specific legal implications arising from this report.

9.4 **Human Resources**

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

9.5 **Strategic Plan Priorities**

This ties in with the requirement to set a balanced budget.

9.6 **Equalities**

There are no equality issues within this report.

(a) Equalities

Equality Impact Assessments will be progressed as necessary as part of the development of the initial savings proposals.

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
✓	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

9.7 **Clinical or Care Governance**

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

9.8 **National Wellbeing Outcomes**

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

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None

People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective financial monitoring processes ensure resources are used in line with the Strategic Plan to deliver services efficiently

10.0 DIRECTIONS

10.1

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	

11.0 CONSULTATION

11.1 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.

12.0 BACKGROUND PAPERS

12.1 None

AGENDA ITEM NO: 9

Report To:	**Inverclyde Joint Integration Board**	**Date:**	**7 November 2022**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/48/2022/AS**
Contact Officer:	**Allen Stevenson Head of Health & Community Care Inverclyde Health and Social Care Partnership (HSCP**	**Contact No:**	**01475 715212**
Subject:	**Update on Implementation of Primary Care Improvement Plan**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to update the Integration Joint Board on the current position and associated finances in relation to the implementation of the Primary Care Improvement Plan (PCIP).

2.0 RECOMMENDATIONS

2.1 Note progress made in delivery of 2022/23 Primary Care Improvement Plan (PCIP).

2.2 The Integration Joint Board notes the ongoing development and continuation of the implementation of the Primary Care Improvement Plan.

2.3 Note the confirmed reduction £1.236m in Primary Care Improvement funding from Scottish Government for the 2022/2023 delivery and the anticipated impact on future developments highlighted in section 4.5.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Memorandum of Understanding (MOU) was refreshed in August 2021 producing MOU2. This revision confirmed particular areas of focus between periods 2021 – 2023.

3.2 In February 2022 the Integration Joint Board was updated on the progress of the Primary Care Improvement Plan, acknowledging that challenging factors post Covid pandemic remain. Recruitment and retention of our workforce and finance were also areas of focus at that meeting.

3.3 Since the last update in February 2022, progress has accelerated around transfer and models of care to support delivery of Vaccinations, Urgent Care (ANPs), a Pharmacotherapy Hub and Community Treatment and Care Services (CTAC).

3.4 The Primary Care Improvement Plan Group has evolved into the Primary Care Transformation Group (PCTG). This group will provide Governance, direction and support to a wider approach in the transformation of Primary Care services.

4.0 PROPOSALS

4.1 As per the Scottish Governments Memorandum of Understanding 2, implementation of multidisciplinary team working will remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

4.2 Our key focus remains on expanding, enhancing and advancing our multidisciplinary models of care within the 6 MOU areas; Community Treatment and Care Services (CTAC), Pharmacotherapy, Vaccination Transformation Programme (VTP), Urgent Care (ANPs), Additional Professional Roles; and Community Links Workers (CLW).

4.3 The revised MoU, defines particular focus on CTAC, Pharmacotherapy, VTP followed by Urgent Care. Developments and proposals for these areas are as follows:

CTAC

- Continue to develop and enhance our treatment and care services; incorporating basic disease data collection and biometrics (such as blood pressure), the management of minor injuries and dressings, suture removal, ear syringing and some types of minor surgery as locally determined as being appropriate.
- Continue to review and adjusting where appropriate, the models in place for phlebotomy clinics in Practices.
- Develop a model for chronic disease monitoring within the scope of the CTAC service.
- Mobilise the 3 Treatment Room Clinics and Phlebotomy Clinic at Port Glasgow Health Centre following completion of renovation work.
- Explore how CTAC services and the Vaccination Transformation Programme could be aligned to increase efficiency.
- Investing, enhancing and advancing our working environment, equipment, training and workforce to support full delivery.

Urgent Care

- Continue to review, shape and adapt models for responding to urgent care locally.
- Explore alternative models to effectively manage urgent care; incorporating home visits and consideration given to a clinic type model.
- Explore and develop a model for a single point of access (SPOA) routing referrals to an ANP led Urgent Care Hub.
- Explore roles that would introduce a skill mix approach to support the advanced team.
- Investing, enhancing and advancing our working environment, equipment, training and workforce to support full delivery.

Pharmacotherapy (Pharmacy)

- Our Pharmacotherapy Hub continues to work towards effective delivery of Level 1 activities as it evolves and embeds.
- Standardising processes and approaches as the model develops and integrates into existing Pharmacy services.
- The focus on a skill mix workforce is at the fore front of service delivery. The introduction of roles including Pharmacy Technicians and Support Workers has enabled the successful transfer of level 1 activities from Pharmacists and Advanced Pharmacists; which in time allow these professionals to focus on more complex care within Level 2 & 3 activities.
- Full delivery of Levels 1 – 3 remains to be fully implemented and will be difficult to achieve without further significant investment.
- Investing, enhancing and advancing our working environment, equipment, training and workforce to support full delivery.
- Recognise the value in investment in mentoring, development, leadership and service improvement.
- Acknowledging workforce retention remains a challenge.

Vaccination Transformation Program

- The full transfer of vaccinations from GP practices was achieved in line with the April 2022 timeframe.
- Transfer models incorporate adults over 65s and target groups for flu. Mixed models of delivery are in place including community pharmacy, home visits and community clinics. Shingles and pneumococcal vaccinations transferred in the same period.
- Children under 2years, pre-school, school routine vaccinations are delivered through the childhood vaccination team; with pregnant woman accessing vaccinations through Maternity Services.
- Responsibility for Travel Health vaccinations transferred to the Board on 1st April 2022. Initial guidance and travel advice is accessible through the NHS Scotland Fit for Travel website. The commissioned Citydoc service provides travel health advice, risk assessment and delivery of travel vaccinations. Clinics are currently accessible in Glasgow, with ongoing discussions around the feasibility of local delivery model.
- Vaccination continue in response to Autumn/Winter Covid Booster programme. Discussions continue around the future delivery of COVID vaccinations, boosters, with particular focus on local models. The Housebound Vaccination Team continues to deliver vaccinations to care home residents and housebound patients.
- HSCPs await confirmation from Scottish Government around of arrangements for COVID vaccinations and boosters post March 2023 from. Implement a suitable model for delivery or an exit strategy from the programme, depending on outcome.
- Recommendations and discussions with the Board to identify and implement local arrangement for vaccinations to support community accessibility.

4.4 The indicative core allocation, net of previously baselined funding for pharmacy, for 2022/23 was £2.621m.

Underspends on previous years allocations of £1.527m were also held in an earmarked reserve at the beginning of 2022/23 financial year. Scottish Government have notified that the 2022/23 core allocations will be reduced by the amount of reserves held less any legally committed spend against this reserve as at 11th August. For Inverclyde HSCP, this equates to £1.527m less £0.291m legally committed spend, being a reduction of £1.236m. This position has been confirmed in by the Scottish Government on the 24th October 2022.

This reduction, along with the baselined pharmacy budget available, means the final funds available for 2022/23 spend is £3.066m as set out below:-

Funding	**£m**
Core allocation	2.747
Less baselined pharmacy funding	(0.126)
Net core funding allocation	**2.621**
Reserves held as at 1/4/22	1.527
Pharmacy (in base budget incl uplifts)	0.154
Total funds available 2022/23	**4.302**
Indicative reduction in allocation following Scottish Govt notifications	(1.236)
Final available funds 2022/23	**3.066**

4.5 Existing core funding will allow continuation of existing services, but the retraction of funding will challenge the progression of the following areas:

- Recruitment and retention of our workforce across all PCIP areas
- Upskilling and developing our workforce.
- Development of CTAC Services
- Development of a model for the monitoring of Chronic Disease Management
- Development and implementation of a Urgent Care Model
- Advancements and development in the delivery of Pharmacotherapy hub
- Other areas, including our additional professionals will not be progressed any further (Community Links workers, Advanced Physiotherapy Practitioners)

4.6 Scottish Government have confirmed verbally at this time that next year's core funding will be restored to this year's level plus any pay inflation implications.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	**YES**	**NO**	**N/A**
Financial	x		
Legal/Risk		x	
Human Resources	x		
Strategic Plan Priorities	x		
Equalities		x	
Clinical or Care Governance		x	
National Wellbeing Outcomes	x		
Children & Young People's Rights & Wellbeing		x	
Environmental & Sustainability		x	
Data Protection		x	

5.2 **Finance**

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

There are no legal issues raised in this report.

5.4 **Human Resources**

Workforce remains a significant challenge, driving additional pressure on delivery of PCIP services. MOU2 states a Task and Finish group will be convened to oversee planning and pipeline projections.

5.5 **Strategic Plan Priorities**

Relates to HSCP Strategic Plan, Big Action 4:

- Key Deliverable: Access
- 4.13: By 2022 we will have implemented the Primary Care Improvement Plan (PCIP) delivering the expanded MDT to offer a wider range of choice for support to both acute and chronic illness.

- Key Deliverable: Digital Strategy
- 4.16 By 2021 we will develop our Digital Strategy to support technology enabled care and self-management. This will include developing a preferred option for the SWIFT replacement recording system in Social Care.

- 4.17 Use technology support LTC.

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time should improve.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Protects Characteristics
People with protected characteristics feel safe within their communities.	Will ensure people feel safe within their communities
People with protected characteristics feel included in the planning and developing of services.	Included in planning for services
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff have undergone diversity training
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	People with Learning Disabilities are included in service planning
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Promotion via our New Scots Team

5.7 **Clinical or Care Governance**

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

5.8 **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.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time
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	A wider MDT approach with additional/ extended skills to positively supporting individuals
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access to a wider range of professionals and education on services

	available within the wider primary care/ community setting.
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
People using health and social care services are safe from harm.	Keeps our community 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.	Full engagement with our community
Resources are used effectively in the provision of health and social care services.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

5.9 **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.10 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.
Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.11 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

7.1 This report has been prepared by the Head of Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with local General Practitioners, extended MDT under the direction of the Primary Care Transformations Group.

8.0 BACKGROUND PAPERS

Memorandum of Understanding 2.

Appendix 1

Memorandum of Understanding (MoU) 2

GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

Introduction

The 2018 GP Contract Offer ("the Contract Offer") and its associated Memorandum of Understanding ("MoU") was a landmark in the reform of primary care in Scotland. The principles and values expressed in it remain undiminished, and three years on we now have considerable learning and experience to draw on to inform this next iteration of the MoU. Our key aim remains expanding and enhancing multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes. We remain committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care.

This revised MoU for the period 2021-2023 between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS Boards refreshes the previous MoU between these parties signed on 10 December 2017. The MoU Parties recognise we have achieved a great deal and it is important we do not lose sight of that. But we must recognise we still have a considerable way to go to fully deliver the GP Contract Offer commitments originally intended to be delivered by April 2021. It also reflects the early lessons as we continue to respond collectively to the Covid-19 pandemic, recognising the full extent of its impact is still to be understood. While this MoU runs until 31 March 2023, the National GMS Oversight Group will review progress in March 2022 to ensure it remains responsive to the latest situation.

The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards. Delivery of the GP Contract Offer should be considered in the wider context of the Scottish Government's remobilisation and change programme across the Scottish national health and social care landscape, including the four overarching Care and Wellbeing Programmes and the National Care Service (NCS). These programmes encompass Place, Preventative and Proactive Care, Unscheduled and Integrated Planned Care and together with the NCS seek to improve national system wide outcomes for population health, connect better with citizens and remove silos between health and other public sector bodies, and reduce health inequalities. The National GMS Oversight Group will consider at a national level the synergies between these Programmes of work and delivery of the GP Contract Offer. The National GMS Oversight Group will proactively develop policy and funding proposals to improve healthcare system co-ordination, collaboration, and patient outcomes.

Priorities

Multidisciplinary Team – Prioritised Services for 2021/22

Implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

All six MoU areas remain areas of focus for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be on the following three services.

Vaccination Transformation Programme

GP practices will not provide any vaccinations under their core contract from 1 April 2022. All vaccines provided under Additional Services will be removed from the Additional Services Schedules of the GMS Contract and PMS Agreement regulations in October 2021. All historic income from vaccinations will transfer to the Global Sum in April 2022 including that from the five historic vaccination Directed Enhanced Services. The Vaccine and Immunisations Additional Service is broader than the Travel Vaccinations that are part of the Vaccination Transformation Programme. The Travel Health sub-group will consider how these remaining vaccinations[1] will be transferred from GP delivery.

Boards have assumed overall logistical responsibility for implementing vaccination programmes, facilitated through national digital solutions such as the vaccination management tool and NVSS appointment system. Learning from the delivery of last year's adult seasonal flu and pneumococcal programme, as well as the ongoing Covid-19 vaccination programme, should be capitalised on to ensure the implementation of the programme in full by April 2022.

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[1] Note that additional service vaccines relate only and specifically to:

Anthrax – to be offered to those identified as coming into contact with an identifiable risk of Anthrax, mainly those coming into contact with imported animal products

Hepatitis A – for those in residential care or an educational establishment who risk exposure if immunisation is recommended by the local director of public health

Measles, Mumps and Rubella (MMR) – For women who may become but are not pregnant and are sero-negative and for male staff working in ante-natal clinics who are sero-negative

Paratyphoid – Note no vaccine currently exists

Rabies (pre-exposure) – For lab workers handling rabies virus; bat handlers; and persons who regularly handle imported animals

Smallpox – Note the vaccine exists but is not available to contractors

Typhoid – For hospital doctors, nurses and other staff likely to come into contact with cases of typhoid and lab staff likely to handle material contaminated with typhoid organisms

Although general practice should not be the default provider of vaccinations, we understand that a very small number of practices may still be involved in the delivery of some vaccinations in 2022-23 and thereafter. There will be transitionary service arrangements in the regulations for practices in areas where the programme is not fully complete as well as permanent arrangements for those remote practices, identified by the options appraisal, where there are no sustainable alternatives to practice delivery.

The Travel Health sub-group will be reconvened to develop a Once for Scotland solution with substantial input from local areas, particularly on delivery of travel vaccinations. This solution will be determined by October 2021 and put in place by April 2022. This will also be covered by transitional arrangements in the regulations.

GPs will retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration.

Pharmacotherapy

All parties acknowledge the progress that has been made with the majority of practices receiving some pharmacotherapy support.

Managing acute and repeat prescriptions, medicines reconciliation, and the use of serial prescribing (which form a substantive part of the level one service described in the GP Contract Offer) should be delivered principally by pharmacy technicians, pharmacy support workers, managerial, and administrative staff. Progress with all parts of the level one service should be prioritised to deliver a more manageable GP workload.

In tandem, focus on high-risk medicines and high risk patients, working with patients and using regular medication and polypharmacy reviews to ensure effective person-centred care are being delivered principally by pharmacists (the levels two and three described in the Contract Offer). This is helping manage this demand within GP practices and developing a sustainable service which will attract and retain pharmacists and further develop MDT working in Primary Care.

Whilst the Contract Offer and Joint Letter emphasise implementing the level one pharmacotherapy service, there are interdependencies between all three levels that require focus on the delivery of the pharmacotherapy service as a whole.

Regulations will be amended by Scottish Government in early 2022 so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by April 2022. The use of medicines to treat and care for patients will remain an important part of GP work. The delivery of electronic prescribing is an essential requirement for all involved in prescribing, which will be prioritised by the ePharmacy Programme Board, supported by National Services Scotland and the NES Digital Service. Greater local standardisation and streamlining of prescribing processes in collaboration with GP subcommittees / Local Medical Committees will help enable delivery of a consistent service across practices. The national Pharmacotherapy Strategic Implementation Group will design and support the ongoing development of the pharmacotherapy service in line with existing contract

agreements, enabling a national direction of travel with local flexibility supported by agreed outcome measures. The group will develop guidance to clearly define GP, pharmacist, pharmacy technician, managerial and administrative staff roles in the overall prescribing process and will report to the National GMS Oversight Group. The guidance will be agreed with SGPC to ensure it is consistent with the requirements of the GMS contract agreements and will ultimately be ratified by the National GMS Oversight Group.

NHS Directors of Pharmacy, supported by National Education Service for Scotland, will support the delivery of national workforce plans that will reflect the staffing requirements of the pharmacotherapy service, in particular what is required for delivery of a level one service for each practice and the appropriate use and mix of skills by pharmacy professionals. This will be overseen by the Chief Pharmaceutical Officer and link into the wider Scottish Government workforce directorate plans

CTAC

Regulations will be amended by Scottish Government in early 2022 so that Boards are responsible for providing a Community Treatment and Care service from April 2022.

These services will be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.

The previous MoU outlined that Community Treatment and Care Services include, but are not limited to, phlebotomy, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, suture removal, ear syringing and some types of minor surgery as locally determined as being appropriate. Given this service draws primarily on a nursing workforce, local areas should also consider how CTAC services and the Vaccination Transformation Programme could be aligned to increase the pace of implementation and efficiency.

Healthcare Improvement Scotland will establish a CTAC implementation group to help build mutual understanding as well as share best practice in the delivery of CTAC services. This Group will report to the National GMS Oversight Group.

Other Multi-Disciplinary Team Services

Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation for 2021-22 is that their further development, where required, may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated. Their development should also take into account wider system redesign, and opportunities to make connections and add value by exploring the joining up of pathways.

Urgent Care – The Scottish Government will bring forward secondary legislation so that Boards are responsible for providing an Urgent Care service from 2023-24.

Evidence from the Primary Care Improvement Plans suggests there is variation in how this service is being delivered.

Further guidance will be provided by the National GMS Oversight Group on delivery of this commitment in advance of April 2022. Consideration in particular will need to be given about how this commitment fits into the wider system Redesign of Urgent Care work currently in progress.

Community Link Workers – Link workers have proved valuable in helping deliver better patient outcomes, addressing financial exclusion and helping patients access support, particularly in areas of multiple deprivation, as well as improving linkages with the third sector. Consideration will need to be given by April 2022 as to how the Link Worker workforce interfaces with the Scottish Government's commitment to delivering 1,000 Mental Health Link Workers by the end of this Parliament.

Additional Professional Roles – MoU Parties will consider how best to develop the additional professional roles element of the MoU by the end of 2021. In particular with Mental Health, there is a need to consider how PCIF funded posts interface with Action 15 funded posts as well as new policy commitments for mental health. The Primary Care Mental Health Development group in Scottish Government is taking this consideration forward. Separate to this MoU and the arrangements in place to fund it, the commitment of additional Mental Health Link Workers is currently being considered in the context of the locally led model proposed by the Mental Health in Primary Care Short Life Working Group.

Expert Medical Generalist Role

The Contract Offer set out a re-focussed role for the GP, working as part of an extended multidisciplinary team as an expert medical generalist (EMG):

"This role builds on the core strengths and values of general practice-expertise in holistic, person-centred care-and involves a focus on undifferentiated presentation, complex care including mental health presentations and whole system quality improvement and leadership. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable patients to have better care."

The EMG role is not a new role, but the time GPs can commit to being EMGs is to an extent contingent on the delivery of MDT services and the identified need for 800 additional GPs by 2027 to meet Scotland's current health needs.

Feedback to date suggests there is variation in the understanding on how the EMG role works in practice and what else can be done to support GPs in this role. A group consisting of the MoU parties and a wider range of stakeholders, including NES and RCGP, will examine how GPs can be supported in this role and will publish a report of its findings by the end of 2021.

Transitionary Arrangements

Following Regulation change, HSCPs and Health Boards will be responsible for providing vaccination, pharmacotherapy and CTAC services to patients and GP practices.

GP practices will support HSCPs and Health Boards to provide MoU services in two ways to help ensure patient safety:

- The treatment of patients requiring medical care that is immediately necessary such as an immediate need for wound care, phlebotomy or repeat prescriptions. HSCP/Health Board MoU service provision must minimise the need for immediately necessary support from GP practices.
- Temporary support of routine MoU services, where necessary, under transitionary service arrangements from 1 April 2022.

Consistent with the commitments of the joint letter, SG and SGPC will negotiate transitionary service and payment arrangements where practices and patients still do not benefit from nationally agreed levels of HSCP/HB vaccination, pharmacotherapy, and CTAC services after 1 April 2022.

Transitionary service arrangements are not the preferred outcome of MoU parties, or something we see as a long-term alternative. All parties locally should remain focused on the redesign of services and delivery of the MoU commitments and transitionary arrangements should not be seen as a desired alternative.

Scottish Government and SGPC will develop a set of principles for how transitionary services and payment arrangements will work in practice by the end of Summer 2021. Acknowledging the invaluable expertise of Health Boards and Health and Social Care Partnership they will be fully consulted in the development of this work via the Oversight Group.

Funding

Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund ("PCIF") funding supports the delivery of the three priority areas for 2021-22 before further investment of PCIF monies in the other MoU commitments. Other services delivered to date, or planned and signed off by the IJB, should continue to be maintained and only developed where there is available funding to do this.

The MoU parties are committed to determining the full cost of delivering MoU services and refining the evidence base for this purpose. The Primary Care Improvement Plan Trackers have been amended to reflect this. All MoU parties are committed to developing an integrated PCIF proposition for financial years 2022-25 by Autumn 2021 for evaluation and approval by Scottish Ministers utilising Value for Money principles and a methodology that assumes at least £155m of funding per annum uprated in line with inflation, which will include increases in staff pay as set by the Scottish Government.

NHS Boards and Integration Authorities should also assume that the PCIF and any associated reserves would meet any funding required for transitionary service arrangements negotiated between Scottish Government and SGPC. Boards and Integration Authorities should also consider where wider resources may support the delivery of MoU services as well as other earmarked funds such as Action 15 monies.

Any change to the scope of the Primary Care Improvement Fund will be agreed jointly by MoU Parties. The present scope of the call on the PCIF remains unchanged, except for the inclusion of costs of transitionary services, by this MoU and it is expected that any further increase in scope will be supported by additional resources.

GP Subcommittee participation in the development of PCIPs has been enabled to date by dedicated annual funding to support their work. For planning purposes, partners should assume that this funding will continue for the duration of this MoU period.

Governance

Primary Care Improvement Plans

Primary Care Improvement Plans ("PCIPs") will continue to be developed locally in collaboration between Integration Authorities, Health Boards and GP Sub-Committees and will be agreed with Local Medical Committees. Six monthly trackers will be provided to the Scottish Government to allow for national analysis to be produced.

In remote and rural areas, the rural options appraisal process has also been developed to determine whether it is necessary for the anticipated small number of local GP practices to continue delivering MoU services due to their specific remote/rural circumstances. Options appraisals should be developed as part of the PCIP process and submitted to the National GMS Oversight Group for review.

Written plans only go so far in providing intelligence nationally on service redesign. A Primary Care Improvement Leads group has been convened to share best practice on implementation of MoU services as well as feed into Oversight Group discussions. The Scottish Government is also committed to holding informal meetings with 31 HSCPs and Health Boards where appropriate by the end of 2021 to gain understanding of on the ground issues and listen to what further support can be provided to accelerate implementation locally.

Oversight Group

The National GMS Oversight Group will continue to oversee implementation of this MoU and the commitments in the national Contract and will be reinvigorated to allow it to fulfil its originally envisaged role of providing proactive intervention and support where necessary to implement the contractual arrangements outlined in this MoU within the agreed timescales. A key function will be to assess the extent to which additional resources and workforce are required to deliver the MoU services. As we

enter a new administration, the Oversight Group's Terms of Reference will need to be refreshed to ensure it complements and links with future primary care reform programmes and governance structures.

The individual responsibilities of the parties to the MoU established in the previous MoU continue to form the basis by which each party will contribute to the ongoing work of contract implementation.

Enablers

The MoU parties recognise that progressing work on key enablers is fundamental to delivering this MoU – workforce, data requirements, digital and premises.

Workforce

MoU implementation relies on having access to an available workforce. Partners recognise the current constraints that a finite workforce has on planning for service transfer and that the pandemic will likely have a significant impact on the development of workforce.

Workforce planning and pipeline projections, building on the primary care improvement plan trackers, are required to support the delivery of the MoU. A 'task and finish' group will be established involving all 4 partners (Integration Authorities represented by Chief Officers, Scottish Government, BMA and NHS Boards) to direct and oversee this work. The Group will be a sub-group of the National GMS Oversight Group and its recommendations will be used to inform the next iteration of the National Health and Social Care Integrated Workforce Plan.

Data-Driven Delivery

The pandemic has further highlighted the need for consistent, good quality data on which can be made available to the practice, the cluster, the Integration Authority and collated nationally to support sustainability, planning and the evolution of the extended multidisciplinary team. It is also important as a means to developing more robust interface working. The MoU parties place particular focus on the following areas:

Workforce – the GP Practice Workforce Survey will be run on an annual basis by NSS. Alongside the primary care improvement trackers, this will give us a comprehensive overview of GP workforce capacity. All parties to the MoU support this activity.

Activity – PHS has been carrying out a temporary weekly survey of activity of GP practices. The MoU parties are committed to developing long-term solutions for the extraction of activity data from general practice.

Quality – It was agreed as part of the Contract Offer that GP practices would engage in quality improvement planning through clusters. This should be supported by a national quality dataset. An initial version of this dataset will be agreed in Summer 2021. This will aid local service planning, and future MDT development.

Premises

It is acknowledged that with an increase in MDT working that premises will need to be able to support new ways of working that support more care/services being provided closer to home. Consideration should be given to remote, blended as well as co-location in considering implementation of MDT Services.

We remain committed to supporting the agreed National Code of Practice for GP premises and a shift to a new model in which GPs no longer will be expected to provide their own premises. Assistance to GPs who own their premises is being provided through the GP Premises Sustainability Fund.

Digital

Developing systems that facilitate the seamless working of extended Board-employed multidisciplinary teams linked to GP Practices is fundamental to the delivery of this MoU.

As part of this, NHS Boards have commissioned a procurement competition to provide the next generation of GP clinical IT systems for GPs in Scotland. This commitment is ongoing with the first product becoming available in Autumn 2021. All signatories recognise the need to progress the rollout of these clinical systems at pace.

Signatories

Signed on behalf of the Scottish General Practitioners Committee, BMA

Name: Andrew Buist, Chair, Scottish General Practitioners Committee, BMA
Date: 30 July 2021

Signed on behalf of Health and Social Care Partnerships

Name: Judith Proctor, Chair, Health and Social Care Scotland
Date: 30 July 2021

Signed on behalf of NHS Boards

Name: Ralph Roberts, Chair, Chief Executives, NHS Scotland
Date: 30 July 2021

Signed on behalf of Scottish Government

Name: Tim McDonnell, Director of Primary Care, Scottish Government
Date: 30 July 2021

Inverclyde Integration Joint Board Audit Committee

Monday 26 September 2022 at 1.00pm

Present:

Voting Members:

Councillor Elizabeth Robertson (Chair)	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Simon Carr	Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board

Also present:

Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Allen Stevenson	Head of Health & Community Care and Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde 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
George Barbour	Corporate Communications Manager

Chair: Councillor Robertson presided.

The meeting took place via video-conference.

21 Apologies, Substitutions and Declarations of Interest **21**

Apologies for absence were intimated on behalf of:

David Gould	Greater Glasgow & Clyde NHS Board
Charlene Elliot	Third Sector Representative

No declarations of interest were intimated.

22 Minute of Meeting of IJB Audit Committee of 27 June 2022 **22**

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 27 June 2022.

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

Referring to minute reference: page 9/paragraph 20 - '2021/22 Draft Annual Accounts', the Committee noted that they had not received clarification on what the 65.2% referred to represented. Mr Stevenson agreed to get this information to the Committee members.

Referring to minute reference: page 9/paragraph 20 – '2021/22 Draft Annual Accounts', the Committee requested an update on the status of the Workforce Plan. Mr Given advised that Inverclyde HSCP were at present in consultation with the Scottish Government and that a report would be forthcoming. The Committee expressed concerns that this would result in a delay to the Plan being implemented. Ms Rocks advised that a

report on this matter would be brought to the next meeting of the Inverclyde Integration Joint Board (IIJB) irrespective of whether the consultation process with the Scottish Government had concluded.

Decided:

(1) that the Minute be agreed; and

(2) that it be remitted to officers to provide an update report on the Workforce Plan to the next meeting of the IIJB.

23 IIJB Audit Committee Rolling Annual Workplan **23**

There was submitted a list of rolling actions arising from previous meetings of the IIJB Audit Committee.

Referring to the entry 'Locality Planning Groups update report', the Committee noted that there was 'no timescale' listed against this item and requested an update. Mr Given advised that a report was currently being worked on.

Decided: that the Rolling Annual Workplan be noted.

24 Internal Audit Progress Report – 28 February to 26 August 2022 **24**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 28 February to 26 August 2022.

The report was presented by Ms Priestman, being the regular progress report, and advised as follows;

1) the audit plan for 2022/23 was approved at the IIJB Audit Committee meeting in March and two audit plans are scheduled to be undertaken which will be carried out between September 2022 and March 2023;

2) in relation to Internal Audit follow up, there was one action due for completion by 31 August 2022 which had missed the deadline set by management. There are 4 actions being progressed by officers, all as detailed in appendix 1 to the report;

3) there have been no Internal Audit reports relevant to the IIJB reported to NHS GG&C since the last Audit Committee meeting in March 2022; and

4) Internal Audit within Inverclyde Council and NHS GG&C have undertaken to follow up actions in accordance with agreed processes and will report progress to the respective Audit Committees.

Referring to the one action which had missed the deadline, the Committee asked for an explanation and Mr Given advised that there were a variety of reasons leading to the work taking longer than expected and that progress was being made.

The Committee asked for more detail on the two audits plans scheduled to be undertaken and Ms Priestman advised they would be on Workforce Planning Arrangements and Recovery and Resilience Arrangements.

Decided: that the progress made by Internal Audit in the period 28 February to 26 August 2022 be noted.

25 Status of External Audit Action Plans to 31 August 2022 **25**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 31 August 2022.

The report was presented by Ms Priestman and advised as follows:

In relation to External Audit follow up, there were no actions due for completion by 31 August 2022. There are two current external audit actions being progressed by officers, all as detailed at appendix 1 to the report.

Decided: that the progress to date in relation to the implementation of external audit plans be noted.

26 Internal Audit Annual Report and Assurance Statement 2021/2022 **26**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Internal Audit Annual Report and Assurance Statement 2021/2022, which forms part of the IIJB's Annual Governance Statement.

The report was presented by Ms Priestman who advised the Committee that the report concluded that the majority of the IIJB's established internal control procedures operated as intended and met management's control requirements for each area reviewed, and that the overall audit opinion was 'satisfactory'.

The Committee asked officers to clarify the purpose of the Assurance Statement, and Ms Priestman advised that it was considered by Audit Committee and then used by Mr Given in the preparation of the Annual Governance Statement which is included in the annual accounts produced for External Audit.

Decided: that the Internal Audit Annual Report and Assurance Statement 2021/2022 be approved.

27 IJB Risk Register **27**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IIJB Strategic risk register, and (2) appending the most recent Risk Register reviewed by officers on 24 January 2022.

The report was presented by Mr Given and noted that the register is reviewed twice a year and that there were changes to Risk 3 (Financial Sustainability/Resource Allocation), Risk 4 (Financial Implication of response to Covid 19) and Risk 10 (Overall HSCP Workforce) since this matter was previously reported.

Mr Given also advised the Committee that work was currently progressing on a revised risk process and it was his intention to reconvene the short-life working group established previously. Mr Given also noted that he would arrange a Development Session for early 2023.

Referring to Locality Planning, the Committee sought reassurance that there was a mechanism in place for the Community Engagement Groups to engage with the Locality Planning Groups. Mr Given and Mr Stevenson explained the process and Ms Rocks provided reassurance that as Chief Officer she provided a further level of scrutiny.

The Committee commented that Risks 5 and 10 were similar and asked for an explanation as to why they were listed as two separate Risks. Mr Given advised that they were listed separately to highlight them as a live issue, but noted the comments and would consider merging them as one Risk in the future.

Referring to the 'Additional Controls/Mitigating Actions & Time Frames with End Dates' column of the Risk Register, the Committee requested that specific timescales and actions be added and Mr Given agreed to consider this.

Decided: that the contents of the report be noted.

28 Inverclyde Integration Joint Board – Directions Update August 2022 **28**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IIJB to Inverclyde Council and NHS Greater Glasgow & Clyde in the period March 2022 to August 2022.

The report was presented by Ms Pollock and advised that a revised IIJB Directions Policy and procedure was approved by the IIJB in September 2020 and as part of the agreed procedure the IIJB 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 IIJB. This report is the fourth such report and covers the period March 2022 to August 2022.

The report provided an update, noting that 5 Directions were issued; 2 of which were to both Inverclyde Council and the Health Board, 2 to the Council only and 1 to the Health Board only.

The Committee requested that Directions noted as completed be removed from the list and Ms Pollock and Mr Given agreed to revise the list.

Decided: that the contents of the report be noted.