



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 13 January 2023

**A meeting of the Inverclyde Integration Joint Board will be held on Monday 23 January 2023 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**

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10.	<b>Chief Officers Report</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
11.	<b>Minute of Meeting of IJJB Audit Committee of 28 November 2022</b>	p
<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.</p>		
<p><b>ROUTINE DECISIONS AND ITEMS FOR NOTING:</b></p>		
12.	<b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b> 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
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The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

Please note that the meeting will be recorded for publishing on the Inverclyde Council's website. The Integration Joint Board is a Joint Data Controller with Inverclyde Council and NHS Greater Glasgow & Clyde 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

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**INVERCLYDE INTEGRATION JOINT BOARD – 7 NOVEMBER 2022**


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**Inverclyde Integration Joint Board**  
**Monday 7 November 2022 at 2pm**

**PRESENT:****Voting Members:**

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Robert Moran (Vice Chair)	Inverclyde Council
Cllr 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
David Gould	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
Dr Chris Jones	Registered Medical Practitioner

**Non-Voting Stakeholder Representative Members:**

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

**Also present:**

Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Service Manager, Health & Wellbeing, Inverclyde Health & Social Care Partnership
Anne Malarkey	Head of Homelessness, Mental Health & Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	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.

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### 70 Apologies, Substitutions and Declarations of Interest 70

Apologies for absence were intimated on behalf of:

Laura Moore	Chief Nurse, NHS GG&C
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group (with Margaret Tait substituting)
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

Councillor McCluskey and Ms Boyd declared an interest in agenda item 12 (Reporting by Exception – Governance of HSCP Commissioned External Organisations).

Councillor Robertson joined the meeting at this juncture

### 71 Minute of Meeting of Inverclyde Integration Joint Board of 26 September 2022 71

There was submitted the Minute of the Inverclyde Integration Joint Board of 26 September 2022.

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

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

### 72 Membership of the Inverclyde Integration Joint Board – Re-Appointment of Non-Voting Members 72

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership asking the Board to confirm the re-appointment of members of the IJJB.

The report was presented by Ms Pollock, and advised that the Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014 sets out the arrangements for membership of all Integration Joint Boards, including members' term of office. The report recommended the re-appointment of a number of members for a further term of office.

The Chair thanked the non-voting members for their important contributions to the Board and for agreeing to continue to serve.

**Decided:**

(1) that the contents of the report be noted;

(2) that the re-appointment for a further term of office of up to two years for the following non-voting professional advisory members be confirmed:

Dr Hector MacDonald, Laura Moore and Dr Chris Jones;

(3) that the re-appointment for a further term of office of up to two years for the following non-voting stakeholder representative members and their proxies be confirmed:

Gemma Eardley, Diana McCrone, Charlene Elliot (proxy: Vicki Cloney), Hamish MacLeod (proxy: Margaret Tait) and Christina Boyd; and

(4) that the re-appointment for a further term of office of up to two years for the following additional non-voting stakeholder representative member be confirmed: Stevie McLachlan.

73 **Financial Monitoring Report 2022/23 – Period to 31 August 2022, Period 5**

73

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the projected financial outturn for the year as at 31 August 2022, and an update on 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 noted that as at 31 August 2022 it was projected that the IJJB revenue budget will have an overall underspend of £1.597million, broken down as Social Care Services projected to be underspent by £1.228million and Health Services projected to be underspent by £0.369million.

The Board enquired about the impact of rising inflation on the budget to the end of the financial year, and Mr Given advised that it was difficult to generalise and provided reassurance that the budget was monitored on a monthly basis.

Referring to previous discussions on the return of surplus Covid funding to the Scottish Government, the Board enquired if there was any further information available on this. Mr Given confirmed that discussions with the Scottish Government were not yet concluded but he expected that surplus funds will require to be returned and will confirm the final position with the Board when this is known.

The Board asked if issues regarding recruitment would impact on the quality of service provided in the Home Care sector. Mr Stevenson provided an overview of the measures taken to promote recruitment and advised that any possible risk to service provision was managed daily.

Referring to the table at appendix 7 of the report 'IJJB Reserves Position 2022/23 – Summary of Balance and Projected Use of Reserves', the Board asked if the entry of £1,527,000 for the Primary Care Improvement Plan in both the 'Balance at 31 March 2022' and 'Projected Spend 2022/23' columns included money that was returned to the Scottish Government and was therefore a recoup and not a spend, and Mr Given advised that it did.

The Board requested an update on the impact of inflation and other factors on the progress of the Disability Hub, and Mr Stevenson advised that a report on the risks and their mitigation associated with the Disability Hub would be brought to the January 2023 meeting of the Board..

**Decided:**

- (1) that (a) the current Period 5 forecast position for 2022/23, as detailed in the report and appendices 1-3, be noted, and (b) that it be noted that the projection assumes that all Covid related costs in 2022/23 will be fully funded from the Covid Earmarked Reserves;
- (2) that (a) the proposed budget realignments and virement, as detailed in appendix 4 to the report, be approved, and (b) that officers be authorised to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures as detailed at appendix 5 to the report;
- (3) that the position on the Transformation Fund, as detailed at appendix 6 to the report, and the change to planned recruitment, as detailed at paragraph 10.2 of the report, be noted;
- (4) that the current capital position, as detailed at appendix 7 of the report, be noted;
- (5) that the current Earmarked Reserves, as detailed at appendix 8 of the report, be noted;
- (6) that the key assumptions within the forecast, as detailed at paragraph 12, be noted; and
- (7) that it be remitted to officers to provide an update report to the next Board meeting on the progress of the Learning Disability Hub.

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- 74 Rolling Action List 74**
- There was submitted a Rolling Action List of items arising from previous decisions of the IJJB.
- Decided:** that the Rolling Action List be noted and that items recommended for closure were agreed.
- 75 Future Delivery of IJB Meetings 75**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing the IJJB with proposals around the future delivery of formal IJJB meetings.
- The report was presented by Ms Pollock and advised that IJJB and IJJB Audit Committee meetings have been held virtually since June 2020 due to the Covid pandemic and provided background and a timeline of decision making regarding this.
- After discussion, the Board expressed a preference for hybrid meetings and it was agreed that officers would trial the forthcoming Savings Exercise Development Session in January 2023 on a hybrid basis within Greenock Municipal Buildings.
- The Board considered the recommendation to live stream its meetings, having weighed the benefits and risks, and agreed to implement this from its next meeting.
- Decided:**
- (1) that it be agreed that meetings of the IJJB and IJJB Audit Committee be held on a fully remote basis for the remainder of the 2022/23 timetable of meetings;
  - (2) that it be agreed 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 IJJB and IJJB Audit Committee;
  - (3) that it be agreed that press access to IJJB meetings continues as it does currently, namely by being invited to the WebEx/Teams meeting;
  - (4) that the remote meeting protocol, as detailed at appendix 1 of the report, be approved;
  - (5) that it be noted that the IJJB meetings will continue to use WebEx for the time being but will move to Microsoft teams in due course;
  - (6) that it be noted that officers will bring proposals to the June 2023 meeting of the IJJB to agree meeting arrangements for the 2023/24 cycle of meetings; and
  - (7) that it be remitted to officers to make arrangements for the planned Savings Exercise Development Session planned for January 2023 to be held on a hybrid basis within Greenock Municipal Buildings.
- 76 HSCP Workforce Plan 2022-2025 76**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Inverclyde HSCP Workforce Plan 2022-2025 (the Plan) for approval.
- The report was presented by Mr Given and advised that the Plan had been developed in line with guidance provided by the Health Workforce Directorate of the Scottish Government in DL 2022 (09) 'National Health and Social Care Workforce Strategy: Three Year Workforce Plans' and builds on previous plans and comments received from the Health Workforce Directorate. Mr Given thanked his colleague Emma Cummings, HSCP Project Manager, for assisting with the development the Plan and advised that six-monthly update reports would be brought to the Board.
- The Board asked if there were plans to actively recruit young people into the Care Sector and promote it as a career choice. Ms Rocks highlighted the aging workforce statistics within the report and advised that she was keen to work with Education

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Services colleagues within Inverclyde Council to do this.

The Board noted that the implementation of the National Care Service had not been included within the Plan, and Mr Given advised that it would when more information became available.

Referring to the Staff Recruitment Challenges and Activity section of the Plan, and the reference to 'During 2021, 104 (18%) of Care at Home staff left the service...' the Board asked how this compared with the rest of Scotland, and Mr Stevenson advised that the figure was comparable.

The Board asked if there were plans to recruit more men into the Care Sector, and Mr Stevenson advised that more men were now employed within the profession and noted that a recently recruited male member of staff had taken part in the advertising campaign to promote this.

The Board sought an explanation for the reduction in the number of GPs within Inverclyde. Ms Rocks advised that it was her intention to invite Dr Hector MacDonald to the next meeting of the Board to report on pressures within the Primary Care Sector. Following discussion, it was agreed that the report be expanded to include details and analysis of pressures within all professional disciplines in the Primary Care Sector.

Referring to the 'Timescales' column of the table at the 'Action Plan – High Level Outcomes 5 Pillars of the Workforce Journey' section of the Plan, the Board requested that the timescales be more specific and that a column for 'Officer Responsible' be added, and Mr Given agreed to this.

Whilst welcoming the report, and noting the emphasis by officers that the plan was a living document, the Board noted the following points which they wished clarified or included; performance appraisal figures for Health Board staff, market facilitation commissioning ideals, retaining staff, NHS Peer Support Plan, impact of any possible redundancies, and reviewing the statistics contained within the report on the Third Sector.

### **Decided:**

- (1) that the HSCP Workforce Plan 2022-25 be approved;
- (2) that the ongoing work to identify the future quantified whole time equivalent workforce requirements be noted;
- (3) that it be remitted to officers to provide update reports to the Board on a six-monthly basis; and
- (4) that it be remitted to officers to submit a report to the next meeting of the Board detailing service pressures on all the professional disciplines within the Primary Care Sector and including an analysis of data, and that Dr Hector MacDonald be invited to the meeting to speak to the report.

## **77 Proposed Approach – 2023/24 IJJB Budget**

77

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising of the proposed approach to approving the 2023/24 Revenue Budget and providing updates in respect of the current overall position, the proposed process/timelines and the current position of savings proposals and cost pressures.

The report was presented by Mr Given and advised that the IJJB was required to approve its approach to the 2023/24 Budget and identify the key assumptions for funding from both the Health Board and Inverclyde Council. The report provided background and context, a proposed budget approach, current timelines, key budget announcements and potential savings/adjustments.

The Board asked if the impact of inflation and pay increases had been factored into the Proposed Approach to the budget and Mr Given provided a detailed explanation of the accounting mechanisms and processes involved in formulating the Proposed Approach.

Referring to paragraph 1.5 of the report, the Board requested more information on the impact of Covid on the Children and Families budget, and Mr Given advised of the use

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of Smoothing Reserves and also Spend to Save initiatives.

The Board asked if the impact of proposed budget savings on service users could be assessed, and Mr Given advised that he was currently compiling a savings options sheet which will contain this information and he will provide a summarised version of this to the IJJB Working Group when completed.

**Decided:**

- (1) that the proposed approach to the 2023/24 Budget be noted;
- (2) that the key timelines and Budget Announcements to the preparation of the 2023/24 Budget be noted; and
- (3) that (a) the Funding pressures identified be noted, and (b) it be noted that officers have developed initial savings proposals which will be reported to a future meeting if the IJJB and IJJB Audit Committee.

### 78 Update on Implementation of Primary Care Improvement Plan

78

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the current position and associated finances in relation to the implementation of the Primary Care Improvement Plan (PCIP), and (2) appending a copy of the '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'.

The report was presented by Mr Stevenson and provided updates on CTAC, Urgent Care, Pharmacotherapy (Pharmacy), the Vaccination Transformation Programme and funding.

Referring to paragraph 4.5 of the report 'Existing core funding will allow continuation of existing services, but the retraction of funding will challenge the progression of the following areas...' and the subsequent list, the Board asked which carried the greatest risk. Mr Stevenson advised that services would be prioritised, and risk managed with planning, but that recruitment and retention of the workforce across all Primary Care areas was an ongoing issue.

The Board enquired as to how services would be maintained, and Mr Stevenson and Ms Rocks provided an overview of measures such as multi-disciplinary teams and the role of Advanced Nurse Practitioners.

The Board asked how the impact of the PCIP on service provision was evaluated, and Mr Best advised that this would be the subject of a future report. The Chair requested that this report be brought to the March or May 2023 meeting and include information on performance and resources.

The Board expressed their unease at the reduction in funding and pressures within the service, and the Chair advised that he would address the concerns raised at his next meeting with the Chief Officer and Vice-Chair in order to assess what actions could be taken to reflect these concerns.

**Decided:**

- (1) that the progress made in delivery of the 2022/23 Primary Care Improvement plan be noted;
- (2) that the ongoing development and continuation of the implementation of the Primary Care Improvement Plan be noted;
- (3) that the confirmed reduction of £1.236million in Primary Care Improvement funding from Scottish Government for the 2022/23 delivery and the anticipated impact on future developments, as detailed in paragraph 4.5 of the report, be noted; and
- (4) that it be remitted to officers to provide a report to either the March or May 2023 meeting of the Board evaluating the impact of the PCIP on service provision and including information on performance and resources.



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### 79 Chief Officers Report

79

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on service developments which are not subject to the IJJB agenda of 7 November 2022 but will be future papers.

The report was presented by the Chief Officer and provided an update on Mental Health and Wellbeing in Primary Care Services, Supporting Ukrainian Nationals, Winter Preparedness 2022, and Alcohol and Drug Partnership Funding. Whilst presenting the report Ms Rocks paid tribute to the Third Sector in Inverclyde and commented that she had not encountered such a level of cohesion between a local authority and the voluntary sector before.

The Board sought reassurance on the HSCP's readiness for the approach of winter and any possible industrial action, and Mr Stevenson provided a detailed overview of the planning measures which have been put in place to ensure continuity of service provision.

Referring to a particular local newspaper article, Councillor Moran asked what support Ukrainian nationals were receiving, and Ms Rocks provided an overview of services available and advised she would not comment on an individual case. Ms Rocks advised she would contact Councillor Moran outwith the meeting.

The Board requested an update on the funding position for the Mental Health and Wellbeing Service and Ms Malarkey advised that there was no further information available at present.

**Decided:** that the following updates be noted (a) Mental Health and Wellbeing in Primary Care Services, (b) Supporting Ukrainian Nationals, (c) Winter Preparedness 2022, and (d) Alcohol and Drug Partnership Funding.

Councillor Robertson left the meeting at this juncture.

### 80 Minute of Meeting of IJB Audit Committee of 26 September 2022

80

There was submitted the Minute of the Inverclyde Integration Joint Board of 26 September 2022.

**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 items on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.**

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

81

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 16 July to 16 September 2022.

The report was presented by Mr Given 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.

Councillor McCluskey declared a non-financial interest in this item as a close family

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member was a resident in a Care Home and Ms Boyd declared a non-financial interest as a Director of Inverclyde Carer's Centre. Both members formed the view that the nature of their interest and of the item of business did not preclude their continued presence at the meeting or their participation in the decision making process.

The Board sought reassurance that families were advised of and included in discussions involving care provision, and Mr Stevenson provided an overview of the governance measures in place for family contact and involvement.

**Decided:**

(1) that the Governance report for the period 16 July to 16 September 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.

### 82 **Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 26 September 2022**

82

There was submitted an Appendix to the Inverclyde Integration Joint Board of 26 September 2022.

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

The Board requested an update on one of the organisations mentioned, all as detailed in the Appendix.

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

**INVERCLYDE INTEGRATION JOINT BOARD – 28 NOVEMBER 2022**

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**Inverclyde Integration Joint Board**  
**Monday 28 November 2022 at 2.00pm**

**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
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
Audrey Howard	On behalf of Allen Stevenson, Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, NHS GG&C

**Non-Voting Stakeholder Representative Members:**

Diana McCrone	Staff Representative, NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde
Christina Boyd	Carer's Representative
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group

**Also present:**

Mark Laird	Audit Scotland
Grace Symes	Audit Scotland
Vicky Pollock	Legal Services Manager, Inverclyde Council
Anne Malarkey	Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Marie Kiers	Senior Finance Manager, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
Karen MacVey	Legal & Democratic Services Team Leader, Inverclyde Council
PJ Coulter	Corporate Communications, Inverclyde Council

**Chair:** Alan Cowan presided

The meeting took place via video-conference.

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**83 Apologies, Substitutions and Declarations of Interest****83**

Apologies for absence were intimated on behalf of:

Councillor Lynne Quinn	Inverclyde Council
David Gould	Greater Glasgow and Clyde NHS Board
Allen Stevenson	Chief Social Work Officer

No declarations of interest were intimated.

Prior to discussion on the following item the Chair thanked all officers and Audit Scotland for their contributions and efforts to finalise the Annual Report and Accounts.

**84 Annual Report to the IJB and the Controller of Audit for the Financial Year Ended 31 March 2022****84**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Annual Report and Auditor's Letter to the Board for the financial year ended 31 March 2022 which had been prepared by the IJB's external auditors, Audit Scotland.

The report was presented by Mr Given, it being a statutory requirement of the accounts closure process that the IJB receives a letter from the appointed External Auditors highlighting the main matters arising in respect of the prior year accounts. Mr Laird was then invited to present the Audit Scotland Report.

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

Councillor Robertson advised that the Audit Committee had met at 1pm with representatives from Audit Scotland, and having considered and discussed the Annual Report, were content to (a) recommended that the IJB authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the final 2021/22 accounts on behalf of the IJB, and (b) recommend that the Letter of Representation be signed by the Chief Financial Officer.

Councillor Robertson commented favourably on the report and noted that the Audit Committee had earlier expressed thanks to all involved in the process. In response to the statement made within the Key Messages section of the report that 'The IJB has a medium-term financial plan but is yet to develop a longer-term plan' Councillor Robertson noted that the Audit Committee had acknowledged the difficulties in producing a longer-term financial plan when future financial settlements are unknown and made in the short-term. It was noted that the Audit Committee had also discussed Best Value, returning unspent funding and Locality Planning. Councillor Robertson also submitted Councillor Quinn's support for the recommendations in her absence.

The Board also commented on the statement made within the Key Messages section of the report that 'The IJB has a medium-term financial plan but is yet to develop a longer-term plan', agreeing that longer-term planning was difficult given the unpredictability of financial settlements. Ms Rocks emphasised the positive comments made within the report and noted that the implementation of the National Care Service would bring further change. Ms Rocks also thanked Mr Given and his team for their work on the accounts. The Chair advised that the issues experienced by Inverclyde IJB were not unique and thanked all involved in the process.

**Decided:**

- (1) that the contents of the Annual Report to the IJB and Controller of Audit for the financial year to 31 March 2022 be endorsed;
- (2) that the Chair, HSCP Chief Officer and Chief Financial Officer be authorised to

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accept and sign the final 2021/22 Accounts on behalf of the IJJB; and

(3) that the Letter of Representation, as detailed at appendix 2 of the report, be endorsed and that approval be given to the signing of this by the Chief Financial Officer.

### 85 Cost of Living Proposals

85

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership outlining proposals for additional cost of living support for the citizens of Inverclyde.

The report was presented by Ms Rocks and detailed changes to existing hardship and destitution funding practices, expansion of the Warm Boxes scheme and a new initiative with the Third Sector which would enable community groups to access funds to pass on to the most financially vulnerable in Inverclyde.

Whilst expressing support for the proposals detailed in the report, the Board sought reassurance on the governance of the initiatives. Ms Rocks and Mr Given advised that financial governance measures would be in place before the projects advanced to service delivery and emphasised that they were an expansion of current projects and had been successfully trialled elsewhere. It was agreed that officers would submit an update report to the March 2023 meeting of the Board providing detail on the operation and governance of the proposals.

The Board sought reassurance on the implications for staff from the proposals, and Ms Rocks advised that staff training and guidance would be issued.

Ms Elliot, representative from CVS, advised the Board that she welcomed the proposals and would contact Ms Rocks after the meeting to discuss the involvement of the Third Sector. The Board also commented that they hoped the proposals would be well publicised.

#### **Decided:**

(1) that the HSCP proposals to widen access to Section 12 Social Work (Scotland) Act 1968 and Section 22 Children (Scotland) Act 1995 funding, to the practitioners detailed within the report to a maximum of £300,000 funded from the 2022/23 underspend be approved;

(2) that the intention to develop a Standard Operating Procedure which ensures delivery within a governance framework be approved;

(3) that the intention to distribute an initial 500 Warm Boxes via the Care at Home service to service users at an estimated cost of £30,000 funded from the 2022/23 underspend be approved;

(4) that the intention to work with the Third Sector to implement a new funding distribution scheme to voluntary organisations under Section 10 of the Social Work (Scotland) Act 1968 to assist individuals in the community up to the value of £100,000 funded from the 2022/23 underspend be approved; and

(5) that it be remitted to officers to provide an update report to the March 2023 meeting providing detail on the operation and implementation of the proposals.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>23 January 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/06/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given Chief Financial Officer</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>Financial Monitoring Report 2022/23 – Period to 31 October 2022, Period 7</b>		

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## **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 31<sup>st</sup> October 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. A revised base budget of £123.033m was shown in previous reports reflecting outstanding allocations of budget from Health in relation to Multi-disciplinary teams (MDTs) and Band 2-4 funding. The Band 2-4 funding and the majority of the MDTs funding has now been issued and the base budget in the tables have been updated accordingly.
- 1.5 As at 31 October 2022, it is projected that the IJB revenue budget will have an overall underspend of £1.083m, assuming earmarking of £0.514m set out at Section 8.2 is approved, broken down as follows:-
- Social care services are projected to be underspent by £1.202m.
  - Health Services are projected to be overspent by £0.119m.
- 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 £13.380m. This is a net decrease of £13.983m 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 overall projected underspend of £1.083m 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 7 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. Approves the specific earmarking proposed within Section 4 and summarised at 8.2;
4. Notes the position on the Transformation Fund (Appendix 6);
5. Notes the current capital position (Appendix 7);
6. Notes the current Earmarked Reserves position (Appendix 8).
7. 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 £1.083m. The table below summarises the agreed budget and funding from partners, together with the projected operating outturn for the year as at 31 October:

	<b>Revised Budget 2022/23 £000</b>	<b>Projected Outturn £000</b>	<b>Projected Over/(Under) Spend £000</b>
Social Work Services*	84,115	82,913	(1,202)
Health Services*	77,740	77,859	119
Set Aside	29,350	29,350	0
<b>HSCP NET EXPENDITURE</b>	<b>191,205</b>	<b>190,122</b>	<b>(1,083)</b>
<b>FUNDED BY</b>			
Transfer from / (to) Reserves	-	(1,083)	(1,083)
NHS Contribution to the IJB	125,683	125,683	
Council Contribution to the IJB	65,522	65,522	
<b>HSCP FUNDING</b>	<b>191,205</b>	<b>190,122</b>	<b>(1,083)</b>
Planned Use of Reserves		14,497	
Specific earmarking requested		(514)	
Projected HSCP operating Surplus		(1,083)	
<b>Annual Accounts CIES Position DEFICIT/(SURPLUS)</b>		<b>12,900</b>	

\*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 £3.502m in relation to the continued response to the Covid-19 pandemic as at Month 7. This report assumes that all of these costs will be funded from the Covid EMR of £8.130m held within IJB reserves.

### 4.0 SOCIAL CARE

- 4.1 Appendix 2 shows the projected position as at Period 7 for Social Care services. It is currently anticipated that Social Care services will underspend by £1.202m in 2022/23. No projections have been included for backdated pay award within these figures as it is anticipated this will be fully funded from budgets available and the EMR held for this purpose.
- 4.2 The following sections will provide an overview of the main projected variances against Social Care delegated functions:-
- 4.3 The main areas of overspend within Social Care are as follows:-



- Within Children and Families, an anticipated overspend of £0.087m 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.
- Also within Children and Families is a projected overspend of £0.215m for client commitments in place, due to a new placement and slippage in end dates for 2 residential placements.
- Criminal Justice is currently projected to overspend by £0.092m, attributable to client package costs shared with Learning Disabilities.
- Within Older People, a projected overspend of £0.238m is anticipated against nursing and residential placements, an increase of £0.081m on the previous projection. This movement is due to additional long term beds included in projections due to the continuing issues with securing care at home packages, partially offset by additional income recovered during the year.
- Also within Older People, an overspend of £0.189m within client commitments (direct payments and respite) is anticipated, mainly in relation to respite packages for the year. This projection has improved by £0.026m since last reported.
- As previously reported, an overspend of £0.127m 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 £0.171m, an increased spend of £0.041m since last reported. This increase is due to a new transition client package, together with the likelihood that the £0.200m budget saving in relation to sleepovers will not be achieved in full this financial year, but efficiencies have been identified in full on a recurring basis from 2023/24. These increases are partially offset by the allocation of additional inflationary pressure funding of £0.112m for 2022/23.
- Physical and Sensory disability services have a projected over spend of £0.236m primarily related to client commitments, an increase of £0.110m since Period 5. This is due to a significant new care package together with the net impact of minor changes in other packages.

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

- Children and Families employee costs are anticipated to under spend by £0.152m in relation to Social Worker vacancies across Integrated and Other Services.
- The budgets held for fostering, adoption and kinship payments within Children & Families are expected to be under spent by £0.096m by the year end.
- A projected underspend of £0.710m within External Homecare, being a reduction in projected spend since last reported of £0.107m. 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 were 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 net underspend of £0.141m on Employee Costs is currently projected, due to the level of vacancies across these services. Recruitment and retention issues across the sector continue to contribute to current pressure on the overall service to deliver all of their commissioned home care hours.

- An under spend of £0.270m has arisen on a temporary basis in 2022/23 against Winter Planning additional funding due to delays in implementation. It is recommended that earmarking be approved from this under spend and the others set out within Older persons to meet the non-recurring costs of potential new temporary posts in key areas (£0.250m) and for the continuation of Interim Care beds into the new financial year (£0.092m). This earmarking has been reflected in the position reported.
- Within Day Services there is a projected underspend of £0.063m, pending the completion of the new Learning Disability Facility, which we are recommending to the IJB that they earmark to meet one-off costs associated with the Learning Disability Hub, leaving a net online position on the projected outturn being reported.
- Learning disabilities employee costs are currently projected to underspend by £0.275m due to level of vacancies within the service, a minimal change since last reported.
- Vacancies within Assessment and Care Management are expected to result in an underspend on Employee Costs at year end of £0.058m. This underspend has reduced by £0.066m on previous projections.
- Mental Health services are projecting an under spend of £0.300m. £0.251m of this underspend relates to care packages within the community. The remainder is attributable to vacancies within the service.
- The Alcohol and Drugs Recovery service has an expected underspend of £0.067m for the year, with the previously projected underspend reducing by £0.102m. This movement relates mainly to a proposed earmarking of £0.109m to meet non-recurring costs of planned temporary posts within the service, and it is requested that the IJB approve this request, which has been reflected in the overall position reported.
- Vacancies with the Homelessness Service are resulting in a projected underspend of £0.067m by the year end.
- Within Business Support, a review of contingency budgets held for inflationary uplifts when the 2022/23 budget was set, has been carried out at Period 7 and this has released £0.551m towards the overall projected position. A further £0.095m under spend is anticipated due to the level of vacancies within the service.
- The projected position reported includes an anticipated inflationary pressure for 2022-23 within Utilities of £0.122m, together with £0.430 planned spend over the remainder of the financial year on Cost-of-Living mitigation initiatives within Inverclyde, agreed by the IJB on 28 November 2022, to be funded by in year underspends.

## **5.0 HEALTH**

- 5.1 Appendix 3 shows the projected position as at Period 7 for Health services. It is currently anticipated that Health services will overspend by £0.119m in 2022/23.
- 5.2 The main area of overspend within Health services is in relation to Mental Health In-Patient services, which is currently forecast to overspend by £1.254m. 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. Bank costs continue to fluctuate and projections will be updated accordingly as the year progresses.

5.3 This overspend is offset by projected underspends mainly in respect of vacancies and some maternity leaves throughout services; Children and Families £0.476m, Health and Community Care £0.047m, Management and Admin £0.282m, Alcohol and Drug Recovery services £0.297m, Mental Health Communities £0.167m, and Strategy and Support Services £0.155m 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 £0.166m.

#### 5.5 Prescribing

Currently projecting an overspend of £0.5m, an increased anticipated spend of £0.448m since last reported. The increased spend relates to inflationary increases, increased drug volumes and short supply issues. It is currently expected that this over spend can be accommodated within the overall IJB position. An earmarked reserve is held for prescribing which can be accessed at year end if required.

#### 5.6 Set Aside

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 £3.502m in relation to the Covid 19 pandemic and recovery activity as at Month 7. 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 There continues to be some uncertainty in relation to some Scottish Government funding streams e.g. Mental Health Recovery and Renewal, Primary Care Improvement Fund and Winter planning (Multi-Disciplinary Teams). Updates will be provided when available.

### 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 £13.380m to allow continuation of current projects. This is a decrease in year due to a net anticipated spend of £13.983m against current reserves. The position is summarised

below, including an assumption at this stage that the earmarking at 8.2 is approved and that the projected underspend would be added to general reserves:-

	Opening Balance	New Funds in Year	Total Funding	Projected Spend	Projected C/fwd
	£000s	£000s	£000s	£000s	£000s
<b>Ear-Marked Reserves</b>					
Scottish Government Funding - funding ringfenced for specific initiatives	13,354		13,354	11,679	1,675
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	6,266		6,266	805	5,461
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
<b>TOTAL Ear-Marked Reserves</b>	<b>27,363</b>	<b>0</b>	<b>27,363</b>	<b>13,983</b>	<b>13,380</b>
<b>General Reserves</b>	<b>962</b>	<b>0</b>	<b>962</b>		<b>962</b>
In Year Surplus/(Deficit) going to/(from) reserves					1,083
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>0</b>	<b>28,325</b>	<b>13,983</b>	<b>15,425</b>

8.2 The position in the table above assumes earmarking of the following items, detailed in Section 4, which the IJB is requested to approve:-

Earmarking purpose	£m
ADRS non recurring post costs	0.109m
Temporary posts	0.250m
LD Hub - to meet one off costs	0.063m
Continuation of Interim care beds	0.092m
<b>Total requested as at Period 9</b>	<b>0.514m</b>

## 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 £0.605m uncommitted. Proposals with a total value in excess of £0.100m require the prior approval of the IJB.

## 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 originally projected to be spent in 2022/23. Net slippage of £0.784m (58.25%) is currently being reported and unchanged from the previously reported position, linked to the on-going development of the

programme for the New Learning Disability Facility. Expenditure on all capital projects to 31 October 2022 is £0.229m (17.01% of approved budget, 40.75% of the revised projection). Appendix 4 details capital budgets.

#### 11.2 Crosshill Children's Home

The facility is now operational with the first day of full operation on 17th October 2022. As previously reported, 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 provided noted that the programme for delivery was being reviewed in conjunction with hub West Scotland (hWS). A more detailed separate report on the project progress will be brought to IJB in March.

#### 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:

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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

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

Annually Recurring Costs/ (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact</b>	<b>Virement From (If Applicable)</b>	<b>Other Comments</b>
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 EqlA 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 EqlA is required. Provide any other relevant reasons why an EqlA is not necessary/screening statement.

(b) **Equality Outcomes**

How does this report address our Equality Outcomes?

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

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?

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

Resources are used effectively in the provision of health and social care services.	Effective financial monitoring processes ensure resources are used in line with the Strategic Plan to deliver services efficiently
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### 13.9 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.

### Environmental/Sustainability

#### 13.10 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.

#### 13.11 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.

### 14.0 DIRECTIONS

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



## **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

**INVERCLYDE HSCP****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 7: 1 April 2022 - 31 October 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	63,868	62,970	(898)	-1.4%
Property Costs	1,037	1,157	1,240	83	7.2%
Supplies & Services	8,018	9,885	9,421	(464)	-4.7%
Payments to other bodies	51,100	51,171	50,662	(509)	-1.0%
Family Health Services	25,568	26,345	26,345	0	0.0%
Prescribing	19,281	19,275	19,775	500	2.6%
Resource transfer	18,294	18,593	18,593	0	0.0%
Income	(22,657)	(28,439)	(28,234)	205	-0.7%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>159,205</b>	<b>161,855</b>	<b>160,772</b>	<b>(1,083)</b>	<b>-0.7%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>188,555</b>	<b>191,205</b>	<b>190,122</b>	<b>(1,083)</b>	<b>-0.6%</b>

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	4,153	3,885	(268)	-6.5%
Management & Admin	7,586	6,637	5,734	(903)	
Older Persons	28,026	29,571	29,096	(476)	-1.6%
Learning Disabilities	9,919	9,735	9,667	(69)	-0.7%
Mental Health - Communities	4,318	4,510	4,043	(467)	-10.4%
Mental Health - Inpatient Services	9,865	10,025	11,279	1,254	12.5%
Children & Families	15,381	15,687	15,241	(446)	-2.8%
Physical & Sensory	2,607	2,419	2,655	236	9.8%
Alcohol & Drug Recovery Service	2,753	2,693	2,329	(364)	-13.5%
Assessment & Care Management / Health & Community Care	10,458	10,832	10,727	(105)	-1.0%
Criminal Justice / Prison Service	118	118	210	92	0.0%
Homelessness	1,266	1,044	977	(67)	-6.4%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,497	19,997	500	2.6%
Resource Transfer *	18,294	18,593	18,593	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>160,181</b>	<b>161,855</b>	<b>160,772</b>	<b>(1,083)</b>	<b>-0.7%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>189,531</b>	<b>191,205</b>	<b>190,122</b>	<b>(1,083)</b>	<b>-0.6%</b>
<b>FUNDED BY</b>					
NHS Contribution to the IJB	94,659	96,333	96,452	119	0.1%
NHS Contribution for Set Aside	29,350	29,350	29,350	0	0.0%
Council Contribution to the IJB	65,522	65,522	64,320	(1,202)	-1.8%
<b>HSCP NET INCOME</b>	<b>189,531</b>	<b>191,205</b>	<b>190,122</b>	<b>(1,083)</b>	<b>-0.6%</b>
<b>HSCP OPERATING (SURPLUS)/DEFICIT</b>			<b>(1,083)</b>	<b>0</b>	<b>0.0%</b>
Anticipated movement in reserves *			13,983		
<b>HSCP ANNUAL ACCOUNTS REPORTING (SURPLUS)/DEFICIT</b>			<b>12,900</b>		

\* See Reserves Analysis for full breakdown

**INVERCLYDE HSCP - COVID 19****REVENUE BUDGET 2022/23 PROJECTED SPEND****As at 31 October 2022**

<b>SUMMARISED MOBILISATION PLAN</b>	<b>Social Care 2022/23 £'000</b>	<b>Health 2022/23 £'000</b>	<b>Revenue 2022/23 £'000</b>
<b>COVID-19 COSTS HSCP</b>			
Scale up of Public Health Measures		(3)	(3)
Flu Vaccination & Covid-19 Vaccination (FVCV)		172	172
Additional Staff Costs (Contracted staff)	225	150	375
Additional Staff Costs (Non-contracted staff)		25	25
Additional Equipment and Maintenance		7	7
Additional Infection Prevention and Control Costs	35		35
Additional PPE	60		60
Children and Family Services	1,577		1,577
Homelessness and Criminal Justice Services	85		85
Covid-19 Financial Support for Adult Social Care Providers	368		368
Social Care Support Fund Claims	617		617
Additional FHS Contractor Costs			0
Digital & IT costs	12	4	16
Other		4	4
Staff Wellbeing	53		53
Loss of Income	111		111
Test and Protect			0
<b>Projected Covid related spend fully funded by Covid EMR</b>	<b>3,143</b>	<b>359</b>	<b>3,502</b>

**SOCIAL CARE****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 7: 1 April 2022 - 31 October 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
<b>SOCIAL CARE</b>					
Employee Costs	33,965	34,593	33,558	(1,035)	-3.0%
Property costs	1,025	1,024	1,107	83	8.1%
Supplies and Services	1,005	1,286	1,332	46	3.6%
Transport and Plant	352	397	382	(15)	-3.8%
Administration Costs	732	771	794	23	3.0%
Payments to Other Bodies	51,100	51,171	50,662	(509)	-1.0%
Income	(22,657)	(23,720)	(23,515)	205	-0.9%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>	<b>65,522</b>	<b>64,320</b>	<b>(1,202)</b>	<b>-1.8%</b>

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>SOCIAL CARE</b>					
Children & Families	11,638	11,809	11,839	30	0.3%
Criminal Justice	118	118	210	92	78.0%
Older Persons	28,026	29,571	29,095	(476)	-1.6%
Learning Disabilities	9,359	9,158	9,134	(24)	-0.3%
Physical & Sensory	2,607	2,419	2,655	236	9.8%
Assessment & Care Management	2,804	2,563	2,505	(58)	-2.3%
Mental Health	1,222	1,286	986	(300)	-23.3%
Alcohol & Drugs Recovery Service	950	915	848	(67)	-7.3%
Homelessness	1,266	1,044	977	(67)	-6.4%
Finance, Planning and Resources	1,792	1,968	2,021	53	0.0%
Business Support	5,740	4,671	4,050	(621)	0.0%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>	<b>65,522</b>	<b>64,320</b>	<b>(1,202)</b>	<b>-1.8%</b>

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
<b>Council Contribution to the IJB*</b>	<b>65,522</b>	<b>65,522</b>	<b>64,320</b>	<b>(1,202)</b>	<b>-1.8%</b>
<b>Projected Transfer (from) / to Reserves</b>				<b>1,202</b>	

**HEALTH****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 7: 1 April 2022 - 31 October 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
<b>HEALTH</b>					
Employee Costs	24,600	29,275	29,412	137	0.5%
Property	12	133	133	0	0.0%
Supplies & Services	5,929	7,431	6,913	(518)	-7.0%
Family Health Services (net)	25,568	26,345	26,345	0	0.0%
Prescribing (net)	19,281	19,275	19,775	500	2.6%
Resource Transfer	18,294	18,593	18,593	0	0.0%
Income	(0)	(4,719)	(4,719)	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>93,683</b>	<b>96,333</b>	<b>96,452</b>	<b>119</b>	<b>0.1%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>123,033</b>	<b>125,683</b>	<b>125,802</b>	<b>119</b>	<b>0.1%</b>

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>HEALTH</b>					
Children & Families	3,743	3,878	3,402	(476)	-12.3%
Health & Community Care	7,654	8,269	8,222	(47)	-0.6%
Management & Admin	1,846	1,966	1,684	(282)	-14.3%
Learning Disabilities	560	577	533	(45)	-7.8%
Alcohol & Drug Recovery Service	1,803	1,778	1,481	(297)	-16.7%
Mental Health - Communities	3,096	3,224	3,057	(167)	-5.2%
Mental Health - Inpatient Services	9,865	10,025	11,279	1,254	12.5%
Strategy & Support Services	540	634	479	(155)	-24.5%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,497	19,997	500	2.6%
Financial Planning	2,223	1,551	1,386	(165)	0.0%
Resource Transfer	18,294	18,593	18,593	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>94,659</b>	<b>96,333</b>	<b>96,452</b>	<b>119</b>	<b>0.1%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>124,009</b>	<b>125,683</b>	<b>125,802</b>	<b>119</b>	<b>0.1%</b>

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
<b>NHS Contribution to the IJB</b>	<b>124,009</b>	<b>125,683</b>	<b>125,802</b>	<b>119</b>	<b>0.1%</b>
Transfer (from) / to Reserves				(119)	

Inverclyde HSCP - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
	2022/23	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	15,381	0	212	94	0	15,687
Criminal Justice	118	0	0	0	0	118
Older Persons	28,026	0	1,368	176	0	29,570
Learning Disabilities	9,919	0	(194)	11	0	9,736
Physical & Sensory	2,607	0	(188)	0	0	2,419
Assessment & Care Management/ Health & Community Care	10,458	0	(397)	771	0	10,832
Mental Health - Communities	4,318	0	368	(176)	0	4,510
Mental Health - In Patient Services	9,865	0	155	5	0	10,025
Alcohol & Drug Recovery Service	2,753	0	(61)	0	0	2,692
Homelessness	1,266	0	(222)	0	0	1,044
Strategy & Support Services	4,555	0	(492)	91	0	4,154
Management, Admin & Business Support	7,586	0	(948)	0	0	6,638
Family Health Services	25,568	0	0	773	0	26,341
Prescribing	19,468	0	100	(71)	0	19,497
Resource Transfer	18,294	0	299	0	0	18,593
Set aside	29,350	0	0	0	0	29,350
<b>Totals</b>	<b>189,531</b>	<b>0</b>	<b>0</b>	<b>1,674</b>	<b>0</b>	<b>191,205</b>

Social Care - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
	2022/23	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	11,638		171			11,809
Criminal Justice	118		0			118
Older Persons	28,026		1,369	176		29,571
Learning Disabilities	9,359		(201)			9,158
Physical & Sensory	2,607		(188)			2,419
Assessment & Care Management	2,804		(241)			2,563
Mental Health - Community	1,222		240	(176)		1,286
Alcohol & Drug Recovery Service	950		(35)			915
Homelessness	1,266		(222)			1,044
Strategy & Support Services	1,792		176			1,968
Business Support	5,740		(1,069)			4,671
<b>Totals</b>	<b>65,522</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>65,522</b>

Health - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
	2022/23	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	3,743		41	94		3,878
Health & Community Care Management & Admin	7,654		(156)	771		8,269
Learning Disabilities	1,846		120			1,966
Alcohol & Drug Recovery Service	560		7	11		578
Alcohol & Drug Recovery Service	1,803		(26)			1,777
Mental Health - Communities	3,096		128			3,224
Mental Health - Inpatient Services	9,865		155	5		10,025
Strategy & Support Services	540		3	91		634
Family Health Services	25,568			773		26,341
Prescribing	19,468		100	(71)		19,497
Financial Planning	2,223		(671)			1,552
Resource Transfer	18,294		299			18,593
Set aside	29,350					29,350
<b>Totals</b>	<b>124,009</b>	<b>0</b>	<b>0</b>	<b>1,674</b>	<b>0</b>	<b>125,683</b>

**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

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

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

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

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

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

Associated Budget:

<b>SUBJECTIVE ANALYSIS</b>	<b>Budget 2022/23 £000</b>
<b>SOCIAL CARE</b>	
Employee Costs	34,593
Property costs	1,024
Supplies and Services	1,286
Transport and Plant	397
Administration Costs	771
Payments to Other Bodies	51,171
Income (incl Resource Transfer)	(23,720)
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>
Social Care Transfer to EMR	1,202
Health Transfer from EMR *	(119)
<b>Total anticipated transfer to EMR at year end</b>	<b>1,083</b>

<b>OBJECTIVE ANALYSIS</b>	<b>Budget 2022/23 £000</b>
<b>SOCIAL CARE</b>	
Children & Families	11,809
Criminal Justice	118
Older Persons	29,571
Learning Disabilities	9,158
Physical & Sensory	2,419
Assessment & Care Management	2,563
Mental Health	1,286
Alcohol & Drugs Recovery Service	915
Homelessness	1,044
Finance, Planning and Resources	1,968
Business Support	4,671
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>

This direction is effective from 23 January 2023.

**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
<b>HEALTH</b>	
Employee Costs	29,275
Property costs	133
Supplies and Services	7,431
Family Health Services (net)	26,345
Prescribing (net)	19,275
Resources Transfer	18,593
Income	(4,719)
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>96,333</b>
Set Aside	29,350
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>125,683</b>

Health Transfer to EMR	(119)
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OBJECTIVE ANALYSIS	Budget 2022/23 £000
<b>HEALTH</b>	
Children & Families	3,878
Health & Community Care	8,269
Management & Admin	1,966
Learning Disabilities	577
Alcohol & Drug Recovery Service	1,778
Mental Health - Communities	3,224
Mental Health - Inpatient Services	10,025
Strategy & Support Services	634
Family Health Services	26,341
Prescribing	19,497
Financial Planning	1,551
Resource Transfer	18,593
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>96,333</b>
Set Aside	29,350
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>125,683</b>

This direction is effective from 23 January 2023.



**HSCP Transformation Board**

**IJB Transformation Fund Monitoring Report - ongoing projects**

Total Fund Balance as at 1 April 2022  
Balance committed to date  
Balance uncommitted

1,975,000  
1,370,210  
604,790

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	308	16,906
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
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	15,297	73,588
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	29,722	58,336
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				35,949	17,227
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 7: 1 April 2022 - 31 October 2022

Project Name	Est Total Cost £000	Current year				Future years				
		Actual to 31/03/22 £000	Approved Budget 2022/23 £000	Revised Estimate 2022/23 £000	Actual to 31/08/22 £000	Estimate 2023/24 £000	Estimate 2024/25 £000	Estimate 2024/25 £000	Future Years £000	
<b>Social Work</b>										
Crosshill Childrens Home Replacement	2,315	2,016	249	249	228	50	0	0	0	0
New Learning Disability Facility	9,507	133	884	100		3,070	6,204	0	0	0
Swift Upgrade	200	0	200	200		0	0	0	0	0
Complete on site	13	0	13	13	1	0	0	0	0	0
<b>Social Work Total</b>	<b>12,035</b>	<b>2,149</b>	<b>1,346</b>	<b>562</b>	<b>229</b>	<b>3,120</b>	<b>6,204</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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
<b>SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS</b>						
Mental Health Action 15	236	236	0	0	Anne Malarkey	
Alcohol & Drug Partnerships	843	843	0	0	Anne Malarkey	Reserves to be utilised first in 2022/23
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	34	183	183	Allen Stevenson	Earmark for continuation of work
Winter planning - Health Care Support Worker	206	0	206	206	Allen Stevenson	Earmark for continuation of posts
Winter pressures - Care at Home	712	268	444	444	Allen Stevenson	Plans under way which will utilise balance fully
Care home oversight	115	55	60	60	Allen Stevenson	Earmark for continuation of oversight work
MH Recovery & Renewal	877	335	542	542	Allen Stevenson	Earmark for continuation of projects
Covid projects - funding from Inverclyde Council	49	49	0	0	Craig Given	
<b>Sub-total</b>	<b>13,354</b>	<b>11,679</b>	<b>1,675</b>	<b>1,675</b>		
<b>EXISTING PROJECTS/COMMITMENTS</b>						
Integrated Care Fund	109	26	83	83	Allen Stevenson	funds committed for future years
Delayed Discharge	102	28	74	74	Allen Stevenson	Earmark for continuation of funded posts
Welfare	350	93	257	257	Craig Given	Earmark for continuation of project
Primary Care Support	338	49	289	289	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	0	136	136	Anne Malarkey	Full spend reflected in 5 year RRTP plan
LD Estates	437	20	417	417	Allen Stevenson	
Refugee Scheme	1,077	150	927	927	Alan Best	Funding relates to a number of years support for different refugee schemes therefore earmarking of any unused funds is essential
Tier 2 Counselling	312	42	270	270	Audrey Howard	Earmark for continuation of project
CAMHS Tier 2	100	0	100	100	Audrey Howard	Earmark for continuation of project
C&YP Mental Health & Wellbeing	84	84	0	0	Audrey Howard	
Whole Family Wellbeing	64	64	0	0	Audrey Howard	
CAMHS Post	68	0	68	68	Audrey Howard	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	87	338	338	Audrey Howard	
Homelessness	350	0	350	350	Anne Malarkey	
Autism Friendly	164	164	0	0	Allen Stevenson	
<b>Sub-total</b>	<b>6,266</b>	<b>1,319</b>	<b>4,947</b>	<b>4,947</b>		
<b>TRANSFORMATION PROJECTS</b>						
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
<b>Sub-total</b>	<b>3,651</b>	<b>608</b>	<b>3,043</b>	<b>3,043</b>		
<b>BUDGET SMOOTHING</b>						
Adoption/Fostering/Residential Childcare	800	0	800	800	Audrey Howard	
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
<b>Sub-total</b>	<b>4,092</b>	<b>891</b>	<b>3,201</b>	<b>3,201</b>		
Specific earmarking requests	0	(514)	514	514		Requested in P7 IJB report
<b>Total Earmarked</b>	<b>27,363</b>	<b>13,983</b>	<b>13,380</b>	<b>13,380</b>		
<b>UN-EARMARKED RESERVES</b>						
General	962	(1,083)	2,045	2,045	Craig Given	Underpend plus specific earmarking request
<b>Un-Earmarked Reserves</b>	<b>962</b>	<b>(1,083)</b>	<b>2,045</b>	<b>2,045</b>		
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>12,900</b>	<b>15,425</b>	<b>15,425</b>		

**INVERCLYDE INTEGRATION JOINT BOARD  
ROLLING ACTION LIST  
23 JANUARY 2023**

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

<b>Meeting Date and Minute Reference</b>	<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Update/Outcome</b>	<b>Status</b>	<b>Open/Closed</b>
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 26(3))	Care Homes Assurance Themes and Trends update report	Chief Officer	Work underway	Paper to IJB January 2023	Report at this meeting (23 January 2023)	Closed
27 June 2022 (Para 37(3))	IDEAS Project surplus funds – local impact of investment report	Chief Officer	By the end of the Financial Year	Paper to IJB March 2023	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	Report at this meeting (23 January 2023)	Closed
26 September 2022 (Para 55(7))	Further consideration – return of unspent Covid funding	Chief Finance Officer	By the end of the Financial year	Part of Finance paper when final process is known by Scottish Government	Work Ongoing	Open

26 September 2022 (Para 61 (2))	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 (Para 63 (3))	Mental Welfare Commission Local Visits – Langhill Clinic update	Chief Officer	June 2023	Paper to IJB June 2023	Work to commence	Open
20 July 2022 (Para 50) 7 November 2022 (Para 73 (7))	Learning Disability Hub and risks update report	Chief Officer	January 2023	Paper to IJB March 2023 (revised date from that minuted)	Work Ongoing	Open
7 November 2022 (Para 75 (6))	Future delivery of meetings – proposals for next cycle	Chief Officer	June 2023	Part of Chief Officers report June 2023	Work Ongoing	Open
7 November 2022 (Para 76(3) & (4))	HSCP Workforce Plan – updates to be provided on a 6 monthly basis and information on service pressure on all professional disciplines	Chief Officer	June 2023	Paper to IJB June 2023	Work Ongoing	Open
7 November 2022 (Para 77 (3))	Proposed Approach to 2023/24 Budget – report on initial savings proposals developed by officers	Chief Finance Officer	March 2023	Part of Final Budget paper March 2023	Work Ongoing	Open
7 November 2022 (Para 78 (4))	Evaluation of the impact of the Primary Care Improvement Plan on service provision, performance and resources	Chief Officer	June 2023	Paper to IJB June 2023	Work Ongoing	Open

28 November 2022 (Para 85 (5))	Cost of living proposals – an update report providing detail on the operation and implementation	Chief Officer	March 2023	Paper to IJB March 2023	Work Ongoing	Open
10 January 2023 (request)	Annual Performance Report	Chief Officer	June 2023	Paper to IJB June 2023	Work Ongoing	Open

Annual Report Schedule

<u>March</u>	<ul style="list-style-type: none"> <li>• Annual Budget</li> </ul>	<u>June</u> <ul style="list-style-type: none"> <li>• Draft Annual Accounts</li> <li>• Annual Performance Report</li> <li>• Clinical &amp; Care Governance</li> <li>• Workforce Update</li> </ul>
<u>September</u>	<ul style="list-style-type: none"> <li>• Audited Annual Accounts (November in recent years)</li> <li>• Digital strategy</li> </ul>	<u>November</u> <ul style="list-style-type: none"> <li>• PCIP Update</li> <li>• Update Criminal Justice</li> <li>• Workforce Update</li> </ul>

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>23 January 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/08/2023/AS</b>
<b>Contact Officer:</b>	<b>Allen Stevenson Head of Health &amp; Community Care Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715212</b>
<b>Subject:</b>	<b>Proposal to Fund Final Year MSc Social Work Students to Commit to Work for Inverclyde HSCP for 3 Years</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to attract self-funding MSc students who are not currently employed by Inverclyde HSCP to ensure an intake of newly qualified social workers (NQSWS) to Inverclyde.
- 1.3 There is an urgent need to recruit and retain social workers. The work force plan has identified that the recruitment and retention of staff in health and social care sectors has become a challenge. The COVID-19 pandemic has increased that pressure in some qualified roles, especially that of social workers. It is imperative that we consider ways in which we can make careers in social work in Inverclyde more attractive and retain our qualified social workers.
- 1.4 In return for funding of their final year of study, these students would commit to working for Inverclyde HSCP for 3 years. This work would be in a qualified social worker role.
- 1.5 The responsibility to ensure the Partnership has a suitably qualified social care workforce sits with the Chief Social Work Officer. Registered social workers are required to undertake specific roles and responsibilities to assess plan and manage complex case management in community settings. There are a number of critical vacancies across our current workforce that need to be filled permanently. This approach will maximise our ability to attract new registered social workers to apply for posts in Inverclyde HSCP.

## **2.0 RECOMMENDATIONS**

- 2.1 The Integration Joint Board is asked to agree the funding aspect of this proposal. The responsibility to ensure the HSCP has sufficient registered social workers across services sits with the Chief Social Work Officer.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**



### 3.0 BACKGROUND AND CONTEXT

3.1 There is an urgent need to recruit and retain social workers. The work force plan has identified that the recruitment and retention of staff in health and social care sectors has become a challenge. The COVID-19 pandemic has increased that pressure in some qualified roles, especially that of social workers. It is imperative that we consider ways in which we can make careers in social work in Inverclyde more attractive.

3.2 The current registered social work vacancies across the HSCP is as follows;

Children and Families is 6 FTE  
Children and Families 1 FTE Senior Social Worker.

There are also 8 FTE new posts split across the HSCP. The Health and Social Care Partnerships across Scotland received resources direct from the Office of the Chief Social Work Officer, Scottish Government for Adult Social Workers these are being targeted to young people going through transition as we have identified capacity issues. The HSCP have used the avenues open to it regarding adverts in Myjobscotland in an attempt to recruit staff but are competing with larger Councils who pay higher salaries.

3.3 Inverclyde Quality and Learning Team already has established relationships with University of the West of Scotland, Strathclyde University, Caledonian University and the Learning Network West. This would allow for identification of suitable students and discussion about experience and aptitude. Some of these students will undertake placements with Inverclyde's Practice Learning team already.

3.4 Eligible students would be invited to attend an open day where representatives from social work teams and Quality and Learning could provide information about the support available in Inverclyde.

3.5 The MSc in Social work is a two year course and Student Awards Agency Scotland will only provide funding at an undergraduate course level and not at a post graduate level at a cost of 12-15k dependant on the university. In some circumstances the Scottish Social Services Council can provide a bursary of £3,300 per year.

The objective of this payment is to secure the services of a number of newly qualified registered Social Workers. Other partnerships across Scotland run similar schemes to attract new registered Social Workers to their partnerships.

As part of the recruitment process potential new staff will be asked to sign an agreement to commit to the partnership for a specified period of time after qualifying. There is also a well understood process to clawing back money from new recruits if they leave the partnership before the agreed time. The payment to new staff will be made on receipt of their qualifications being made.

3.6 This initiative would complement existing plans to attract social workers to Inverclyde.

- Inverclyde Quality and Learning Team is currently piloting the Scottish Social Services Council supported year for NQSW and is in a position to offer new workers training, increased supervision and mentorship. This supported year is likely to become mandatory and Inverclyde has already developed support for NQSW. This scheme offers strong incentives for NQSW to seek employment with Inverclyde.
- The Quality and Learning Team is also developing a traineeship scheme for current employees who may wish to qualify as social workers. This "grow your own" approach

will allow experienced staff to move into qualified roles, thus providing a balance of experience within teams.

There is some evidence that universities are receptive to this idea and would engage with identifying eligible students.

- 3.7 All students who have been granted facilities under this scheme will be required to sign a '*letter of undertaking*' prior to the payment of any fees. This undertaking requires students to agree to remain and continue in the service of the Council for a period of **3 years following the completion of the course** in order for the organization to gain maximum benefit from the acquired knowledge and skills of this investment.

If an employee leaves or is dismissed within this 3 year period, he or she will be required to reimburse the Council on a basis proportional to the completed months of post qualification service e.g. an employee who leaves the Council's employment 12 months after completing the course of study, would be required to pay back 66% of the overall cost.

- 3.8 It is important that the Integration Joint Board members understand the responsibility to ensure a suitable number of registered social workers are employed by the Council sits with the Chief Social Work Officer under The Social Work (Scotland) Act 1968. The Chief Social Work Officer has a range of duties and responsibilities outlined in legislation relating to promoting the values and standards of effective social work practice, governance for practice standards and HR standards in relation to SSSC(Registration Body) Code of Practice. Ensuring sufficient numbers of registered social workers is an important part of this role.

#### 4.0 PROPOSALS

- 4.1 To attract self-funding MSc students who are not currently employed by Inverclyde HSCP and would ensure an intake of newly qualified social workers (NQSW) to Inverclyde.
- 4.2 In return for funding of their final year of study, these students would commit to working for Inverclyde HSCP for 3 years. This work would be in a qualified social worker role.

#### 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 (000)	Virement From	Other Comments
N/A		23/24	150	IJB Reserves	

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

None

### 5.4 Human Resources

None

### 5.5 Strategic Plan Priorities

Ensures recruitment and retention of qualified social works.

### 5.6 Equalities

#### (a) Equalities

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

x	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.	Attracting registered social workers to Inverclyde

	remains an ongoing priority to address equalities outcomes
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	
People with protected characteristics feel safe within their communities.	
People with protected characteristics feel included in the planning and developing of services.	
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	

## 5.7 Clinical or Care Governance

This report highlights the requirement to have in place a suitable number of registered social workers.

## 5.8 National Wellbeing Outcomes

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Securing registered social workers will ensure we offer advice guidance and support to the most vulnerable in our community.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care services.	

### 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

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

## **7.0 CONSULTATION**

7.1 N/A

## **8.0 BACKGROUND PAPERS**

8.1 None

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>23 January 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report No:</b>	<b>IJB/02/2023/GK</b>
<b>Contact Officer:</b>	<b>Gail Kilbane Service Manager</b>	<b>Contact No:</b>	<b>01475 715284</b>
<b>Subject:</b>	<b>Roll-out of Naloxone Training</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 On 22 September 2022 Inverclyde Council agreed to support a motion to increase the uptake of Naloxone.
- 1.3 The motion proposed that staff and Trade Union partners be consulted on whether Naloxone training should become mandatory in the future for relevant Inverclyde HSCP staff (as identified by the Chief Officer) rather than voluntary, with all Inverclyde Council staff offered training on a voluntary basis. Training and support will also be targeted across the local community with local businesses, including licensed premises and taxi firms.
- 1.4 Inverclyde Alcohol & Drug Partnership (ADP) secured Drug Death Task Force (DDTF) funding for a Naloxone Link Worker on a temporary basis to deliver training which includes recognising signs of drug overdose and safe administration of Naloxone, increase local availability by supplying Naloxone across third sector organisations and wider communities.
- 1.5 The ADP has extended the Naloxone Link Worker post for a further 12 months to roll out phase 2 and widen the scope of Naloxone training, including to HSCP and Inverclyde Council staff.
- 1.6 Naloxone has been readily available for a number of years via Inverclyde Alcohol and Drug Recovery Service (ADRS) who offer Naloxone kits and training as part of every new assessment for people in treatment. ADRS also provide staff training, support and supply of emergency Naloxone kits within the Homelessness service.

## **2.0 RECOMMENDATIONS**

- 2.1 To note the continued roll out of Naloxone kits to appropriate staff across the Council/HSCP and third sector partner organisations across Inverclyde.

- 2.2 To note the advice of the Chief Social Work Officer that appropriate staff groups will be identified on a voluntary basis to maximise the availability of naloxone to assist the public who may require swift treatment in an emergency situation.
- 2.3 To note the Trades Union view that this work should continue with appropriate staff on a voluntary basis moving forward.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health & Social Care Partnership**



## 3.0 BACKGROUND AND CONTEXT

### 3.1 A Community Response in Preventing Drug Related Deaths

The National Records of Scotland published the “Drug Related Deaths in Scotland in 2021”<sup>1</sup> report on 28<sup>th</sup> July 2022. 1,330 people sadly lost their lives to a drug related death in 2021 across Scotland. This is 1% lower than 2020, but is still the second highest annual total on record.

- Males were 2.4 times as likely to have a drug misuse death as females, but the gap is narrowing.
  - 65% of drug misuse deaths were of people aged between 35-54 years of age.
  - People in the most deprived areas were over 15 times as likely to die from a drug related death as those in the least deprived.
  - In Inverclyde in 2021 93.8% of all drug related deaths occurred in SIMD Quintile 1 postcodes.
- 3.2 While there was a significant reduction of drug related deaths in Inverclyde in 2021, 16 people sadly lost their life to a drug related death.
- 3.3 In 93% of all drug misuse deaths, toxicology indicated that more than one drug was found to be present. 84% involved opiates or opioids (such as heroin, morphine and methadone), 69% involved benzodiazepines (such as diazepam and etizolam).
- 3.4 The significance of this is that at the point of a suspected overdose, it may be unclear what particular substances have been taken but there is a high likelihood that it will include an opiate. Naloxone is a drug which reverses the effect of opiates. Even where Naloxone is administered and it transpires that no opiates were taken, Naloxone will not cause any harm to that individual.
- 3.5 Inverclyde Alcohol and Drug Recovery Service (ADRS) have for many years have offered Naloxone and training to individuals. This is done as part of a new assessment for people accessing the service. ADRS also provide training, support and supply of emergency Naloxone kits to staff within the Homelessness service. In addition eight Community Pharmacies provide Injecting Equipment Provision (IEP) offer Naloxone, however take up is low.
- 3.6 At the beginning of the Covid-19 pandemic Scottish Families Affected by Alcohol and Drugs developed a postal Naloxone service which offers a discreet service for families.
- 3.7 Scottish Ambulance Service (SAS), are now able to distribute Naloxone to anyone who has experienced a near fatal overdose; Police Scotland have completed a pilot and officers are now carrying the nasal formula for emergency use; and Scottish Fire and Rescue Service are also rolling this out to staff.
- 3.8 The Drugs Death Taskforce (DDTF) included several recommendations in relation to Naloxone including to maximise Naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.
- 3.9 Inverclyde ADP secured DDTF funding for a Naloxone Link Worker on a temporary basis to increase the local availability of Naloxone by targeting third sector organisations. This was in

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<sup>1</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2021>

recognition that the Lord Advocate had enabled third sector organisations to be registered to distribute Naloxone in addition to being able to hold a stock for emergency use.

3.10 Furthermore, the new Medication Assisted Treatment (MAT) Standards for Scotland (2021) include Naloxone in relation to harm reduction indicating that all service providers should “have an opt-out approach to the distribution of Naloxone with all staff having a supply of Naloxone for use in an emergency.”

3.11 The Naloxone Link Worker commenced the post in October 2021. From January – March 2022 has delivered training to 251 people, distributing 322 Take Home Naloxone (THN) kits. The majority to date have been staff in third sector organisations.

3.12 Inverclyde ADP has extended the Naloxone Link Worker post for a further 12 month period with a view to moving into a second phase of widening the scope of Naloxone training, including to HSCP and Inverclyde Council staff. Staff in our service are often members of the local community and training staff on a voluntary basis also increases availability within our community.

3.13 The Naloxone Link Worker has a key role in delivering Naloxone training and providing a supply of Naloxone. An essential element of this is raising community awareness of both the signs of a drug overdose and the safe administration of Naloxone.

3.14 The National Drug-Related Deaths Database (Scotland) Report 2022 indicates the following data: Take home Naloxone

- Naloxone supply was known in 78% (902) of cases in the 2018 cohort and unknown in 22% of cases.
- Where known, 29% (263) of the 2018 cohort had been supplied with THN before death.
- In 2018, for cases where it had been supplied, naloxone was available at the scene of overdose in 59% (24) of DRDs.
- Naloxone availability was unknown in 84% (222) of cases.
- Where available, THN was used in 77% (17) of deaths. Apart from one death in 2015, and three in 2017, in all other cases where naloxone was available but not used, no other persons were present at the scene of overdose or they were not in the same room.

3.15 Near Fatal Overdose

- In 2018, 49% (477) of people had a record of a near fatal overdose. Of those, 18% had experienced five or more incidents over their lifetime.
- In 2018, of those who had experienced a previous overdose and the length of time since the previous overdose is known, 32% (132) had overdosed within six months of death (19% (80) had overdosed in the three months prior to death).

3.16 Living Arrangements

- In 2018, around two-thirds of people consumed the drugs in their own home (65%) and died in their own home (60%).
- Over half of DRDs (52%) occurred when others were present at the scene of the overdose. The percentage of deaths where others were present at the scene of overdose (and potentially able to intervene) was lower where people lived alone all of the time (34%) or were aged 45 or over (44%), than in relevant comparison groups.
- In 2018, almost four out of five people who had a DRD (836, 77%) were reported to be living in their own home prior to death while 4% (46) lived in a hostel, were of no fixed abode or sleeping rough prior to death.

- In 2018, 63% (675) of people were recorded as living alone for part of the time, 58% of people (618) were recorded as living alone all of the time. Of those people who lived with other people, 19% (197) lived with a spouse or partner and 9% (99) lived with relatives.
- Older people were more likely to both live in their own home, and to live alone than those in younger age groups in 2018.
- Living arrangements at the time of death were recorded as unknown in over 10% of records in 2018 (14%).
- Living in own home (Under 25: 37%, 25-34: 63%, 35-44: 74%, 45 and over: 81%).
- Living alone only (Under 25: 24%, 25-34: 45%, 35-44: 53%, 45 and over: 60%)
- Around a third of women who died in 2018 were recorded as living with a spouse or partner at the time of death. Women were twice as likely to be living with a spouse or partner at the time of death compared to men.
- Most people who had a DRD lived in their own home (77%). Over half (58%) lived alone all of the time.
- In 2018, 566 children were reported to have lost a parent or parental figure as a result of a DRD.
- Across the time series, presence of another person at the scene of fatal overdose was much lower among people who lived alone all of the time (34%) than among those who did not (74%). Similarly, fatal overdoses were less likely to be witnessed where the person was living in their own home (48%) than where they were not (66%) (data not shown in tables).
- Within the population of people who use drugs, ageing appears to be associated with an increase in the number of people for whom there is a reduced probability of effective intervention in the event of a drug poisoning or overdose.

Scotland has a cohort of people with a drug problem who have multiple complex health and social care needs. Many people who had a DRD shared similar characteristics: they were male, aged over 35, socially deprived, lived alone and had a history of long term and / or injecting opioid use and near fatal overdose. In 2018, over half (55%) of the people who died lived in the 20% most deprived neighbourhoods in Scotland (Deprivation quintile 1).

### 3.17 Chief Social Work Officer Advice

The Chief Social Work Officer provides professional advice and guidance to the Chief Executive of the Council and to full Council on matters relating to social work practice. In order to advise on the validity of the motion, the Chief Social Worker has taken advice from a range of professional including HR, Legal Services and worked collaboratively with staff side representation.

- 3.18 The Chief Social Work Officer and staff side agree that future opportunities for staff training and access to Naloxone across HSCP services is best taken forward on a voluntary basis only.
- 3.19 The very nature of Naloxone administration during an emergency situation is best undertaken by staff who are not compelled but who are willing participants, fully engaged and confident in providing an emergency intervention either within a building or public space.
- 3.20 There is recent operational evidence within the Learning Disability Service which involved staff administration of emergency medication with service users. This resulted in Council staff declining a re-grading in their post due to some reluctance and opposition to undertaking this task. Agreement was reached by not insisting all staff being mandated to administer emergency medicine interventions to service users.

3.21 The Chief Social Work Officer, following consultation, is supportive of the roll out of Naloxone training across the HSCP on a voluntary basis alongside wider community targeting of local businesses, including licensed premises and taxi firms.

#### 4.0 CONCLUSION

4.1 This report confirms that HSCP staff will continue to be offered training in Naloxone administration on a voluntary rather than mandatory basis. Phase two of the training will commence with this roll out along with the wider Inverclyde community.

#### 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 (LOIP/Corporate Plan)	X		
Equalities & Fairer Scotland Duty		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
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

None.

## 5.4 Human Resources

Staff are supported in a safe system of work to participate in the carrying and administering of Naloxone on a voluntary basis.

## 5.5 Strategic Plan Priorities

This will support the priorities of the Inverclyde Drug Related Death Prevention Strategy.

## 5.6 Equalities and Fairer Scotland Duty

### (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?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive – all individuals regardless of protective characteristics have the opportunity to take part in Naloxone roll out training as part of community approach to harm reduction
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	As above
People with protected characteristics feel safe within their communities.	As above
People with protected characteristics feel included in the planning and developing of services.	As above
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	As above
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	NA

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	As above
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## 5.7 Clinical or Care Governance

Governance and professional oversight from the Chief Social Work Officer

## 5.8 National Wellbeing Outcomes

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Positive – as part of ADP strategy supporting harm reduction across communities
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Positive – supporting family inclusive practice
People using health and social care services are safe from harm.	Positive – as part of ADP strategy supporting harm reduction across communities
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.	As above
Resources are used effectively in the provision of health and social care services.	As above

## 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.

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 Discussions with Trade Unions in relation to staff undertaking naloxone intervention.

## 8.0 BACKGROUND PAPERS

8.1 None

**INVERCLYDE ADP  
NALOXONE PROGRAMME 2022**

**OVERALL TOTALS**

Date	Kits Issued	Numbers Trained	Activity
Apr – Jun 22	89	67	8 Third sector organisations over trained 12 sessions
July – Sept 22	93	79	7 Third sector organisations and 2 HSCP/Council services trained over 16 sessions
Oct – Dec 22	134	123	5 Third sector organisations and 4 HSCP/Council Sessions over 17 sessions 5 open sessions



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**Report To:** Inverclyde Integration Joint Board      **Date:** 23 January 2023

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/03/2023/GN

**Contact Officer:** Anne Malarkey  
Head of Mental Health, ADRS and Homelessness      **Contact No:** 01475 715284

**Subject:** Advanced Clinical Practice Update

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision       For Information/Noting
- 1.2 The purpose of this report is to provide an update on the development of advanced clinical practice roles within mental health services in Inverclyde.
- 1.3 In line with national commitments to develop and support a highly skilled workforce that aligns with service requirements it was proposed in 2021 that mental health services within Inverclyde implement advanced clinical practice roles within the fields of pharmacy, nursing and allied health professions.
- 1.4 All advanced clinical practice roles will align with service priorities and be responsive to emerging population needs.
- 1.5 An advanced clinical practice working group has been established in Inverclyde with representation from across disciplines. The group is responsible for the planning, development and monitoring of the advanced clinical practice roles and includes professional leads, as well as both HR and staff side representatives.
- 1.6 Due to challenges with recruitment the original 2021 plan has been revised. Advanced practice AHP roles have not been progressed. An advanced pharmacy role is being tested and an additional pharmacy pilot project is due to commence in 2023. The Advanced Nurse Practitioner plan has been revised due to challenges recruiting to some posts.

- 1.7 The value and importance of advanced practice roles is widely recognised and is being factored in to service modernisation and development initiatives across a wide range of specialties. While the preliminary stage of introducing these roles within Inverclyde has offered some challenges the medium and long term benefits of having advanced practitioners within mental health services in Inverclyde warrants continued commitment.

## **2.0 RECOMMENDATIONS**

- 2.1 The IJB is asked to note the progress of Advance Clinical Practice developments and the direction of travel set out in this update.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

## **4.0 BACKGROUND AND CONTEXT**

### **4.1 National Context:**

The integration of Health and Social Care in Scotland calls for new models of care, delivered by multidisciplinary, integrated teams. Refocus and redesign is needed to bring about transformational change in delivering high-quality, integrated and tailored care and services that maximise the contribution of all health and social care professionals. There is a commitment to maximising the contribution of the Health Care workforce and pushing the traditional boundaries of professional roles.

### **4.2 GG&C Workforce Developments:**

In a report to the GG&C Mental Health Programme Board in August 2021 the Workforce Committee stressed the need for a reliable and robust workforce plan that will support the 5 year Strategy. It was acknowledged that developing new job roles such as advanced practitioners may involve a considerable time lag due to the specialist learning or training required. The need to invest in our mental health workforce was highlighted as was the need to develop a service configuration that is realistic about recruitment and retention challenges. There were opportunities identified around attracting staff by developing and showcasing an innovative approach to mental health service design which incorporates advanced practice roles.

### **4.3 Local Situation**

Staff recruitment and retention difficulties are not unique to mental health services in Inverclyde. The degree to which these difficulties are creating budget pressure and impacting the ability to meet service requirements do however provide a compelling case for change. Compliance with national training standards for junior medical staff is mandatory, any system not doing so risks having training status for junior doctors withdrawn with consequent significant impact on service provision. While the development of advanced practitioner roles is not a quick fix and does require investment it has potential to alleviate some of the pressures in the short term and a significant amount of pressure in the medium to long term.

### **4.4 Vision**

To have a multi-disciplinary team of skilled and experienced advanced practitioners. This will benefit individuals being supported by services by ensuring that safe and effective care and treatment is readily available and accessible to them. It will also benefit staff and boost efforts to recruit and retain skilled and experienced practitioners due to the attractiveness of working within a supportive multidisciplinary team where expertise and workload are shared collaboratively.

### **4.5 Specific Roles- Pharmacy**

Pharmacists are able to offer medication review and formulation of treatment plans along with engagement in multi-disciplinary reviews. Pharmacist led clinics can also offer treatment and review of adult ADHD, Lithium review and monitoring, Clozapine, depot and cognitive enhancer dose optimisation and side effect management as well managing changes of medication such as anti-depressants or antipsychotics.

### **4.6 Specific Role – AHP**

Occupational Therapists are an integral and valued part of mental health services. The development of advanced occupational therapy roles is at an early stage in Inverclyde with initial discussion at the Advanced Clinical Practice Working Group focusing on advanced occupational therapy roles within primary care and dementia care.

#### 4.7 **PROPOSALS: Specific Role – ANP**

Advanced Nurse Practitioners (ANPs) have been successfully introduced within a number of specialist areas across GG&C. They have been effectively operating within primary care in Inverclyde as well as having a role within the hospital at night team. ANPs can undertake tasks which would have traditionally been carried out by medical staff. These include history taking, clinical assessment, the ordering of tests and investigations, planning and initiating treatment (including prescribing medication), they also have the autonomy and authority to admit to and discharge from identified clinical areas.

#### 4.8 **Advanced Nurse Practitioner – Mental Health**

Advanced Nurse Practitioner roles in Mental Health are not common and there are not a raft of trained and qualified ANPs to be recruited which is why the plan for Inverclyde includes trainee posts. It is hoped these posts will be attractive to local staff who are keen to progress their career. The training program for ANPs is at Masters level and takes a minimum of two years, during this time trainees require two supervisors. The establishment of a team that includes a senior/lead ANP will go some way towards meeting these requirements and will also make the posts more attractive.

#### 4.9 **2021 Inverclyde Proposal**

It was proposed that a team of six advanced nursing roles is introduced in Inverclyde in two stages. The first stage, proposed for early 2022 was the recruitment of one Band 8a senior/lead ANP along with two Band 7 ANPs. The second stage, provisionally planned to enable commencement in September 2022, was the recruitment of one additional Band 7 ANP and two trainee ANPs. This set up was designed to ensure that the Advanced Nurse practitioners can augment the junior doctor on call rota reducing reliance on bank or agency medical staff.

#### 4.10 **2022 Update**

Services have adapted to multiple challenges over the past year and the healthcare landscape continues to shift with increasing pressures across the board. While progress has been made with advanced practice developments it is acknowledged that this has been slower than originally hoped.

##### **Pharmacy:**

A test of change commenced within Inverclyde in November 2021 which involves providing pharmacy resource to the Community Mental Health Team. Due to staffing pressures within pharmacy services the test has been paused on two occasions although is currently underway again. It is being monitored and evaluated to ascertain whether it improves the care and treatment experience of patients and reduces the workload of medical staff. A new band 7 post to further support the development of mental health pharmacy services within Inverclyde has been funded from the Scottish Government pharmacy funding announced in November 2021. The first attempt to recruit to this post produced no suitable response. However, the post will be offered to a member of the wider mental health pharmacy as it will suit their post maternity leave return to work intentions. Therefore, from April 2023, a full test of change will evaluate the benefits to patient care and prescribing efficiency pharmacy input to the CMHT delivers

##### **AHP:**

Progressing new advanced practice AHP developments would involve the sourcing of additional funding. In light of existing budget pressures proposals for these roles have not been further developed at this time.

**ANP:**

As detailed in section 4.9 a team of six Advanced Nurse Practitioners was initially proposed. Unfortunately there have been challenges recruiting to the Lead ANP position and to the Band 7 ANP posts. The Lead ANP post has been advertised on 4 separate occasions and on 2 instances there have been preferred candidates identified, however the candidates have withdrawn prior to the end of the recruitment process. This has been due to a change in personal circumstances for one individual and a lack of essential qualification being gained by the other candidate. The Band 7 posts remain unfilled although will be re-advertised.

Two trainees ANPs commenced in September 2022 and have started the masters level advanced practice course with support from the Mental Health Inpatient Service Manager. University fees are being covered by a Service Level Agreement with the University of the West of Scotland. The trainees are linked with ANPs and trainees from other specialities within Inverclyde and also with Mental Health ANPs in GGC. In addition to their university study, they are also attending Inverclyde’s internal teaching sessions for medical trainees which are run by a Consultant Psychiatrist.

The trainee ANPs have a Practice Assessor in place who is a Consultant Psychiatrist. The Assessor will ensure the trainees have access to learning opportunities and sign off competencies gained by the trainees. In the absence of a Lead ANP, there are interim supervision arrangements in place via local ANP teams, where the trainees will shadow other professionals and be able to participate in the clinical assessment and history taking of patients, consistent with the next module of their ANP course.

The value and importance of Advanced Nurse Practitioner roles is widely recognised and is being factored in to service modernisation and development initiatives across a wide range of specialties. While the preliminary stage of introducing these roles within Inverclyde has offered some challenges the medium and long term benefits of having ANPs within mental health services in Inverclyde warrants continued commitment.

Due to the challenges with recruitment the plan and timeframe for having a full team of six has been adjusted: we will continue to recruit to the Lead ANP post and it is hoped that one Band 7 ANP will be recruited and in post by April 2023. It is anticipated that this team of four will remain as it is until the two trainees complete their studies and progress into Band 7 roles in September 2024. At that time the recruitment of two new trainees will take place bringing the team up to the originally envisaged number of six.

**5.0 IMPLICATIONS**

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

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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

The proposal for the introduction of advanced nursing practice role requires significant financial commitment, however has potential to have an impact in reducing the mental health service overspend and develop a sustainable model of service in medium to longer term. The current workforce model within Inverclyde is unsustainable. This is evidenced by the difficulties recruiting to medical posts and spending of £1,013,783 on band and agency medical staff in 2020/21.

The introduction of a team of 6 Advanced Nurse Practitioners (ANPs) will incur the cost detailed below, cost detailed includes salaries and non pay costs such as IT equipment. It is proposed that the year one and two costs are covered by the Mental Health Transformation Fund (currently there is £661,800 available in this fund).

Once established the ANP team will be in a position to take on some of the tasks that within the current model are completed by doctors. This task shifting will result in a reduction in the medical workload and it is proposed that once fully established and operational medical staffing will be reduced and costs for the ANP team will be taken from within the medical staffing budget.

### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
	Staffing cost	Year 1: April 2022/23	<b>£55,677</b> (2x trainee ANPs Sept-Mar)	Mental Health Transformation Fund	
	Staffing cost	Year 2: April 2023/24	<b>£258,515*</b> (2x trainee ANPs, 1x B7; 1xB8a) *Estimate based on 7% pay uplift 22/23 and 5% 23/24	Mental Health Transformation Fund.	
	Staffing cost	Year 3: April 2024/25	<b>£329,586</b> (2x trainee ANPs/B7; 1xB7; 1xB8a; 2x new trainees Sept-Mar)	Mental Health Transformation Fund	

### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
	Staffing cost	April 2025	<b>£368,875</b> (2x trainee ANPs; 3xB7; 1xB8a)	Medical staffing budget	This will require a reduction of 2.3 consultant psychiatrist posts

### 5.3 Legal/Risk

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

### 5.4 Human Resources

This update retains the 6 new ANP post originally proposed: 1x Band 8a Lead/Senior ANP, 3x Band 7 ANPs and 2x Band 7(Annexe 21) trainee ANPs. The timeframe for recruitment and financial implications have been altered from the 2021 proposal due to recruitment challenges.

### 5.5 Strategic Plan Priorities

This update relates to clinical service development and does not have direct implications related to strategic plan priorities.

### 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.

#### (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.	Will assist to ensure services can be delivered in a sustainable way ensuring that services can continue to be delivered locally
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Service improvement targeted at services for people with mental health issues.
People with protected characteristics feel safe within their communities.	Will ensure people are discharged with appropriate support in their community
People with protected characteristics feel included in the planning and developing of services.	Service user representation on programme board
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	This is included as part of ANP training and statutory and mandatory training for all staff
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not directly relevant however service would promote positive attitudes.

## 5.7 Clinical or Care Governance

The clinical and care governance implications contained within this proposal will be monitored and managed within existing governance structures.

## 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.	N/A
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	Advanced Clinical Practice roles have potential to support people to live well at home as long as possible
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The model proposed aims to ensure that a high quality of care is delivered consistently across mental health services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The recruitment and retention of skilled and experienced staff will enable services to improve the quality of life of those who access services
Health and social care services contribute to reducing health inequalities.	N/A
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.	Advanced Nurse Practitioner will have a good understanding of the important role of carers and will be aware of how to support them
People using health and social care services are safe from harm.	As with all mental health service delivery protecting people from harm is a key priority
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.	Advanced Clinical Practice roles offer career development opportunities for staff. Advanced practice has four pillars, one is education and the facilitation of learning and another is research and development – both of these have potential to improve care and treatment
Resources are used effectively in the provision of health and social care services.	The introduction of Advanced Nurse Practitioners will reduce reliance on medics and ensure that staff of other disciplines are making their maximum possible contribution to the delivery of services.



## 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.

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 The ACP developments have been developed by a multi professional working group including clinical leads.

## 8.0 BACKGROUND PAPERS

8.1 None.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>23 January 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report No:</b>	<b>IJB/09/2023/LM</b>
<b>Contact Officer:</b>	<b>Laura Moore Chief Nurse Inverclyde HSCP</b>	<b>Contact No:</b>	<b>01475 715365</b>
<b>Subject:</b>	<b>Care Home Assurance Tool Themes and Trends Report – Oversight December 2022</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to provide an overarching report on the themes and trends identified from the care assurance visits undertaken in the 21 care homes across Inverclyde in late 2021. The report highlights the emergent themes and trends in addition to areas of good practice and areas for improvement.

The report is being presented to the Integration Joint Board for information and noting.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Integration Joint Board receive the report for information and note both the contents of the report and the actions as detailed at paragraph 4.9 of the report.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 Care Home Assurance Tool (CHAT) visits commenced across all NHSGGC partnerships in May 2020 in response to the impact of COVID-19. The visits set out with the aim to provide additional clinical input, support and guidance to care homes which were under extraordinary pressure.

This report is based on a series of visits to the older peoples and adult care homes which took place in Spring and Summer 2022 using the GGC CHAT tool.

Outputs from the assurance visits have been analysed and this report provides a summary of emerging themes, including what care homes are doing well and where improvement work is required.

The report includes feedback and learning captured from the process itself as well as a series of recommendations and next steps.

### **4.0 PROPOSALS**

- 4.1 Care Home Assurance Tool (CHAT) visits commenced across all NHSGGC partnerships in May 2020 in response to the impact of COVID-19. The visits set out with the aim to provide additional clinical input, support and guidance to care homes which were under extraordinary pressure. This work also aligned to the Executive Nurse Directors responsibilities set out by Scottish Government in which they were to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within care homes.

All older peoples care homes across Inverclyde received assurance visits in late 2021. Additional supportive visits particularly during COVID-19 outbreaks were also undertaken with support from the Care Home Collaborative (CHC) Infection Prevention and Control team as required. Good practice and improvements were identified during the assurance process, with care homes taking ownership of the actions required and working in collaboration with HSCP colleagues to achieve improvements.

The assurance process has continued to be reviewed and updated using a Plan, Do, Study, Act (PDSA) approach. This report is based on a series of visits to the older adult, adult and Inverclyde Association for Mental Health (IAMH) care homes which took place in Spring and Summer 2022. There was significant delay in carrying out all of the visits due to the increased numbers of COVID outbreaks during this period, and the fact that the Care Inspectorate were also visiting homes at this time. Every effort was made to not overburden the homes with multiple visits within the same time period. The tool utilised for these visits was the current version at that time – version 8.2, which was a paper version of the tool.

Outputs from the assurance visits have been analysed and this report provides a summary of emerging themes, including what care homes are doing well and where improvement work is required. Some analysis has also been done to identify if learning from the last round of visits in late 2021 has been applied to practice, where this was possible. It should be noted that care assurance visits are just one part of the supportive framework around care homes and sit alongside HSCP day to day relationships with individual care homes, HSCP oversight Huddles and the Care Home Assurance Group. However, the CHAT outcomes give the opportunity to discuss with care homes areas of strength as well as key priorities for the next 12 months. Going forward the Care Home Collaborative (CHC) model will support ongoing improvements.

## 4.2 Process

Visits were planned in accordance with the NHSGGC Standard Operating Procedure (SOP), which was agreed in October 2021. The aim of the SOP is to ensure that the CHAT visits are approached in a consistent, collaborative way that promotes partnership with care homes to achieve high quality care that enables residents to live their best possible life aligned to what matters to them. CHAT visits should be person centred, supportive and collaborative in their approach and provide a link between HSCP to GGC Care Home Hubs to support improvement.

Care Home managers were informed of the planned visits and were sent the CHAT tool a couple of weeks prior to the visit and were asked to self-assess their current position against the criteria. Visiting teams utilised the previous visit report and the self-assessment to provide them with a background on the home pre the visit. Visiting teams were made up of a group of up to four staff representing nursing, commissioning, social work with a senior nurse leading the visit from the HSCP or Care Home Collaborative.

On the day of the visit, visiting teams spent a short amount of time outlining the purpose of the visit with the Care Home manager emphasising that this is a supportive process and asking the Manager about areas of good practice or concern that they would like to discuss. Members of the assurance team spent time walking around the units observing practices – e.g. handwashing, donning and doffing, social distancing and the interactions between staff and residents. Other members of the team looked at training records and care plans, discussing these with staff from the care home. At the end of the visit the visiting team spent time with the manager giving preliminary feedback highlighting areas of good practice and any areas of improvement.

The visiting team worked collaboratively to complete the visit reports and these were sent back to the Care Home managers for factual accuracy checking and sign off. It is these reports from all 21 care home visits which have been analysed to produce this report.

## 4.3 THEMATIC ANALYSIS OF ASSURANCE VISITS

The GGC agreed assurance tool which is utilised for the visits focuses on three main areas:

1. Infection Prevention and Control (IPC)
  - Environment inclusive of effective cleaning
  - PPE and handwashing
  - Laundry and waste management
2. Resident Health and Care Needs
  - Anticipatory Care Planning, caring for people who are unwell and at the end of life
  - Caring for people with cognitive impairment during lockdown
  - Resident safety
3. Workforce, Leadership and Culture
  - Staff resource
  - Staff wellbeing

This report will comment on the key areas of strength and any areas of improvement required in each of these areas, pulling out themes and trends from across all of the homes visited in relation to each of the three key areas.

There were many areas of exemplar practice identified throughout these visits. To illustrate these practices, examples of direct quotes from across the reports themselves have been included at the end of the health and care need section to share good practice. It is beyond the remit of this

report to include every example of good practice that was evident, however the random selection included gives a good representation of the levels of care and practice that were observed.

#### 4.4 INFECTION PREVENTION AND CONTROL

There are 69 questions within the Infection Prevention and control section of the CHAT tool, the section encompasses visualisation of the environment, observation of practice and discussion in relation to national Infection Prevention and control guidance. The aim of this section is to provide assurance that the home can keep their residents safe and prevent transmission of infection.

Areas of strength:

All of the homes visited showed a high level of compliance against the IPC criteria in the report and visiting staff commented that the homes were visibly clean.

In particular –

- Homes had robust processes in place on entry to the home to undertake risk assessments and check LFT status of visitors
- The home environments were noted to be clean, tidy and odour free
- PPE was readily available and donning and doffing practices were good. Signage and guidance was clearly displayed around the homes
- In relation to admissions and visiting, all homes were implementing open with care, and had good processes in place to ensure regular contact could be maintained with the people who matter to the residents including virtually if required
- Housekeeping staff were knowledgeable about cleaning requirements as per guidance, cleaning schedules were in place and maintained
- All homes were aware of the processes to be followed in the event of an outbreak and knew who to contact

Staff were aware of actions to be taken in the event of a suspected or confirmed case of COVID in the home, and were aware of isolation procedures.

There were a few areas in some of the homes visited where the review team noted that further work remains necessary to support all homes to achieve consistently high standards. These areas of improvement are listed below, and are all included in the action plans for those individual homes.

Areas for improvement:

- Several homes stated that they were carrying out frequent handwashing audits but these were not being documented. Documentation is required to evidence this good practice. In other homes more frequent audits are required
- In several homes staff were noted to be wearing rings with stones in them which does not meet with infection control policies and procedures
- Cleaning schedules didn't always cover all of the areas being cleaned or were not signed. Spot checks were reported but not documented. Documentation is required to evidence these practices
- In a couple of homes it was felt that a deeper clean was required of all areas or specific areas which were utilised less frequently
- Some of the homes were noted to be "tired" in their décor and appearance which makes good IPC difficult
- Homes have a lack of storage space for equipment

It was noted by the visiting teams that the CHAT tool does not fit well with the adult homes, where the environments are very homely, and where resident numbers are small therefore they live like one household. This also applies to the more clinical aspects of Theme 2 around health and care needs.

On comparison with the late 2021 visits, the theme of generally good compliance with all aspects of IPC has remained however the issues around hand hygiene audits, storage of equipment and cleaning schedules have remained and work needs to be done to improve these areas.

#### 4.5 **THEME 2 - RESIDENT HEALTH AND CARE NEEDS**

There are 33 questions in this section of the tool which is focused on the care being planned and delivered across the home. A selection of resident care plans are discussed to assist understanding of the care planning process - including how staff are facilitating person centred care and personalisation, in addition to application of evidence to provide safe and effective care.

Overall there was a lot of good practice evidenced in relation to resident health and care needs, which the assurance teams were impressed with. Particular areas of strength are noted below.

##### **Areas of strength:**

- Homes were noted to have homely atmospheres with residents rooms personalised with their own belongings and in some instances décor and furniture
- Positive and caring interactions were observed between staff and residents and it was clear that staff knew residents well
- Activities were observed to be in progress in many of the homes which residents were clearly enjoying and good care plans were observed which articulated 1-1 interests, preferences and identified goals
- Reviewers commented on dementia friendly environments, stress and distress plans identifying triggers and alternative communication methods for those residents who could not communicate verbally
- Several of the homes have completed MUST 5 (Malnutrition Universal Screening Tool 5) training since the last visits online and with the Care Home Collaborative (CHC)
- There were no issues raised with regard to confirmation of death training which was raised as a requirement from the last visits and has been offered by the CHC

##### **Areas for improvement:**

There continues to be a degree of inconsistency in provision of service from GPs to the homes reported, with a few homes still struggling, but many saying that while they cannot access a GP, they can access nursing, Advanced Nurse Practitioner (ANP) support and in some cases virtual GP services.

##### **Examples of Good Practice:**

The below examples have been copied directly from the reports, and provide examples of good practice, high quality care and a person centred approach to care –

*Residents are included in making shopping choices.*

*The home have a weekly "Takeaway night" on a Saturday and residents can order from anywhere, staff will happily drive to several different restaurants to collect food as required to accommodate choice.*

*A local fund is available to all residents to facilitate a holiday or trips – one resident was talking about going on a trip to a local Loch for 2 nights in the summer and was clearly looking forward to this. Another resident feels she is now too old for holidays but loves animals and therefore the home have booked a “zookeeper for the day experience”, she has the date and a photo on her wall about this as she is so looking forward to it.*

*Every section (of the care plan) includes service user comments and staff comments. This highlights the residents are included, respected, responsive care and support, wellbeing and compassion is being provided by service.*

*One resident always likes to know which staff are on shift for the rest of the day and the team have developed a pictorial board to depict this – which was a lot more fun and homely than having a chart with names listed on the wall.*

*Spoke to one family member who talked about how reassuring it was during the pandemic as not only could she call in to hear about how her relative was doing, but she was proactively called by the home and kept up to date.*

*Relative - “Very Happy with the care”*

*Resident won award for hero of the year for Welcoming new residents into the home and including them.*

*The home has lots of large spacious areas to support activities eg – carpet bowling, family parties, train set in situ and work to continue to build it. There is also a resident library and physiotherapy gym – where there is a physio and acupuncture services on a Friday.*

*Each resident had a care plan in relation to ‘How to support me in my home’. This included residents journey through covid and how they would like to be treated if they have to be isolated with virus. This showed a positive person centred approach.*

*A relative spoken to couldn’t fault the care home, he felt his wife was well looked after and cared for.*

*Every member of staff I spoke to, came across so caring.*

*The care home staff discussed changes to dining areas, increasing numbers of areas but making small numbers of residents, they felt residents were more inclined to eat and drink better in these groups.*

#### **4.6 THEME 3 - WORKFORCE LEADERSHIP AND CULTURE**

The final section looks at the workforce, culture and leadership within the home. There are 9 questions focused on current leadership, how supported staff feel and the overall culture of the home.

Staff reported that they felt supported by their management teams and were happy in their roles. There were a few homes who have experienced management changes but in the main management teams have remained relatively stable.

##### **Areas of strength:**

- Staff reported strong and visible leadership from their managers
- Good handover processes between shifts and communication methods were reported with manager input

Where there had been leadership changes or absence, homes had ensured these roles were covered and new staff were keen to engage in the process.

**Areas for improvement:**

- Recruitment of staff is an ongoing issue for many of the homes as per the national picture

Mandatory training is an area which features on some of the homes action plans which reflects the 2021 visits.

#### 4.7 ACTION PLANNING AND HSCP CONTINUING ASSURANCE

All improvements that were suggested by the visiting team were discussed with the care home manager and captured within action plans by the assurance visitors. Actions are specific and measureable, and all have a named person in the care home as a lead and an agreed timescale for completion.

Many of the homes took immediate action to address areas of concern and fed back once they had reviewed the reports on actions already completed.

Comparison was done between the areas of improvement from the late 2021 visits and this round of visits. The majority of the actions for each home were different and new plans have been put in place, however it is clear that not all homes have managed to address all areas of improvement from the last visits. Seven of the older people's homes visited in late 2021 had one or more of the same areas of improvement identified on this round of visits. The key recurring themes which had not been addressed were in relation to –

- Hand hygiene audits
- Lack of storage
- Cleaning schedules
- Mandatory training

These areas need to be explored further as one of the recommendations from this report, in order to identify how the HSCP and CHC can support the homes to address these areas of concern.

The HSCP team collates an overarching action plan which contains the areas of improvement for each individual home, this action plan has not been routinely updated by the teams. Increased ownership of this plan and working to gain updates from the homes between visits would assist with the monitoring of these improvements.

As a result of the last round of visits and identified areas of improvement training was requested from the Care Home Collaborative – particularly around MUST and Confirmation of Death, and has been provided as per the table below. Attendance at sessions has been difficult on some occasions due to ongoing pandemic outbreaks, however some good comments were seen throughout the visit reports particularly in relation to nutrition which is positive.

Care home staff can self refer for training and support from the CHC at any time, and the HSCP is made aware of requests to support as able.

<b>Topic</b>	<b>Number of Sessions held</b>	<b>Number of attendees</b>
MUST 5	4	44



	<i>plus shared video resources with the offer of further support if required</i>	
Confirmation of Death	2 <i>1 cancelled due to lack of uptake</i>	4
Tissue Viability	3	12
Footcare	2	9

Scottish Ballet have developed a one to one digital resource package for those living with neurological conditions for use in bed or Chair. The CHC is working in partnership with Scottish Ballet to facilitate delivery, formal evaluation and support bringing together meaningful activity, movement and What Matters to you conversations in line with the Collaborative's Person centred care and Right care Right place improvement work streams. This work is being piloted in Inverclyde with three homes – Campbell Snowdon, Newark and Larkfield, this has involved participation from numerous staff, residents and in some cases family members. Data collection continues, however anecdotal improvements have been noted in participating residents.

#### 4.8 FEEDBACK AND LEARNING FROM THE PROCESS

All of the visiting team staff members were asked to attend a virtual feedback session to facilitate an open and honest discussion about the visits. The session was well attended and several areas for improvement were identified as below –

Overall the visiting team reported that the staff in the homes were friendly and welcoming and were supportive of the CHAT process. The CHAT tool itself is currently under review by the CHC, as many of the staff across GGC involved in the visits have reported that the tool is cumbersome, too IPC focused and not aligned to adult homes. Inverclyde care homes were asked by the CHC to complete a short survey of their experiences in relation to the CHAT visits as part of this review and a focus group was also held in early October led by the CHC with local staff and care home managers in attendance. Feedback from this event is not yet available but will be shared and then combined with feedback from all GGC HSPPs to agree a way forward.

Feedback received from the survey of care homes included –

- CHAT visits are seen as supportive
- Staff carrying out the visits are approachable
- Feedback and advice given is useful
- The self assessment helps with evaluation of the service
- Managers like the existing CHAT tool

#### 4.9 RECOMMENDATIONS FOR FUTURE VISITS

The following recommendations will be taken forward in preparation for the next visits to refine the CHAT process and maximise the outcomes from the process.

- To agree a process for increased ownership and monitoring of the progress against identified improvement actions on the overarching action plan. Working to gain updates from the homes between visits to assist with the monitoring of these improvements
- To work collaboratively with Care Home staff and the CHC to maximise attendance at training sessions

- To participate in the CHAT tool review process and ensure that the voices of all participants in the CHAT process are heard including to discuss that the current tool does not reflect the smaller, more homely nature of the adult homes and their residents.
- To continue to work with the Medical Director, commissioning and primary care colleagues to determine and address the issues of delays to being able to contact GP colleagues when required.

## NEXT STEPS

CHAT visits will continue to be held on a six monthly basis, or more frequently if there is an identified need for a specific home. All of the agreed recommendations from this report will be implemented to assist both this process and the ongoing support to the care homes locally.

Each CHAT visit where improvements are identified, has led to a specific action plan for that home and these action plans will be discussed and monitored regularly with the homes to ensure that any required support is identified and provided. In addition Managers of the care homes will be able to access the Care Home Collaborative to assist with the provision of advice and/or resource to support improvement, with the hub also offering support for the continuing development of the managers themselves.

CHAT reports for individual homes will all be submitted to NHSGGC for analysis as part of the Quarterly CHC CHAT reports, which are presented to the CHC Steering Group. Overarching themes and trends for GGC are pulled from this process which assists with the ongoing development of the CHC. Discussions will continue around analysis of local data to assist with the collation of this report.

This report will be presented to the Senior Management Team (SMT) at the HSCP including the Chief Social Worker and Medical Director for information and assurance, in addition to the Clinical and care Governance Committee.

The report will also be shared with the care homes themselves and teams who participated in the visits for information.

## 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
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 or risk implications arising from this report. This is a performance report for noting by the Integration Joint Board.

### 5.4 Human Resources

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

### 5.5 Strategic Plan Priorities

There are no specific strategic implications arising from this report.

### 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.	The CHAT process applies to all care homes and residents including individuals

	from protected characteristic groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	HSCP and the visiting teams would act appropriately to any identified issues regarding discrimination
People with protected characteristics feel safe within their communities.	The visiting team work to ensure that all people using the services feel safe.
People with protected characteristics feel included in the planning and developing of services.	Visiting teams speak to all residents and families willing and able to participate in the visits
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	As part of the process visiting teams examine care plans to provide assurance around holistic assessment - to ensure individual need is identified.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Any relevant opportunities would be highlighted in reports and actioned
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Positive attitudes are always encouraged in all aspects of these visits

## 5.7 Clinical or Care Governance

There are clinical or care governance implications arising from this report as this report is directly related to the care of residents within the care homes of Inverclyde. The report will be presented to the Clinical and Care Governance committee and all recommendations will be monitored through that governance route. The report is provided for quality assurance purposes.

## 5.8 National Wellbeing Outcomes

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The visits are focused on the well-being of care home residents and person centred care to enhance this

People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The visiting team specifically look at the homeliness and patient centeredness of the care home environments
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The visiting teams observe and discuss aspects of the care home residents experiences and dignity in all aspects of care provision
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The visiting team are looking at all aspects of quality of life as parts of the process
Health and social care services contribute to reducing health inequalities.	The visiting team foster this approach at all times and take a consistent approach to visits
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.	Families and carers are included in the visit discussions if available to do so
People using health and social care services are safe from harm.	The CHAT tool and visiting teams specifically look at this across several domains
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.	Discussions take place with care home staff as part of the visits and training needs are identified and monitored as part of the action plans
Resources are used effectively in the provision of health and social care services.	Visiting teams look at the effective utilisation of resources in the provision of care

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

## 7.0 CONSULTATION

7.1 N/A

## 8.0 BACKGROUND PAPERS

8.1 None

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>23 January 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/05/2023/KR</b>
<b>Contact Officer:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 712722</b>
<b>Subject:</b>	<b>Chief Officer's Report</b>		

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## **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 service developments which are not subject to the IJB's agenda of 23 January 2023 but will be future papers on the IJB agenda.

## **2.0 RECOMMENDATIONS**

2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:

- CAMHS/Specialist Children Services
- Care at Home Review
- Visit to Inverclyde Centre- Redesign

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### **3.0 BACKGROUND AND CONTEXT**

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

### **4.0 BUSINESS ITEMS**

#### **4.1 CAMHS/Specialist Children Services**

Within the GG&C Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board-wide Hosted Tier 4 services.

The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

The main principles that will guide the transition is as follows:

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the GGC area.

The financial implication in the movement of the relevant budgets will be set out in more detail in a future report to the IJB.

#### **4.2 Care at Home Review**

The review is progressing well with a number of work streams ongoing. We have been working with a range of appropriate stakeholders across the partnership including staff side and we are concluding our report with a list of recommendations. Your Voice is leading on service user consultation which has been generally positive with some concern about continuity of care. A survey is available for both HSCP and commissioned staff and consultation sessions lead by staff side have been completed with pay rates and concerns about travel highlighted as the main issues.

#### **4.3 Visit to Inverclyde Centre- Redesign**

Over the festive period the Chief Officer and the Chair of the IJB visited the Inverclyde Centre and spent time with staff and a few residents. The outcome of the visit was extremely informative in understanding the challenges and the improvements that have been made to service delivery. The environment and the physical design of the building continues to be the major barrier to



improving service delivery. A redesign proposal for the Homelessness Service will be presented to the Full Council and 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

One off Costs

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 implications within this report.

## 5.4 Human Resources

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

## 5.5 Strategic Plan Priorities

## 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?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Strategic Plan aimed at providing access for all.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Strategic Plan is developed to oppose discrimination.
People with protected characteristics feel safe within their communities.	Strategic Plan engaged with service users with protected characteristics.
People with protected characteristics feel included in the planning and developing of services.	Strategic Plan engaged with service users with protected characteristics.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Strategic Plan covers this area.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Strategic Plan covers this area.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Strategic Plan covers this area.

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?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Strategic plan covers this.
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	Strategic plan covers this.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Strategic plan covers this.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Strategic plan covers this.
Health and social care services contribute to reducing health inequalities.	Strategic plan covers this.
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.	Strategic plan covers this.
People using health and social care services are safe from harm.	Strategic plan covers this.
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.	Strategic plan covers this.
Resources are used effectively in the provision of health and social care services.	Strategic plan covers this.

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

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

8.1 None.

**INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 28 NOVEMBER 2022**


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**Inverclyde Integration Joint Board Audit Committee**
**Monday 28 November 2022 at 1.00pm**
**Present:**
**Voting Members:**

Councillor Elizabeth Robertson (Chair)  
 Councillor Lynne Quinn  
 Simon Carr

Inverclyde Council  
 Inverclyde Council  
 Greater Glasgow & Clyde NHS Board

**Non-Voting Members:**

Diana McCrone

Staff Representative, Greater Glasgow &  
 Clyde NHS Board

Charlene Elliott

Third Sector Representative, CVS  
 Inverclyde

**Also present:**

Mark Laird  
 Grace Symes  
 Kate Rocks

Audit Scotland  
 Audit Scotland  
 Chief Officer, Inverclyde Health & Social  
 Care Partnership

Audrey Howard

On behalf of Allen Stevenson, Chief  
 Social Work Officer, Inverclyde Health &  
 Social Care Partnership

Craig Given

Chief Finance Officer, Health & Social  
 Care Partnership

Marie Kiers

Senior Finance Manager, 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

Karen MacVey

Legal & Democratic Services Team  
 Leader, Inverclyde Council

**Chair:** Councillor Robertson presided.

The meeting took place via video-conference.

**29 Apologies, Substitutions and Declarations of Interest**
**29**

An apology for absence was intimated on behalf of David Gould, Greater Glasgow & Clyde NHS Board.

No declarations of interest were intimated.

Prior to discussion of the following item the Chair welcomed the representatives from Audit Scotland to the meeting.

**30 Annual Report to the IJB and the Controller of Audit for the Financial Year Ended 31 March 2022**

30

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' Letter to the Board for the financial year ended 31 March 2022 which has been prepared by the IJB's external auditors, Audit Scotland.

Ms Elliot joined the meeting during consideration of this item.

The Chair invited Mr Laird to present the Audit Scotland Report (the Report), it being a statutory requirement of the accounts closure process that the IJB receives a letter from the appointed External Auditors highlighting the main matters arising in respect of the prior years accounts. Mr Laird noted that this was the last report as Auditors and thanked officers and members.

The Chair then invited Mr Given to comment on the Report. Mr Given thanked his team for their work on the accounts and commented favourably on the Report, noting that any points raised for action were currently being progressed.

The Board commented on Section 2 of the Report 'Financial management and sustainability' and questioned if the current funding method of the Scottish Government provided Best Value, highlighting concerns over late funding, prescribed spending, returning unspent funding and recruiting staff on short-term contracts. In response Mr Laird and Mr Given advised that the accounting process was correct. Referring to the statement within that section that 'the IJB has a medium-term financial plan but is yet to develop a longer terms plan' the Board discussed the difficulty of long-term planning when financial settlements are made in the short-term.

The Board asked Mr Given how he planned to develop a longer-term plan in the circumstances, and Mr Given provided an overview as to how he would achieve this, including taking into account forecasted future demand as services and demographics change. He would also look at anticipated future funding streams to estimate the future budget.

The Board referred to the comment made at Section 1 of the Report 'Audit of 2021/22 annual accounts' that 'limited progress was made on prior year recommendations' and sought reassurance on this. Mr Given advised that all the previous recommendations were currently being progressed; savings, Integration Schemes and Locality Planning, and that he had no concerns.

The Board sought reassurance on the amount held in General Fund Reserves, and Mr Laird advised that this was largely due to late funding, that the majority of the Reserves were earmarked and that all IJBs were similarly affected.

The Chair commented favourably on the Report, and thanked all involved in the process. Councillor Quinn submitted her apologies for the meeting of the IJB at 2pm, and requested that her support for the recommendations be noted.

**Decided:**

- (1) that the contents of the Annual Report to the IJB and Controller of Audit for the financial year to 31 March 2022 be endorsed;
- (2) that it be recommended to the IJB that the Chair, Chief Officer of Inverclyde Health & Social Care Partnership and Chief Financial Officer of Inverclyde Health & Social Care Partnership be authorised to accept and sign the final 2021/22 Accounts on behalf of the IJB; and
- (3) that the Letter of Representation, as detailed at appendix 2 of the report, be endorsed and it be recommended to the IJB that this be signed by the Chief Financial Officer of Inverclyde Health & Social Care Partnership.