



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 10 March 2023

**A meeting of the Inverclyde Integration Joint Board will be held on Monday 20 March 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**

**\*\* to follow**

<b>BUSINESS</b>		
1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>ITEMS FOR ACTION:</b>		
2.	<b>Minute of Meeting of Inverclyde Integration Joint Board of 23 January 2023</b>	<b>p</b>
3.	<b>Non-Voting Membership of the Integration Joint Board – Service User Representative</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
4.	<b>Financial Monitoring Report 2022/23 – Period to 31 December 2022, Period 9</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Rolling Action List</b>	<b>p</b>
6.	<b>Inverclyde HSCP Strategic Plan 2023-24</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
7.	<b>Public Sector Equalities Duty and Compliance</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
<b>ROUTINE DECISIONS AND ITEMS FOR NOTING:</b>		
8.	<b>Specialist Children’s Services Single Service Alignment</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>

9. **	<b>Proposed Approach to 2023/24 Budget</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
10.	<b>Cost of Living Support</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
11. **	<b>Chief Officers Report</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
<p><b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</b></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
13.	<b>Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 23 January 2023</b>	p

The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

Please note that the meeting will be recorded for publishing on the Inverclyde Council's website. 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

**INVERCLYDE INTEGRATION JOINT BOARD – 23 JANUARY 2023**

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**Inverclyde Integration Joint Board**  
**Monday 23 January 2023 at 2pm**

**PRESENT:**

**Voting Members:**

Councillor Robert Moran (Vice Chair)	Inverclyde Council
Councillor Martin McCluskey	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Ann Cameron-Burns	Greater Glasgow and Clyde NHS Board
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 Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Dr Chris Jones	Registered Medical Practitioner
Laura Moore	Chief Nurse, NHS GG&C

**Non-Voting Stakeholder Representative Members:**

Gemma Eardley	Staff Representative, Inverclyde Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Christina Boyd	Carer's Representative

**Additional Non-Voting Member**

Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes
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**Also present:**

Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Health and Wellbeing Service Manager, Inverclyde Health & Social Care Partnership
Gillian Neal	Mental Health Programme Manager, Inverclyde Health & Social Care Partnership
Gail Kilbane	Alcohol & Drug and Homelessness Service Manager
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
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
Karen Haldane	Executive Officer, Your Voice, Inverclyde

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Community Care Forum (public business only)

**Chair:** Councillor Robert Moran presided.

The meeting took place via video-conference.

- |                    |  |                    |                                     |            |                                     |               |   |          |
|--------------------|--|--------------------|-------------------------------------|------------|-------------------------------------|---------------|---|----------|
| <b>1</b>           | <p><b>Apologies, Substitutions and Declarations of Interest</b></p> <p>Apologies for absence were intimated on behalf of:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Alan Cowan (Chair)</td> <td>Greater Glasgow and Clyde NHS Board</td> </tr> <tr> <td>Simon Carr</td> <td>Greater Glasgow and Clyde NHS Board</td> </tr> <tr> <td>Margaret Tait</td> <td>Interim Service User Representative, Inverclyde Health &amp; Social Care Partnership Advisory Group</td> </tr> </table> <p>Ms Boyd declared an interest in agenda item 12 (Reporting by Exception – Governance of HSCP Commissioned External Organisations).</p>  | Alan Cowan (Chair) | Greater Glasgow and Clyde NHS Board | Simon Carr | Greater Glasgow and Clyde NHS Board | Margaret Tait | Interim Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group | <b>1</b> |
| Alan Cowan (Chair) | Greater Glasgow and Clyde NHS Board  |                    |                                     |            |                                     |               |   |          |
| Simon Carr         | Greater Glasgow and Clyde NHS Board  |                    |                                     |            |                                     |               |   |          |
| Margaret Tait      | Interim Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group  |                    |                                     |            |                                     |               |   |          |
| <b>2</b>           | <p><b>Minute of Meeting of Inverclyde Integration Joint Board of 7 November 2022</b></p> <p>There was submitted the Minute of the Inverclyde Integration Joint Board of 7 November 2022.</p> <p>The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.</p> <p><b>Decided:</b> that the Minute be agreed.</p>  | <b>2</b>           |                                     |            |                                     |               |   |          |
| <b>3</b>           | <p><b>Minute of Meeting of Inverclyde Integration Joint Board of 28 November 2022</b></p> <p>There was submitted the Minute of the Inverclyde Integration Joint Board of 28 November 2022.</p> <p>The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.</p> <p><b>Decided:</b> that the Minute be agreed.</p>  | <b>3</b>           |                                     |            |                                     |               |   |          |
| <b>4</b>           | <p><b>Financial Monitoring Report 2022/23 – Period to 31 October 2022, Period 7</b></p> <p>There was submitted a report by the Chief Officer, Inverclyde Health &amp; Social Care Partnership on the projected financial outturn for the year as at 31 October 2022, and an update on the current projected use of earmarked reserves and projected financial costs of the continued response to the Covid-19 pandemic.</p> <p>The report was presented by Mr Given, and noted that as at 31 October 2022 it was projected that the IJJB revenue budget will have an overall underspend of £1.083million, broken down as Social Care Services projected to be underspent by £1.202million and Health Services projected to be underspent by £0.119million.</p> <p>Mr Given provided a verbal update on the return of the surplus Covid funding to the Scottish Government, advising of recently received correspondence which had been forwarded to members confirming that the Scottish Government proposed to reduce the amount of funding to Health Boards by the relevant amount. This amount would then be transferred from Earmarked Reserves. Mr Given further advised that he would be seeking clarification on the specific details and this would be included in future budget papers.</p> <p>The Board again expressed their disappointment that the surplus funding would be returned and (a) requested that officers seek clarification on the legal position and the mechanism by which the funding would be returned by writing to the Scottish</p> | <b>4</b>           |                                     |            |                                     |               |   |          |

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Government and the Greater Glasgow & Clyde Health Board, and (b) that a further report be brought to the Board on this matter. It was also noted that Ms Pollock would review the Integration Scheme and liaise with the other officers.

The Board referred to the recent announcement that the Amazon warehouse in Gourrock was scheduled for closure and asked if there were plans to recruit Amazon staff to work in the care sector. Mr Stevenson advised that officers had discussed this matter and that approaches to Amazon staff would be through the Task Force.

Referring to paragraph 5.2 of the report and the overspend in mental health in-patient services and referencing an outstanding remit from the IJJB meeting of 26 September 2022 that officers bring back a further report addressing concerns about the Langhill Unit, the Board requested an explanation for the overspend and asked if officers were satisfied with staffing levels. Ms Rocks advised that issues with recruitment had led to an increased use of bank and locum staff and that a strategy was being developed to address this. Ms Kilbane added that this matter would be reported to the Board at a later date.

Mr Stevenson left the meeting during consideration of this item of business.

### **Decided:**

- (1) that (a) the current Period 7 forecast position for 2022/23, as detailed in the report and at appendices 1-3, be noted, and (b) 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) 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 specific earmarking detailed at section 4 of the report and summarised at paragraph 8.2 of the report be approved;
- (4) that the position of the Transformation Fund, as detailed at appendix 6 of the report, be noted;
- (5) that the current capital position, as detailed at appendix 7 of the report, be noted;
- (6) that the current Earmarked Reserves position, as detailed at appendix 8 of the report, be noted;
- (7) that the key assumptions within the forecast, as detailed at paragraph 12 of the report, be noted; and
- (8) that it be remitted to officers to (a) write to the Scottish Government and the Greater Glasgow & Clyde Health Board requesting clarification on the legal position and mechanism by which the unspent Covid funding will be returned to the Scottish Government, and (b) submit a further report on this matter to the Board for consideration.

### **5 Rolling Action List**

5

There was submitted a Rolling Action List of items arising from previous decisions of the IJJB.

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

### **6 Proposal to Fund Final Year MSc Social Work Students to Commit to Work for Inverclyde HSCP for 3 Years**

6

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing detail of a new initiative to attract self-funding MSc students who are not currently employed by Inverclyde HSCP to ensure an intake of newly qualified Social Workers to Inverclyde.

The report was presented by Mr Stevenson and advised that the Workforce Plan had

identified that recruitment and retention of staff in health and social care sectors was challenging and that the Covid pandemic had increased pressure in some qualified roles, especially that of Social Workers. The new initiative proposed that, in return for funding their final year of study, students would commit to working for Inverclyde HSCP for 3 years.

The Board expressed their support for the initiative, and Ms Rocks provided an overview as to how the initiative would work in practice.

The Board asked if a similar approach could be adopted to address recruitment and retention issues within the Care at Home sector, and Ms Rocks advised that other measures were being considered to address this, including Modern Apprenticeships, salaries and career perception.

Ms Rocks further noted that this initiative was the first of its kind in Scotland and it was hoped would compete with the higher wages and shorter working week offered by other authorities in attracting staff.

**Decided:** that (a) the funding aspect of the proposal be agreed, and (b) it be noted that the responsibility to ensure the HSCP has sufficient registered Social Workers across its services sits with the Chief Social Work Officer.

## **7 Service Pressures on Professional Disciplines Within Primary Care Sector**

7

Dr MacDonald provided a verbal report on service pressures on the professional disciplines within the Primary Care sector.

The following points were noted:

- (1) there are 13 GP practices in Inverclyde, and all are seeing patients face-to-face and also providing telephone, video and e-mail consultations;
- (2) currently 2 GP practices have new patient list closures due to work pressures and staffing provision, but will take new familial patients (e.g. new babies);
- (3) seasonal flu and a resurgence of Covid over the Christmas period caused pressure across all medical disciplines;
- (4) there has been an increased patient demand post-Covid, possibly as the result of patients deferring seeking treatment during the pandemic;
- (5) there has been an increase in New Scots, which in some cases brings language, cultural and complex health needs;
- (6) that the 2018 contract has not been fully implemented with regard to recruitment; and
- (7) there is no evidence that there is an increase in A&E figures caused by GPs and that A&E figures are lower than pre-pandemic.

Dr MacDonald also provided a detailed description of the current out-of-hours GP provision and advised of proposed changes to the service, which will include appointment times currently offered at Royal Alexandra Hospital in Paisley being changed from 8am-2pm to 10am-4pm.

The Board commented on the out-of-hours GP provision being provided at Paisley and noted that there was a demand for it to be provided locally, advising of a live petition with an excess of 5600 signatures to this effect. There were further comments on the flow of patients within the service, from the initial call to NHS24 to being provided with an appointment to see a out-of-hours GP.

The Board asked for further detail on the two GP practices which have currently closed their waiting lists, and Dr MacDonald advised that the measure was temporary until the patient lists decreased naturally. Dr MacDonald highlighted contributing factors such as recruitment issues, and also positive measures taken across the Board such as increasing the profile of the Advanced Nurse Practitioner (ANP). Mr Best further added that training and retaining staff was a priority and provided an overview of the role of the ANP within the service.

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The Board asked how GP practices ensured that people obtained an appropriate level of care and Dr MacDonald advised that GP practices provided staff with signposting training.

Councillor Quinn left the meeting during consideration of this item of business.

**Decided:** that the verbal report be noted.

Dr MacDonald left the meeting and Mr Stevenson returned to the meeting at this juncture.

### 8 Roll-out of Naloxone Training

8

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the roll-out of Naloxone training to staff.

The report was presented by Ms Kilbane and advised that on 22 September 2022 Inverclyde Council agreed to support a motion to increase the uptake of Naloxone.

The report was presented by Ms Kilbane and provided (a) advice from the Chief Social Work Officer, (b) detailed information on drug related deaths, and (c) the involvement of the Alcohol and Drug Recovery Service and other agencies in the provision of Naloxone to the public.

The Board asked how many Naloxone kits were in circulation in Inverclyde and if there was a target figure. Ms Kilbane advised that the target figure had been exceeded as it was measured against Drug Related Deaths, which had halved last year. She further noted that, although Inverclyde HSCP knew how many kits it had issued, other agencies also provided kits, and that it was planned the information would be collated centrally within the Alcohol and Drug Partnership.

The Board asked if Inverclyde Council would be informed of the content of this report, and Ms Rocks advised that a report would be submitted to the Social Work & Social Care Scrutiny Panel.

**Decided:**

- (1) that the continued roll-out of Naloxone kits to appropriate staff across the Council/HSCP and Third Sector partner organisations across Inverclyde be noted;
- (2) that the advice of the Chief Social Work Officer, namely that appropriate staff groups 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, be noted;
- (3) that the Trade Union view, namely that this work should continue with appropriate staff on a voluntary basis moving forward, be noted; and
- (4) that it be remitted to officers to provide a report to the Social Work & Social Care Scrutiny Panel on this matter.

### 9 Advanced Clinical Practice Update

9

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the development of Advanced Clinical Practice roles within mental health services in Inverclyde.

The report was presented by Ms Neal and provided an update on proposals made in 2021 that mental health services develop and support Clinical Practice roles within the fields of pharmacy, nursing and allied health professions.

**Decided:** that the progress of Advanced Clinical Practice developments and the direction of travel be noted.

### 10 Care Home Assurance Themes and Trends Report – Oversight December 2022

10

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care

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Partnership advising of emerging themes and trends identified from care assurance visits to the 21 Care Homes within Inverclyde in late 2021 which highlight good practice and areas for improvement.

The report was presented by Ms Moore and provided detail on how the visits were planned and undertaken, and the main focus areas of (a) Infection Prevention and Control, (b) Resident Health and Care Needs, and (c) Workforce, Leadership and Culture.

The Board asked for further detail on the Care Home Collaborative referred to in the report, and Ms Moore provided an overview of the membership and how Care Homes can access it for advice.

**Decided:** that the contents of the report and actions recommended for future visits, as detailed at section 4.9 of the report, be noted.

### 11 Chief Officer's Report

11

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

The report was presented by Ms Rocks and provided updates on (1) CAMHS/Specialist Children Services, (2) Care at Home review and (3) visit to Inverclyde Centre - Redesign.

The Board expressed concerns that the Care at Home review could lead to a service reduction, and Ms Rocks and Mr Stevenson provided reassurance that this was not the purpose of the review, and that the review would be looking at staffing and workforce matters.

The Board welcomed the proposed redesign of the Homelessness Service and noted that a report on this matter will be submitted to both the Inverclyde Council and IJJB in June 2023.

Ms Elliot left the meeting during consideration of this item of business.

**Decided:**

(1) that the HSCP service updates on (a) CAMHS/Specialist Children Services, (b) Care at Home review, and (c) visit to Inverclyde Centre – Redesign be noted;

(2) that future reports will be brought to the IJJB as substantive agenda items on these matters; and

(3) it be noted that a report will be submitted to both the Inverclyde Council and IJJB in June 2023 on proposals for the redesign of the Homelessness Service.

### 12 Minute of Meeting of IJB Audit Committee of 28 November 2022

12

There was submitted the Minute of the Inverclyde Integration Joint Board of 28 November 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 of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.**

**Item**

**Paragraphs**

**Reporting by Exception – Governance of HSCP 6 & 9  
Commissioned External Organisations**



## INVERCLYDE INTEGRATION JOINT BOARD – 23 JANUARY 2023

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### Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 7 November 2022.

#### 13 Reporting by Exception – Governance of HSCP Commissioned External Organisations 13

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 17 September to 18 November 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 Services, Adult Services and Children's Services, all as detailed in the Appendix.

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

**Decided:**

(1) that the Governance report for the period 17 September to 18 November 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.

#### 14 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 7 November 2022. 14

There was submitted an Appendix to the Inverclyde Integration Joint Board minute of 7 November 2022.

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

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

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/024/23</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Non-Voting Membership of the Integration Joint Board – Service User Representative</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 a change in its non-voting membership arrangements.

1.3 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

1.4 The service user representative member on the IJB, Mr Hamish MacLeod, has intimated his resignation from the IJB. It is proposed to appoint Ms Margaret Tait in his place.

1.5 This report sets out the revised non-voting membership arrangements for the IJB.

## **2.0 RECOMMENDATIONS**

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

- (1) notes the resignation of Mr Hamish MacLeod as the service user representative non-voting member of the Inverclyde Integration Joint Board; and
- (2) agrees the appointment of Ms Margaret Tait as the service user representative non-voting member of the Inverclyde Integration Joint Board.

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

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out the arrangements for the membership of all Integration Joint Boards.
- 3.2 The service user representative member on the IJB, Mr Hamish MacLeod, has intimated his resignation from the IJB with effect from 23 December 2022. It is proposed to appoint Ms Margaret Tait in his place.
- 3.3 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one service user representative.
- 3.4 A named proxy to cover attendance at IJB meetings will be confirmed in due course.

### 4.0 PROPOSALS

- 4.1 It is proposed that the IJB agree the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C.

### 5.0 IMPLICATIONS

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

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

#### 5.2 Finance

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### 5.3 Legal/Risk

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

### 5.4 Human Resources

There are no Human Resource implications arising from this report

### 5.5 Strategic Plan Priorities

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

### 5.6 Equalities

There are no equality issues within this report.

#### (a) Equalities

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

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

#### (b) Equality Outcomes

How does this report address our Equality Outcomes?

<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

## 5.7 Clinical or Care Governance

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

## 5.8 National Wellbeing Outcomes

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

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

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

## 8.0 BACKGROUND PAPERS

8.1 None.

## Inverclyde Integration Joint Board Membership as at 20 March 2023

<b>SECTION A. VOTING MEMBERS</b>		
		Proxies (Voting Members)
Inverclyde Council	Councillor Robert Moran (Vice Chair)	Councillor Colin Jackson
	Councillor Martin McCluskey	Councillor Paul Cassidy
	Councillor Elizabeth Robertson	Councillor Sandra Reynolds
	Councillor Lynne Quinn	Councillor Drew McKenzie
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair)	
	Mr Simon Carr	
	Ms Ann Cameron-Burns	
	Mr David Gould	
<b>SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS</b>		
Chief Officer of the IJB	Kate Rocks	
Chief Social Worker of Inverclyde Council	Allen Stevenson	
Chief Finance Officer	Craig Given	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director	
	Dr Hector MacDonald	
Registered Nurse	Chief Nurse	
	Laura Moore	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	

**SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS**

A staff representative (Council)	Ms Gemma Eardley	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator CVS Inverclyde
A service user	Ms Margaret Tait Inverclyde Health and Social Care Partnership Advisory Group	Proxy -TBC
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis

**SECTION D. ADDITIONAL NON-VOTING MEMBERS**

Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/19/2023/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 December 2022, Period 9</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> December 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 £124.009m is now reported to reflect budget allocations from Health in relation to Multi-disciplinary teams (MDTs) and Band 2-4 funding.

1.5 As at 31 December 2022, it is projected that the IJB revenue budget will have an overall underspend of £1.307m, assuming further earmarking of £0.540m set out at Section 8.2 is approved, broken down as follows:-

- Social care services are projected to be underspent by £1.326m.
- Health Services are projected to be overspent by £0.019m.

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 £14.908m. This is a net decrease of £12.455m in year due to anticipated net commitment of funding on agreed projects and earmarking agreed to



date. For the purposes of this report, it is assumed at this stage that the overall projected underspend of £1.307m 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 £0.834m 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 9 forecast position for 2022/23 as detailed in the report and Appendices 1-3, and notes that the position with Covid spend and return of unused earmarked reserve,
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. Approves the Transformation Fund bid detailed at 10.2;
5. Notes the position on the Transformation Fund (Appendix 6);
6. Notes the current capital position (Appendix 7);
7. Notes the current Earmarked Reserves position (Appendix 8).
8. 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 £192.542m, with a projected underspend of £1.307m. The table below summarises the agreed budget and funding from partners, together with the projected operating outturn for the year as at 31 December:

	<b>Revised Budget 2022/23 £000</b>	<b>Projected Outturn £000</b>	<b>Projected Over/(Under) Spend £000</b>
Social Work Services*	85,265	83,939	(1,326)
Health Services*	77,927	77,946	19
Set Aside	29,350	29,350	0
<b>HSCP NET EXPENDITURE</b>	<b>192,542</b>	<b>191,235</b>	<b>(1,307)</b>
<b>FUNDED BY</b>			
Transfer from / (to) Reserves	-	(1,307)	(1,307)
NHS Contribution to the IJB	125,870	125,870	
Council Contribution to the IJB	66,672	66,672	
<b>HSCP FUNDING</b>	<b>192,542</b>	<b>191,235</b>	<b>(1,307)</b>
Planned Use of Reserves		13,509	
Specific earmarking requested		(1,054)	
Projected HSCP operating Surplus		(1,307)	
<b>Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)</b>		<b>11,148</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 latest projected spend of £3.587m in relation to the continued response to the Covid-19 pandemic. This report assumes that these costs will be funded in full from the Covid EMR of £8.130m held within IJB reserves. Any unused reserves will be returned via Health to the Scottish Government.

### 4.0 SOCIAL CARE

- 4.1 Appendix 2 shows the projected position as at Period 9 for Social Care services. It is currently anticipated that Social Care services will underspend by £1.326m in 2022/23. Backdated pay awards are now included in the reported position and have been fully funded by budgets and EMR's held for that purpose.
- 4.2 The following sections will provide an overview of the main projected variances against Social Care delegated functions:-

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

- Within Children and Families, an anticipated overspend of £0.087m on continuing care placements is projected. Although a smoothing reserve is held for continuing care overspends, it is anticipated that this projection will be addressed within the overall underspend for the HSCP.
- Children and families employee costs are currently anticipated to overspend by £0.077m mainly related to additional spend on overtime and sessional within residential services. Discussions are ongoing with the service to develop a plan to manage this spend area.
- Also within Children and Families is a projected overspend of £0.308m for client commitments in place, as a result of additional residential placements during the year and placements continuing past previously anticipated end dates.
- Criminal Justice is currently projected to overspend by £0.094m, mainly attributable to client package costs shared with Learning Disabilities. An exercise is under way to claim for a proportion of these costs from Scottish Government, and the position will be updated on notification of the claim outcome.
- 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. These placements have not resumed following the pandemic and management action will be taken to address the shortfall during next financial year.
- Learning disability client commitments are currently projected to overspend by £0.257m, an increased spend of £0.086m 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. These efficiencies have been identified in full on a recurring basis from 2023/24.

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

- A projected underspend of £0.829m within External Homecare, being a reduction in projected spend since last reported of £0.119m. The movement is mainly due to no further growth in hours being anticipated for one of the new framework providers (£0.055m), a further reduction in hours against SDS2 providers (£0.040m) and a reduction in Direct Payments packages (£0.020m).
- Also within Older Person's there is a projected underspend of £0.270m against payments to other bodies in relation to recurring care, which the IJB are being asked to approve earmarking to fund planned expenditure in this area in future years.
- Learning disabilities employee costs are currently projected to underspend by £0.280m 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 £0.078m. This underspend has increased by £0.020m on previous projections.
- Mental Health services are projecting an under spend of £0.281m. £0.241m of this underspend relates to care packages within the community. The remainder is mainly attributable to vacancies within the service.
- The Alcohol and Drugs Recovery service has an expected underspend of £0.084m for the year mainly in relation to client commitments held, a minimal change since last reported.

- Vacancies with the Homelessness Service are resulting in a projected underspend of £0.064m by the year end.
- As reported at Period 7, a review of contingency budgets held within Business Support for inflationary uplifts when the 2022/23 budget was set was carried out, and this released £0.551m towards the overall projected position. A further £0.143m under spend is anticipated mainly due to the level of vacancies within the service. A final £0.200m underspend is projected in this service area in relation to payments to other bodies. The IJB is requested to approve that this amount be earmarked to fund any additional pressures in client commitments in future years.
- Within Finance, Planning and Resources an underspend of £0.070m is anticipated in relation to social work system maintenance costs. It is requested that this be earmarked to part fund a temporary post to address additional workload within the service in relation to ongoing additional reporting requirements.
- The projected position reported includes an anticipated inflationary pressure for 2022-23 within Utilities of £0.122m, together with £0.430 planned spend for 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 9 for Health services. It is currently anticipated that Health services will overspend by £0.019m 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 £1.297m. 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 are updated accordingly each reporting period.
- 5.3 This overspend is offset by projected underspends in respect of vacancies and some maternity leaves throughout services, the most significant of which are; Children and Families £0.5m, Management and Admin £0.210m, Alcohol and Drug Recovery services £0.332m, Mental Health Communities £0.167m, and Strategy and Support Services £0.185m and Financial Planning of £0.3m.
- 5.4 A projected underspend of £0.3m is also anticipated on supplies and services spread throughout services with the most significant being £0.2m in relation to reduced drug costs for reduced packages within Mental Health - Communities.

### Prescribing

- 5.5 Currently projecting an overspend of £0.630m, relating 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.

### Set Aside

- 5.6 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 £3.587m in relation to the Covid 19 pandemic and recovery activity based on the latest projections prepared. 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.

The Scottish Government have now confirmed that any unused balance held against Covid reserves is to be returned to them via a reduction in funding allocated to Health, with a reconciliation process to be carried out at year end to finalise the position for the 2022/23 financial year. The funding is currently held within IJB reserves held by the Council.

Following on from a request at last meeting of the IJB the Chair wrote to the Scottish Government to seek clarification on the legality of the process to recover the funding and the accounting mechanism proposed to do so. The Scottish Government’s response provided confirmation that they were content with the legality and the mechanism used to return funds. This correspondence has been shared with all IJB Members. Officers are also content with the legality and the accounting treatment to be used here. There is no provision in the Integration Scheme or legislation which prevents the Scottish Government from reclaiming unspent Covid funding in the manner proposed. An invoice for £4.924 million has been raised to the Council accordingly to ensure the underspend is passed back to the NHS and payment will be made around 27.03.2023.

## **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, Action 15, Primary Care Improvement Fund and Winter planning (Multi-Disciplinary Teams). Updates will be provided when funding allocations are finalised.

## **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 £14.908m to allow continuation of current projects and smoothing reserves. This is a decrease in year due to a net anticipated spend of £12.455m against current reserves, being projected spend of £13.509m and increased earmarking requested to date of £1.054m. The position is summarised below, including an assumption at this stage that the earmarking at 8.2 is approved and that the current 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	11,882	1,472
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	6,266	1,054	7,320	270	7,050
Transformation Projects - non recurring money to deliver transformational change	3,651		3,651	665	2,986
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	692	3,400
<b>TOTAL Ear-Marked Reserves</b>	<b>27,363</b>	<b>1,054</b>	<b>28,417</b>	<b>13,509</b>	<b>14,908</b>
<b>General Reserves</b>	<b>962</b>		<b>962</b>		<b>962</b>
In Year Surplus/(Deficit) going to/(from) reserves				-1,307	1,307
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>1,054</b>	<b>29,379</b>	<b>12,202</b>	<b>17,177</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 requested - Period 9	£000s
Care at home - to fund expenditure in 2023/24	270
Temp post - Finance Planning and Resources	70
Client commitments 23/24	200
<b>Total specific earmarking requested</b>	<b>540</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.

10.2 Transformation fund requests over £0.1m require to be approved by the IJB. The Transformation Board of 11 January 2023 considered and recommended a request for a two year Clinical Nurse Therapist/Trauma Link Nurse post to enhance provision provided to care experienced young people and those who look after them. The IJB is requested to approve this bid and this request is included in the recommendations for this report.

## 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 £0.834m (61.96%) is currently being reported, linked to the on-going development of the programme for the New Learning Disability Facility. Expenditure on all capital projects to 31 December 2022 is £0.253m (18.8% of approved budget, 49.41% of the revised projection). Appendix 4 details capital budgets

### 11.2 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).

### 11.3 Swift Upgrade

The SWIFT replacement system preferred bidder was OLM systems for their product ECLIPSE. As previously reported, 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. The remainder of the overall spend is anticipated in 2023/24 financial year.

### 11.4 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

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

### Annually Recurring Costs/ (Savings)

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

## 13.3 Legal/Risk

There are no specific legal implications arising from this report.

## 13.4 Human Resources

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

## 13.5 Strategic Plan Priorities

The grant funding update provided at Section 7 will impact on the delivery of PCIP priorities.

## 13.6 Equalities

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

YES	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.	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

### 13.9 Children and Young People

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

X

YES – Assessed as relevant and a CRWIA is required.

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?

X

YES – assessed as relevant and a Strategic Environmental Assessment is required.

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?

X

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

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 9: 1 April 2022 - 31 December 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	65,999	64,915	(1,084)	-1.6%
Property Costs	1,037	1,157	1,241	84	7.3%
Supplies & Services	8,994	9,236	8,953	(283)	-3.1%
Payments to other bodies	51,100	51,689	51,092	(597)	-1.2%
Family Health Services	25,568	26,345	26,345	0	0.0%
Prescribing	19,281	19,306	19,936	630	3.3%
Resource transfer	18,294	18,593	18,593	0	0.0%
Income	(22,657)	(29,133)	(29,190)	(57)	0.2%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>160,181</b>	<b>163,192</b>	<b>161,885</b>	<b>(1,307)</b>	<b>-0.8%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>189,531</b>	<b>192,542</b>	<b>191,235</b>	<b>(1,307)</b>	<b>-0.7%</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	4,387	3,963	(424)	-9.7%
Management & Admin	7,586	6,867	5,911	(956)	
Older Persons	28,026	29,649	29,010	(640)	-2.2%
Learning Disabilities	9,919	9,864	9,873	9	0.1%
Mental Health - Communities	4,318	4,539	4,059	(480)	-10.6%
Mental Health - Inpatient Services	9,865	9,995	11,292	1,297	13.0%
Children & Families	15,381	16,037	15,913	(124)	-0.8%
Physical & Sensory	2,607	2,478	2,460	(18)	-0.7%
Alcohol & Drug Recovery Service	2,753	2,741	2,326	(415)	-15.1%
Assessment & Care Management / Health & Community Care	10,458	10,957	10,787	(170)	-1.6%
Criminal Justice / Prison Service	118	118	212	94	0.0%
Homelessness	1,266	1,098	987	(111)	-10.1%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,528	20,158	630	3.2%
Resource Transfer *	18,294	18,593	18,593	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>160,181</b>	<b>163,192</b>	<b>161,885</b>	<b>(1,307)</b>	<b>-0.8%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>189,531</b>	<b>192,542</b>	<b>191,235</b>	<b>(1,307)</b>	<b>-0.7%</b>
<b>FUNDED BY</b>					
NHS Contribution to the IJB	94,659	96,520	96,539	19	0.0%
NHS Contribution for Set Aside	29,350	29,350	29,350	0	0.0%
Council Contribution to the IJB	65,522	66,672	65,346	(1,326)	-2.0%
<b>HSCP NET INCOME</b>	<b>189,531</b>	<b>192,542</b>	<b>191,235</b>	<b>(1,307)</b>	<b>-0.7%</b>
<b>HSCP OPERATING (SURPLUS)/DEFICIT</b>			<b>(1,307)</b>	<b>0</b>	<b>0.0%</b>
Anticipated movement in reserves *			12,455		
<b>HSCP ANNUAL ACCOUNTS PROJECTED REPORTING (SURPLUS)/DEFICIT</b>			<b>11,148</b>		

\* See Reserves Analysis for full breakdown

**INVERCLYDE HSCP - COVID 19****REVENUE BUDGET 2022/23 PROJECTED SPEND****As at latest LMP submission Feb 23**

<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)		120	120
Additional Staff Costs (Contracted staff)	204	157	361
Additional Staff Costs (Non-contracted staff)		26	26
Additional Equipment and Maintenance		7	7
Additional Infection Prevention and Control Costs	25		25
Additional PPE	80		80
Children and Family Services	1,695		1,695
Homelessness and Criminal Justice Services	95		95
Covid-19 Financial Support for Adult Social Care Providers	368		368
Social Care Support Fund Claims	635		635
Additional FHS Contractor Costs		(5)	(5)
Digital & IT costs	12	4	16
Other		2	2
Staff Wellbeing	54		54
Loss of Income	111		111
Test and Protect			0
<b>Projected Covid related spend fully funded by Covid EMR</b>	<b>3,279</b>	<b>308</b>	<b>3,587</b>

**SOCIAL CARE****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 9: 1 April 2022 - 31 December 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	35,808	35,019	(789)	-2.2%
Property costs	1,025	1,024	1,108	84	8.2%
Supplies and Services	1,005	1,336	1,367	31	2.3%
Transport and Plant	352	397	367	(30)	-7.6%
Administration Costs	732	730	762	32	4.4%
Payments to Other Bodies	51,100	51,689	51,092	(597)	-1.2%
Income	(22,657)	(24,312)	(24,369)	(57)	0.2%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>	<b>66,672</b>	<b>65,346</b>	<b>(1,326)</b>	<b>-2.0%</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	12,152	12,542	390	3.2%
Criminal Justice	118	118	212	94	79.7%
Older Persons	28,026	29,649	29,009	(640)	-2.2%
Learning Disabilities	9,359	9,289	9,359	70	0.8%
Physical & Sensory	2,607	2,478	2,460	(18)	-0.7%
Assessment & Care Management	2,804	2,629	2,534	(95)	-3.6%
Mental Health	1,222	1,324	1,043	(281)	-21.2%
Alcohol & Drugs Recovery Service	950	970	886	(84)	-8.7%
Homelessness	1,266	1,098	987	(111)	-10.1%
Finance, Planning and Resources	1,792	2,060	2,103	43	0.0%
Business Support	5,740	4,905	4,211	(694)	0.0%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>	<b>66,672</b>	<b>65,346</b>	<b>(1,326)</b>	<b>-2.0%</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
Council Contribution to the IJB*	65,522	66,672	65,346	(1,326)	-2.0%
Projected Transfer (from) / to Reserves				1,326	

**HEALTH****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 9: 1 April 2022 - 31 December 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	30,191	29,896	(295)	-1.0%
Property	12	133	133	0	0.0%
Supplies & Services	6,905	6,773	6,457	(316)	-4.7%
Family Health Services (net)	25,568	26,345	26,345	0	0.0%
Prescribing (net)	19,281	19,306	19,936	630	3.3%
Resource Transfer	18,294	18,593	18,593	0	0.0%
Income	(0)	(4,821)	(4,821)	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>94,659</b>	<b>96,520</b>	<b>96,539</b>	<b>19</b>	<b>0.0%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>124,009</b>	<b>125,870</b>	<b>125,889</b>	<b>19</b>	<b>0.0%</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	3,885	3,371	(514)	-13.2%
Health & Community Care	7,654	8,328	8,253	(75)	-0.9%
Management & Admin	1,846	1,962	1,700	(262)	-13.4%
Learning Disabilities	560	575	514	(61)	-10.6%
Alcohol & Drug Recovery Service	1,803	1,771	1,440	(331)	-18.7%
Mental Health - Communities	3,096	3,215	3,016	(199)	-6.2%
Mental Health - Inpatient Services	9,865	9,995	11,292	1,297	13.0%
Strategy & Support Services	540	647	462	(185)	-28.6%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,528	20,158	630	3.2%
Financial Planning	2,223	1,680	1,399	(281)	0.0%
Resource Transfer	18,294	18,593	18,593	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>94,659</b>	<b>96,520</b>	<b>96,539</b>	<b>19</b>	<b>0.0%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>124,009</b>	<b>125,870</b>	<b>125,889</b>	<b>19</b>	<b>0.0%</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>125,870</b>	<b>125,889</b>	<b>(19)</b>	<b>0.0%</b>
<b>Transfer (from) / to Reserves</b>				<b>19</b>	

**Budget Movements 2022/23**  
**Inverclyde HSCP**

Appendix 4

Inverclyde HSCP - Service	Approved Budget	Movements			Transfers (to)/ from	Revised Budget
	2022/23	Inflation	Virement	Supplementary Budgets	Earmarked Reserves	2022/23
	£000	£000	£000	£000	£000	£000
Children & Families	15,381	0	200	456	0	16,037
Criminal Justice	118	0	0	0	0	118
Older Persons	28,026	0	1,544	78	0	29,648
Learning Disabilities	9,919	0	(222)	168	0	9,864
Physical & Sensory	2,607	0	(188)	59	0	2,478
Assessment & Care Management/ Health & Community Care	10,458	0	(509)	1,007	0	10,956
Mental Health - Communities	4,318	0	159	63	0	4,539
Mental Health - In Patient Services	9,865	0	126	5	0	9,995
Alcohol & Drug Recovery Service	2,753	0	(67)	55	0	2,741
Homelessness	1,266	0	(222)	54	0	1,098
Strategy & Support Services	4,555	0	(351)	183	0	4,387
Management, Admin & Business Support	7,586	0	(869)	151	0	6,868
Family Health Services	25,568	0	0	773	0	26,341
Prescribing	19,468	0	100	(40)	0	19,528
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>(1)</b>	<b>3,012</b>	<b>0</b>	<b>192,542</b>

Social Care - Service	Approved Budget	Movements			Transfers (to)/ from	Revised Budget
	2022/23	Inflation	Virement	Supplementary Budgets	Earmarked Reserves	2022/23
	£000	£000	£000	£000	£000	£000
Children & Families	11,638		171	343		12,152
Criminal Justice	118		0	0		118
Older Persons	28,026		1,545	78		29,649
Learning Disabilities	9,359		(227)	157		9,289
Physical & Sensory	2,607		(188)	59		2,478
Assessment & Care Management	2,804		(273)	98		2,629
Mental Health - Community	1,222		39	63		1,324
Alcohol & Drug Recovery Service	950		(35)	55		970
Homelessness	1,266		(222)	54		1,098
Strategy & Support Services	1,792		176	92		2,060
Business Support	5,740		(986)	151		4,905
<b>Totals</b>	<b>65,522</b>	<b>0</b>	<b>0</b>	<b>1,150</b>	<b>0</b>	<b>66,672</b>

Health - Service	Approved Budget	Movements			Transfers (to)/ from	Revised Budget
	2022/23	Inflation	Virement	Supplementary Budgets	Earmarked Reserves	2022/23
	£000	£000	£000	£000	£000	£000
Children & Families	3,743		29	113		3,885
Health & Community Care	7,654		(236)	909		8,327
Management & Admin	1,846		116			1,962
Learning Disabilities	560		5	11		575
Alcohol & Drug Recovery Service	1,803		(32)			1,771
Mental Health - Communities	3,096		120			3,215
Mental Health - Inpatient Services	9,865		126	5		9,995
Strategy & Support Services	540		16	91		647
Family Health Services	25,568			773		26,341
Prescribing	19,468		100	(40)		19,528
Financial Planning	2,223		(543)			1,680
Resource Transfer	18,294		299			18,593
Set aside	29,350					29,350
<b>Totals</b>	<b>124,009</b>	<b>0</b>	<b>(1)</b>	<b>1,862</b>	<b>0</b>	<b>125,870</b>

**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	30,191
Property costs	133
Supplies and Services	6,773
Family Health Services (net)	26,345
Prescribing (net)	19,306
Resources Transfer	18,593
Income	(4,821)
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>96,520</b>
Set Aside	29,350
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>125,870</b>

Health Transfer from EMR	19
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OBJECTIVE ANALYSIS	Budget 2022/23 £000
<b>HEALTH</b>	
Children & Families	3,885
Health & Community Care	8,328
Management & Admin	1,962
Learning Disabilities	575
Alcohol & Drug Recovery Service	1,771
Mental Health - Communities	3,215
Mental Health - Inpatient Services	9,995
Strategy & Support Services	647
Family Health Services	26,341
Prescribing	19,528
Financial Planning	1,680
Resource Transfer	18,593
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>96,520</b>
Set Aside	29,350
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>125,870</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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2022/23 £000
<b>SOCIAL CARE</b>	
Employee Costs	35,808
Property costs	1,024
Supplies and Services	1,336
Transport and Plant	397
Administration Costs	730
Payments to Other Bodies	51,689
Income (incl Resource Transfer)	(24,312)
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>66,672</b>

Social Care Transfer to EMR	(1,326)
Health Transfer from EMR *	19
<b>Total anticipated transfer to EMR at year end</b>	<b>(1,307)</b>

OBJECTIVE ANALYSIS	Budget 2022/23 £000
<b>SOCIAL CARE</b>	
Children & Families	12,152
Criminal Justice	118
Older Persons	29,649
Learning Disabilities	9,289
Physical & Sensory	2,478
Assessment & Care Management	2,629
Mental Health	1,324
Alcohol & Drugs Recovery Service	970
Homelessness	1,098
Finance, Planning and Resources	2,060
Business Support	4,905
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>66,672</b>

This direction is effective from 20 March 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 0.5wfe Grade 10 Project Lead and 2wfe Grade 5s	Health & Community Care	TB	98,600			9,715	15,297	73,588
036	CLDT Review Team and TEC response. 1wfe Social worker post and 1wfe 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 9: 1 April 2022 - 31 December 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 31/12/22 £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	299	252	0	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	100		100	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>512</b>	<b>253</b>	<b>3,170</b>	<b>6,204</b>	<b>0</b>	<b>0</b>	<b>0</b>

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	Gail Kilbane	
Alcohol & Drug Partnerships	843	843	0	0	Gail Kilbane	Reserves to be utilised first in 2022/23
Covid - 19	8,130	8,130	0	0	Kate Rocks	Any unspent funding to be returned to Scottish Govt via Health
Primary Care Improvement Programme	1,527	1,527	0	0	Allen Stevenson	
Covid Community Living Change	320	80	240	240	Allen Stevenson	Earmark for continuation of work
Covid Shielding SC Fund	34	34	0	0	Allen Stevenson	
DN Redesign	88	88	0	0	Allen Stevenson	
Winter planning - MDT	217	217	0	0	Allen Stevenson	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	355	522	522	Allen Stevenson	Earmark for continuation of projects
Covid projects - funding from Inverclyde Council	49	49	0	0	Craig Given	30k Food to Fork/14k Wellbeing/£5k Inverclyde Cares - any underspend will go back to Council
<b>Sub-total</b>	<b>13,354</b>	<b>11,882</b>	<b>1,472</b>	<b>1,472</b>		
<b>EXISTING PROJECTS/COMMITMENTS</b>						
Integrated Care Fund	109	26	83	83	Allen Stevenson	£75k committed for ADHD Waiting List Initiative - any unspent will be incurred in 23/24
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	42	296	296	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	Gail Kilbane	Full spend reflected in 5 year RRTP plan
LD Estates	437	20	417	417	Allen Stevenson	
Refugee Scheme	1,077	(678)	1,755	1,755	Alan Best	Additional income for Ukraine refugees received in year. Spend plans for next 4 years in place including refugee support team, additional social work capacity, language support and support service costs plus third sector support of refugees. Will be fully utilised over the coming years
Tier 2 Counselling	312	42	270	270	Jonathon Hinds	School counselling contract being renewed for additional year and commitment held for future years
CAMHS Tier 2	100	0	100	100	Jonathon Hinds	Earmark for continuation of project
C&YP Mental Health & Wellbeing	84	84	0	0	Jonathon Hinds	
Whole Family Wellbeing	64	0	64	64	Jonathon Hinds	
CAMHS Post	68	0	68	68	Jonathon Hinds	
Dementia Friendly Inverclyde	89	89	0	0	Gail Kilbane	
Contribution to Partner Capital Projects	1,103	137	966	966	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	0	425	425	Jonathon Hinds	
Homelessness	350	0	350	350	Gail Kilbane	
Autism Friendly	164	164	0	0	Allen Stevenson	
<b>Sub-total</b>	<b>6,266</b>	<b>270</b>	<b>5,996</b>	<b>5,996</b>		
<b>TRANSFORMATION PROJECTS</b>						
Transformation Fund	1,975	230	1,745	1,745	Kate Rocks	see Appendix 6
Addictions Review	250	0	250	250	Gail Kilbane	
Mental Health Transformation	750	135	615	615	Gail Kilbane	
IJB Digital Strategy	676	300	376	376	Allen Stevenson	Analogue to Digital commitments - orders under way although some delays being experienced
<b>Sub-total</b>	<b>3,651</b>	<b>665</b>	<b>2,986</b>	<b>2,986</b>		
<b>BUDGET SMOOTHING</b>						
Adoption/Fostering/Residential Childcare	800	0	800	800	Jonathon Hinds	
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	692	199	199	Craig Given	£550k contribution from Council included here
<b>Sub-total</b>	<b>4,092</b>	<b>692</b>	<b>3,400</b>	<b>3,400</b>		
<b>Specific earmarking requests</b>	<b>0</b>	<b>(1,054)</b>	<b>1,054</b>	<b>1,054</b>		Specific earmarking requested during 22/23
<b>Total Earmarked</b>	<b>27,363</b>	<b>12,455</b>	<b>14,908</b>	<b>14,908</b>		
<b>UN-EARMARKED RESERVES</b>						
General	962	(1,307)	2,269	2,269	Craig Given	Projected underspend added to balance
<b>Un-Earmarked Reserves</b>	<b>962</b>	<b>(1,307)</b>	<b>2,269</b>	<b>2,269</b>		
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>11,148</b>	<b>17,177</b>	<b>17,177</b>		

**INVERCLYDE INTEGRATION JOINT BOARD  
ROLLING ACTION LIST  
20 MARCH 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 May 2023	Work Ongoing	Open
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 May 2023	Work ongoing	Open
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 March 2023	Work Ongoing	Closed
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	Learning Disability Hub and risks update report	Chief Officer	May 2023	Paper to IJB May 2023 (revised date from that minuted)	Work Ongoing	Open

(Para 73 (7))									
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	Closed			
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 May 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	Closed			
10 January 2023 (request)	Annual Performance Report	Chief Officer	June 2023	Paper to IJB June 2023	Work Ongoing	Open			

23 January 2023 (Para 11(3))	Proposal for redesign of Homelessness Service to IJB and Inverclyde Council	Chief Officer	June 2023		
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Annual Report Schedule

<p><u>March</u></p> <ul style="list-style-type: none"> <li>• Annual Budget</li> <li>• Budget Monitoring including Covid returned Monies</li> <li>• Cost of Living update</li> </ul>	<p><u>May</u></p> <ul style="list-style-type: none"> <li>• Unscheduled Care Commissioning Plan</li> <li>• IDEAS Report</li> <li>• LD Hub</li> <li>• PCIP update</li> </ul>
<p><u>June</u></p> <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> <li>• Inverclyde Adult Support and Protection Partnership</li> <li>• Mental Welfare Commission Local Visits</li> </ul>	<p><u>September</u></p> <ul style="list-style-type: none"> <li>• Audited Annual Accounts (November in recent years)</li> <li>• Digital strategy</li> </ul>
<p><u>November</u></p> <ul style="list-style-type: none"> <li>• Workforce Update</li> </ul>	

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Craig Given Head of Finance, Planning and Resources Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/13/2023/CG</b>
<b>Contact Officer:</b>	<b>Andrina Hunter Service Manager Planning and Performance</b>	<b>Contact No:</b>	<b>01475 75381</b>
<b>Subject:</b>	<b>Inverclyde HSCP Strategic Plan 2023-24</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 present the final Transition Plan progress update and seek approval from the Integration Joint Board for the refreshed Strategic Plan and associated Outcomes Framework for 2023-24.
- 1.3 The 2019-24 Strategic Plan set out the shared strategic priorities and ambitions for Inverclyde. The plan was always to be refreshed in 2022-23 with a revised plan in place for the remaining term focussed on our future challenges. The Covid 19 pandemic impacted on the delivery of the original Strategic Plan and a two year Transition Plan has been in place until March 2023.
- 1.4 The Strategic Needs Assessment undertaken in 2019 has been refreshed and the refreshed Strategic Plan for 2022-24 has been developed and continues with the focus on the six Big Actions for Inverclyde with 49 key deliverables. Consultation of the plan has taken place throughout 2022 with an online survey and range of focus groups (both online and face to face).
- 1.5 The Strategic Plan progress will be reported regularly to the Strategic Planning Group with 6 monthly performance reports to the Integration Joint Board.
- 1.6 The development of a future Strategic Plan will be reviewed in line with progress towards the National Care Service.



## **2.0 RECOMENDATIONS**

2.1 That the Integration Joint Board:

1. Notes the final 2021-23 Transition Plan progress update
2. Notes the engagement and consultation that has shaped the refresh of the Strategic Plan
3. Notes the refreshed Strategic Needs Assessment
4. Approves the refreshed Strategic Plan and Outcomes Framework for 2023-24
5. Approves the proposal for 6 monthly updates on the Strategic Plan in line with the planned 6 monthly performance reporting

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

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 In 2019 Inverclyde IJB initially set out through its 5 year Strategic Plan (2019-24), and in particular the 6 Big Actions, its ambitions and vision. This plan reflected the many conversations we had at that time with the people across Inverclyde, professional colleagues, staff, those who use services including carers and children and young people across all sectors and services. The original plan set out the shared strategic priorities and ambitions for Inverclyde and what we had planned to deliver by 2024; the plan was always to be refreshed in 2022-23 with a revised plan in place for the remaining two year term focussed on our future challenges.
- 3.2 The outbreak of the Covid 19 pandemic in March 2020 resulted in a range of activities being put in abeyance as the HSCP initiated its Business Continuity Plan. This was required to ensure focus on delivering essential services and support our staff and citizens during this unprecedented time.

Officers within the HSCP reviewed the existing Strategic Plan priorities and agreed a revised priority list to reflect new Covid 19 related themes; the need for recovery; and to reflect the deliverability of existing priorities in the midst of a pandemic. Engagement with our communities was undertaken in December 2020 by CVS Inverclyde and Your Voice to gain a community view to ensure Inverclyde HSCP were prioritising the right themes and services for 2020/2022. This Transition Strategic Plan set out 29 key deliverables for focus through the Covid 19 pandemic.

- 3.3 Due to the ongoing Covid 19 situation, the Transition Strategic Plan has continued until March 2023. This plan has now been completed and a summary report forms Appendix 1. In order to ensure any key uncompleted actions are not lost, a short audit has been undertaken to ensure any uncompleted actions are transferred to the new plan, this is referenced in the Transition Strategic Plan.

### **4.0 REFRESHED STRATEGIC PLAN 2023-24**

- 4.1 As stated it was always the intention to refresh the Strategic Plan in year 3. To undertake this refresh we have:
- Reviewed the original actions within the [Strategic Plan](#); [Transition Plan](#) and the wider [Inverclyde Alliance Covid 19 Partnership Recovery Plan](#)
  - Updated the Strategic Needs Assessment to better understand our demographic and health challenges;
  - Reviewed the impact of the Covid 19 pandemic on services and wider community;
  - Reviewed the wider planning context;
  - Listened to communities and what they have told us through various engagement opportunities
- 4.2 Through discussion at the Strategic Planning Group and with 3<sup>rd</sup> sector and community representatives, there was a strong consensus that we should retain the original vision and priorities set out through the six Big Actions for Inverclyde. Feedback received is that these were set for five years and are still relevant, and importantly, well known and understood by our communities.
- 4.3 The refreshed plan contains key deliverables under the 6 Big Actions which link clearly with the nine National Outcomes for Scotland and also the national outcome framework Children, Young People and Community Justice. It continues the 'road map approach' utilised in the original plan and has been developed by officers and utilising previous feedback from our communities. The plan forms Appendix 2.

Within the plan we set out a clear direction of travel for locality planning which is integral to ensuring we work with our key partners and communities.

#### **4.4 Strategic Needs Assessment**

Our current demographic context for Inverclyde is presented fully within the updated Strategic Needs Assessment (SNA). The full Strategic Needs Assessment can be accessed [Inverclyde HSCP Strategic Needs Assessment 2022](#)

The Strategic Needs Assessment is updated utilising the most up to date verified data at the time of writing and as such there will be a data lag with some of the information sources. Whilst the SNA doesn't therefore represent fully the impact of Covid which is still emerging, we know from our local intelligence the impact is being seen within our services and this will be fully captured within our Annual Performance Report and the next SNA which will be refreshed in line with the next strategic plan.

#### **4.5 Consultation and Engagement**

To ensure that partners and the community were fully engaged on the proposed refreshed plan, throughout 2022 a full consultation was undertaken supported by key partners, YourVoice, CVS Inverclyde and Inverclyde Council's Community Learning and Development Team. An online survey was developed alongside nine focus groups (mixture of face to face and virtual). There were 20 responses to the online survey and 74 people attended the focus groups. The majority of the responses stated that they found the refreshed Strategic Plan easy to read and understand. Key themes from the consultation were related to: access to services; pathways of care; stigma and future funding, the plan has been updated to ensure it captures these. In addition, the refreshed plan was subject to consultation with NHSGGC through the Finance, Planning and Performance Committee, and Inverclyde Council Social Work and Social Care Scrutiny Panel.

#### **4.6 Outcomes Framework**

An Outcomes Framework has been developed in order to show how our plan contributes the national outcomes previously mentioned and how we will monitor progress against each Big Action/outcome. A suite of key local indicators have been developed to support progress and we will report on these alongside the national Integration Indicators. Appendix 3 sets out the Outcomes Framework.

The HSCP will utilise Pentana, a performance management information system, which will allow great monitoring of this plan and more accurate and detailed management of our performance information.

#### **4.7 Governance and Monitoring**

It is crucial we are held to account by our communities and our Integration Joint Board (IJB) on the Strategic Plan, and we can also monitor the effectiveness of our actions.

Quarterly reports will be presented to the Strategic Planning Group with six monthly report submitted to the IJB. The IJB will receive a formal Annual Performance Report which will include progress on the Strategic Plan actions providing accountability and strong governance. In addition, a new six monthly report will be introduced detailing both Strategic Plan progress and a performance update.

Regular reports will also be presented to the NHS Board and the Council, and, in addition, the Annual Performance Reports will be published on the HSCP and Council websites so that our communities can also take stock of our progress.

#### 4.8 National Care Service Development

The Scottish Government has committed to establish a functioning National Care Service by the end of the parliamentary term in 2026. The introduction of a National Care Service will fundamentally change the delivery of health and care services locally and we await further information and detail as to new delivery and governance models. The Inverclyde HSCP Strategic Plan (2023-24 refresh) will be reviewed in line with the timeline for the development of the new National Care Service.

#### 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

The Strategic Plan will be delivered within the existing IJB budget as approved each year.

##### One off Costs

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

##### Annually Recurring Costs/ (Savings)

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

#### 5.3 Legal/Risk

Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan.

## 5.4 Human Resources

The Strategic Plan will be delivered by the existing workforce.

## 5.5 Strategic Plan Priorities

This report sets out the new refreshed priorities for the Strategic Plan

## 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. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here <a href="https://www.inverclyde.gov.uk/health-and-social-care/equalities">https://www.inverclyde.gov.uk/health-and-social-care/equalities</a>
	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.	Supported by Big Action 1,2,6.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Supported by all 6 Big Actions
People with protected characteristics feel safe within their communities.	Supported by Big Action 3
People with protected characteristics feel included in the planning and developing of services.	The Strategic Plan and 6 Big Actions has involved a range of partners and community in its development.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Supported by Big Action 6.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supported by Big Action 3.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Supported by Big Action 6.

## 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.	The focus of Big Action 1 is to support individuals and communities with their health and wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The focus of Big Action 4 is to support people to live independently.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	All the Big Actions are focussed on delivery person centred effective evidence based services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	All the Big Actions are focussed on delivery person centred effective evidence based services
Health and social care services contribute to reducing health inequalities.	The focus of Big Action 1 is to work to reduce and mitigate 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.	The focus of Big Action 6 is to support carers in the role they undertake.
People using health and social care services are safe from harm.	The focus of Big Action 3 is to protect the population 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.	The focus of Big Action 6 is to support staff to deliver the best services they can
Resources are used effectively in the provision of health and social care services.	The focus of all the Big Actions is to meet 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.

# Transition Strategic Plan-Key Priorities IMPLEMENTATION MONITORING REPORT April 2022 to March 2023





**R.A.G. Progress Status**

**Red** = significant slippage

**Amber** = slight slippage

**Green** = on track

Grey = future work

**Blue** = complete

<b>Red</b>	0
<b>Amber</b>	3
<b>Green</b>	19
<b>Blue</b>	7

<b>Principal Author</b>	Andrina Hunter
<b>Responsible Head of Service</b>	Craig Given
<b>Report Date</b>	As at March 2023

**EMERGING KEY PRIORITIES. TOGETHER WE WILL MITIGATE THE CHALLENGES AND SUPPORT ANY OPPORTUNITIES PRESENTED BY COVID19 AND COVID RELATED HEALTHCARE PRESSURES.**

<b>Objective</b>	<b>Lead</b>
We will minimise and manage significant ongoing pressures presented by the Covid-19 pandemic. We will prioritise and develop key priority services to ensure they are equipped to deal with the pandemic, safeguarding sustained delivery and development of service, improving lives and improving outcomes for people who require support.	Kate Rocks Chief Officer.

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.1	N/A	Covid 19 Live: We will develop and administer a flexible and responsive plan for Covid assessment and testing. (Winter 2020 + beyond)	March 2023	Twice weekly meetings continue with all HSCP Chief Officers regarding delayed discharges across NHS GGC. Winter tasks operation plans in place with a focus on discharge without delay and unscheduled care.  We will continue to work collaboratively with the Care Home Collaborative (CHC) to support care homes. Weekly Oversight meetings continue. First round of CHAT visits to all adult and older people's homes have been completed. Themes and trends reported to IJB. Reports all shared with wider GGC team for overarching report. Second round of visits now commencing	Green	BA1 & 4
1.2	N/A	Winter plan will be developed to facilitate effective delivery of Key services including a largescale programme of seasonal Flu immunisation.	March 2023	Continuation of position for the delivery of housebound flu vaccinations. Team increased capacity to achieve target completion of housebound population for end of December 2022.  Continuation of GGC roll out programme in community setting and mobile bus to target specific populations.	Green	BA1
1.3	N/A	Covid 19 recovery: To facilitate recovery we will implement effective lockdown arrangements (where	Mar 2023	We will continue to report statistics to inform Scottish Government decisions on tiered intervention status. Continuation of document learning/evidence from COVID management/recovery strategies, including public views.  Business continuity plans have been updated and will be monitored and updated regularly.	Complete Blue	

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.4	BA1.1	appropriate) cognizant of local and national Tiered Interventions We will establish a framework and methodology to invest £1m anti-poverty funds, tackling fundamental causes of poor health.	March 2023	RISE project continues. 4 people are actively engaged in employment and work is progressing on an additional 14 young men workers	Green	BA1
1.5	N/A	We will ensure third sector are facilitated and 'ready' to bid for HSCP contracts.	March 2023	Procurement completed a Procurement demonstration. The delivery of tender training was also completed by Mid-December 2022 for all organisational staff including our 3 <sup>rd</sup> sector colleagues.	Complete Blue	
1.6	BA 4.8	We will complete our review of the <b>Access</b> 1 <sup>st</sup> test of change. Implement Access 1 <sup>st</sup> across all adult care services.	March 2024	Rolling out of the review continues to develop across Health & Community Care services. No further plans at present to extend to other services of HSCP. Ongoing discussions regarding future funding. Pilot electronic referrals from Access 1 <sup>st</sup> to care at home service being trialled over the winter months. A report of findings and recommendations of this pilot will be available end March.	Complete Blue	
1.7	BA 4.5	<b>Care at Home:</b> We will commence the review of our internal care at home service.	March 2023	Home Care Review Board established, sub groups continue to feed in to the Review Board. A paper of recommendations will be submitted to CMT highlighting recommendations and Best Value. Provision of new Tech unit has been out to tender, await outcome of procurement process to progress new contract for digital units and anticipate this will be announced in November. Work ongoing.  Maximising independence post will drive forward the delivery of maximising independence, post holder in post.	Green	BA4

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.8	BA 4.15	<b>Unscheduled Care:</b> We will prioritise an efficient system-wide approach to improving patient services and managing demand effectively.	March 2024	<p>Work progressing well. HSCP Unscheduled Care Delivery group reinvigorated. Two anchors identified to progress the planning of UCC. Monthly reporting agreed to co-ordinate relevant updates from Work stream Leads.</p> <p>Feedback updates from GGC Delivery Group to identify how this interprets locally for delivery. Highlight any areas that require local focus in line with GGC priorities.</p>	Green	BA4
1.9	BA 4.2	<b>OOH review:</b> We will work with Out of Hours team to develop a local solution for the OOH review.	March 2023	<p>Moving forward, plans include:</p> <ul style="list-style-type: none"> <li>• Review of Home Visiting Model and co-location of GP with Home Visiting Vehicle</li> <li>• Ongoing development and implementation of a multi-disciplinary team workforce plan, with a focus on recruitment of ANPs and AHPs</li> <li>• Increasing the number of Salaried GPs to provide cover</li> <li>• Enhanced management, clinical leadership and governance arrangements</li> <li>• Establishment of remote working arrangements to support the service, either as a routine shift or as a surge response</li> <li>• Creation of a learning and development environment</li> </ul> <p>Continue to have strong links with OOH and provide interface discussion between GP Practices/OOH/HSCP.</p>	Green	BA4
1.10	BA 4.4	<b>New Learning Disability Hub:</b> We will deliver our new Learning Disability Hub in Inverclyde by 2023 as planned.	Dec 2023	<p>The current draft programme is indicating that the earliest the project can be progressed through the remaining pre-contract design stages, statutory approvals (planning/building standards), and market testing phase stage would target financial close in 3<sup>rd</sup> Quarter of 2023 and construction start thereafter.</p> <p>The programme also requires to integrate further engagement with service users, families, carers and learning disability staff at key stages of the detail design progression which will be co-ordinated through the Client Service and supported by The Advisory Group (TAG).</p> <p>It should be noted that the project, as with all construction projects, remains subject to risk of inflation through a combination of sharply rising prices for construction materials, disrupted supply chains and labour shortages including the on-going impact of increasing fuel/utility costs. Hub West Scotland will engage with Property Services and the Client Service to develop the project proposals</p>	Green	BA4

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
				through the remaining pre-contract design stages and statutory approval processes ahead of the market testing stage.		
1.11 a	BA 1.1	We will prioritise and develop Key Mental Health Services that are critical to the sustained delivery and improvement of services.	March 2023	<p><b>Mental Health Officer Review</b> Complete</p> <p><b>Consultant Workforce</b> Recruited to a number of Consultant posts and Clinical Director post (external resource). Recruited to trainee ANP and recruitment ongoing for additional ANPs. Challenges remain in OPMHT.</p> <p><b>Mental Health Assessment Unit:</b> MHAU now taking same day referrals and GP referrals are being assessed locally. Pathways embedded and in place. Pathways embedded for a Single Point of Access for dealing with immediate urgent referrals from Police Scotland Scottish and Ambulance Service.</p>	Green	BA1
1.11.b	BA 1.10/ 1.19	We will prioritise and develop Key Mental Health Programmes that are critical to the sustained delivery and improvement of Dementia services	March 2023	<p><b>Dementia</b> Final report of the external evaluation awaited. Service expecting evaluation to confirm correct direction of travel. Re-established Dementia strategy group to continue and maintain the work of the HIS project.</p>	Green	BA1
1.11.c	BA 1.19	We will prioritise and develop Key Mental Health Programmes related to supporting people in more appropriate ways	March 2023	<p><b>Distress Brief Interventions (DBI):</b> There has been 500+ referrals between Jan 21- to date. The vast majority are from community link workers with an increase from GPs now that the SCI gateway referral route is has been implemented.</p> <p>Training: A total of 68 Inverclyde staff who have completed the DBI level 1 online LearnPro level 1 training. Police Scotland have trained 61 staff in Inverclyde (K division). We are in the process of procuring DBI from 1<sup>st</sup> April onwards.</p>	Green	BA1

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.12	BA5	We will continue to build recovery communities across Inverclyde and deliver key actions of the Inverclyde Drug Related Death Prevention Strategy.		<p>Recovery contract in place for six months and recovery hub has been successful in reaching and offering support to the wider community. We hope to build on this model of delivery, using larger premises going forward. Inverclyde saw the largest reduction in drug related deaths in 2021 across Scotland, with a reduction of 52%.</p> <p>Our focus is now on reducing the number of drug related deaths where people are not known to services. The recovery hub has a vital role in this. In addition MAT funding is being used to support a test of change in relation to MAT 3 and assertive outreach.</p> <p>The Lived Experience Network have been involved in developing the recovery hub and will have a key role in co-designing our assertive outreach model, including replicating WAND with a mobile harm reduction unit. We have extended the Naloxone Link Worker post to widen the access of Naloxone training across key sectors in our communities.</p>	Green	BA5
1.13	BA 5.2/5.7	We will implement the <b>Alcohol &amp; Drug Recovery Service workforce redesign</b> and implementation by March 2021	March 2023	REVIEW COMPLETE	Complete Blue	Complete
1.14.a	BA 4.2 1	We will prioritise and develop Key Housing and Homelessness services that will offer community support and will reduce homelessness.	Jan 2023	<p>Change Lead and Wellbeing coordinator in post. Three Rapid Rehousing Support Workers in post and re-advertising for an additional five posts. Sub groups established and progressing well.</p> <p>Roll out of new website imminent.</p>	Green	BA4
1.14.b	BA 4.2 0/ 4.2 1	We will work towards delivering the 5 year Rapid rehousing Transition Plan		<p>Housing First training was held up. 10 clients have been resettled through Housing First approaches We are undertaking a Change Programme to modernise the homeless service which incorporates the Rapid Rehousing Transition Plan. This will update the Homeless Prevention and Housing Options work and accelerate the Housing First model as we roll out our new in house Rapid Rehousing Support Team. A detailed work plan is in development.</p>	Green	BA4

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.15	BA 2.1 3	We will review and develop Key Children and Families Services that are critical to the sustained delivery and improvement of services.	March 2023	<p>Currently delivering I Promise to staff in all 26 schools. Ongoing consultation with children, young people and families has included four children's houses, Home start focus groups, children/young people sharing their views regarding what and how services need to change. Proud2Care have filmed a Language matters film which runs alongside the Jargon Buster completed by everyone I Promise speak with. This highlights what words need to change. The establishment of Promise Practitioner forum, Promise Board and I Promise in Hearings will ensure Inverclyde is committed to keeping the promise and meeting the key priority areas within Plan 21-24 including a good childhood, whole family support, planning, supporting the workforce and building capacity. Session are planned with elected members and young people and a refresh of corporate parenting strategy. Discussion and funding bids are being explored for a Whole Family support intensive service and to expand the supports to children and families on the edge of care and in line with the 10 support principles listed within The Promise. Supporting the workforce continues with our Trauma Lead in place and STILT training. Furthermore, paperwork working groups will help to reduce the paperwork for Social Workers and have our wellbeing assessments in line with the views of our children and young people. A refresh and launch of Voice of the child/young person incorporates our Mind of My Own Digital app which will ensure we empower our families to share their views with choice.</p>	Amber	BA2
1.15b	<p><b>Request For assistance</b></p> <p>The front door access into the HSCP children and families service continues to see increased levels of referrals</p>		<p>The work in relation to a National Care Allowance Scheme by COSLA and Scottish Government was paused in 2020. This complex area of work resumed February 2021 and will further consider the financial challenges along with the findings of the Independent Care Review and the incorporation of UNCRC into law. We are still awaiting the national strategy to be developed however local preparatory work continues.</p> <p>Discussions have taken place with a 3rd sector provider to augment the front door, in particular to provide effective early help to families seeking assistance with the aim of providing support and reducing the number of families requiring a statutory or child protection response. A test of change is being planned and will should be in place in 2023. Anti-poverty posts in place, external evaluation and review on the effectiveness of posts to be completed, this will be led by the Child poverty strategic group. Evaluation / outcomes on effectiveness of posts will feed in to the HSCP strategic plan.</p>			

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.17	BA 2	We will use newly secured funds to establish a <b>Wellbeing service for children</b> in Inverclyde.	March 2023	Action for Children - Established in schools and progressing to year 3.	Green	BA2
1.18	BA 1.6 / 6.1 2	We will continue to progress the Big Lottery funded project, engaging <b>women in the justice system</b> in communities.	March 2023	The Programme Manager commenced role in January 2022 and is presently confirming a project timeline in respect of STILT training and staff trauma informed training during the reporting period until 31st August 2022. Key actions include: <ul style="list-style-type: none"> <li>• Leaders within HSCP to attend STILT Training Programme</li> <li>• Relevant Operational Managers within HSCP, Your Voice and CVS Inverclyde to commence trauma informed training</li> <li>• Identified staff from HSCP, Your Voice and CVS Inverclyde to attend trauma informed training.</li> </ul>	Green	BA3
1.19	BA 3.1 1	We will develop <b>Key Clinical and Care Governance Action Plan</b> to support delivery and improvement of services.	March 2023	Clinical and Care Governance Action plan is reported in to the meetings and an updated report went to IJB In June as planned. Actions are all in progress.	Green	BA3
1.20	BA 6.1 0	We will continue to develop Capital Investments that are critical to the sustained delivery and improvement of services.	March 2023	New Greenock Health and Care Hub has now been delivered on budget and on timescale. Facility opened on Monday 17th May 2021. Both staff and patients have provided very positive feedback. Post completion meetings are ongoing with Hub West and Capital Planning for any snagging issues. Operational Group established for staff to feed into.  Primary Care estates strategy now complete. Ongoing work with capital planning to prioritise future investments, it is hoped this will include a new build for Port Glasgow Health Centre. Property Asset Management Group to consider future direction of property within our estate taking into account Moving Forward Together and Digital Strategies.	Green	BA6



EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.21	N/A	We will consider and review report from <b>national review adult care.</b>	March 2023	National Care Service Bill has been published. Response collated from our IJB and response submitted	Complete Blue	
1.22	N/A	Strategic Commissioning Team will continue to provide support and enhanced monitoring to the care home sector for the duration of the pandemic.	March 2023	Older Peoples Care Home Quality Assurance meetings now established and will continue for the foreseeable. Adult Care Home quality assurance meetings completed by end October.  Commissioning team continue to provide ongoing support to all care home establishments.	Complete Blue	
1.23	BA 1	Community outreach will be supported through enhanced virtual/remote inclusion where feasible	March 2023	COMPLETE	Complete Blue	
1.24	BA 1.1 0	Technology enabled care & record-management will be prioritized. This will include roll out of remote technology 'and developing a preferred option for the <b>SWIFT</b> replacement recording	March 2023	<b>Replacement of the Social Care Records Management System (SWIFT) Development:</b> Tender process complete. OLM for their product ECLIPSE Project implementation is now underway. Initial scoping meetings being arranged to arrive at the final agreed PID. Change in deadline for this project – now looking to a deadline of December 2023 (with possible 6 month contingency).	Amber	BA6

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.25	BA 1.1 2	system in Social Care <b>Digital Support</b> programme to secure agile working for staff will be accelerated.	March 2023	Attend Anywhere (AA) - usage has decreased as the COVID restrictions ease. PCMH and CAMHS continue to utilise the facility. There is a need to do a refresh of AA and establish which services would benefit from delivering their service more effectively and efficiently using this facility. There are a number of small pieces of digital work ongoing including the implementation of an online referral for TEC services.  We will continue to work collaboratively with services to scope out best value / use of Digital including the possibility of a dedicated Digital Support post.	Amber	BA6
1.26	BA1.1 BA1.11 BA6.14	Progress programme of <b>Localities Planning</b> work, establishing virtual structures to support 6 Localities.	March 2023	The Localities work has not progressed as quickly as hoped. Agreed to move forward with Two HSCP Locality Groups (East and West). Terms of Reference developed and agreed members of our SMT will chair each Locality. Planning underway to establish locality groups by mid-February.	Green	BA6
1.27	BA 6.1	Develop Inverclyde Cares – a social movement based on being neighbourly and kind, engaging communities and connecting people.	March 2023	Bereavement work is well underway and eight local organisations have now achieved the Bereavement Charter mark.  Rig Arts were appointed to carry out the co-production. Community consultation and engagement has been ongoing and Phase 1 is due to conclude in December 2022.  Phase 2, which starts in early 2023 will see the proposals developed by the community, implemented. Three Challenge Stigma events have taken place. Funding has been approved to develop a stigma training programme. Inverclyde Cares logo has been developed and Kindness Awards have been launched. An event to formally launch this took place on 13th November 2022 at Waterfront Cinema.	Green	BA6

# INVERCLYDE HEALTH & SOCIAL CARE STRATEGIC PLAN 2019 – 2024

## REFRESH (2023-2024)

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

*“Improving Lives”*

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Welcome Alan Cowan

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## This document can be made available in other languages, large print, and audio format upon request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish


Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

 Inverclyde Health & Social Care Partnership, Hector McNeil House, 7-8 Clyde Square, Greenock PA15 1NB



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[Strategic.Comm@inverclyde.gov.uk](mailto:Strategic.Comm@inverclyde.gov.uk)

# Welcome from Alan Cowan Chair Inverclyde IJB

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We are pleased to present the refresh of our second Strategic Plan (2019-2024) for Inverclyde Integrated Joint Board (IJB) which has been developed by the Health and Social Care Partnership (HSCP) and the Strategic Planning Group (SPG), in consultation with the people of Inverclyde.

Our HSCP was set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation. Since integration, Inverclyde HSCP has had a clear ambition to improve the lives of our people of Inverclyde and the benefits of integration are already evidenced with excellent performance in a number of areas.

When we published the original five year plan in 2019 we had huge ambition to deliver the priorities set out within it, and looked forward to continuing our commitment to improving outcomes for Inverclyde people over the lifetime of the plan. In March 2020 the COVID-19 pandemic began to impact on our communities and services and it has brought two of the most challenging years for all of us. Our vision *“Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”* has never been more important as we know the impact the pandemic has had on our communities. Despite the challenges and uncertainty brought by the pandemic there have been significant improvements in services over the last three years, however there is still much more to do.

Whilst the COVID-19 pandemic brought constraints and challenges there has also been significant learning, with new and innovative ways of working to build into our future working. Our staff are our main asset and have demonstrated great resilience and commitment to supporting the Inverclyde community.

We had always planned to refresh this Strategic Plan in year three (2021/2022) however the measures put in place to keep us safe during the COVID-19 pandemic meant that we had to prioritise key areas of work which we delivered through our Transition Strategic Plan (2020-2023).

This refreshed plan brings together the actions from the original Strategic Plan; the Transition Plan; and sets out our key priorities, focused around our Six Big Actions, for the remaining year until March 2024.

I welcome the ongoing commitment from our staff; our partners; and our community to the delivery of actions within this plan to achieve the best possible outcomes for the Inverclyde community.

# Section 1

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## 1. Background

Inverclyde Integration Joint Board (IJB) is a distinct legal body which was created by Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC), and approved by Scottish Ministers in line with the legislation. The IJB is a decision-making body that meets regularly to discuss, plan and decide how health and social care services are delivered in Inverclyde.

All IJBs require to have a Strategic Plan and in line with the legal requirements, the IJB established a Strategic Planning Group with wide representation from partners including carers and community representatives, who are responsible for shaping and monitoring the effectiveness of the plan.

Within Inverclyde we fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional. We strongly believe that integration will continue to offer many different opportunities to build on our previous achievements and continue what we can improve on to benefit the local people and communities of Inverclyde.

### 1.1 Our original Five year Plan (2019-2024)

Inverclyde IJB initially set out through its Five year Strategic Plan (2019-2024), and in particular the Six Big Actions, its ambitions and vision. This plan reflected the many conversations we had with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

Our original plan set out the shared strategic priorities and ambitions for Inverclyde and what we had planned to deliver by 2024; the plan was always to be refreshed in 2022-2023 with a revised plan in place for the remaining two year term focussed on our future challenges.

### 1.2 Our Transition Plan (2020/2022)

In response to the COVID-19 Pandemic and to allow services to focus on the delivery of crucial services and recovery, the work to deliver the original actions in the Strategic Plan (2019-2024) were paused and a more streamlined Transition Plan for 2020/2022 developed. This transition plan reflected a revised priority list to include new COVID-19 related themes and the deliverability of existing priorities in the midst of a pandemic. Engagement with our communities was undertaken in December 2020 by CVS Inverclyde and YourVoice to gain a community view in ensuring Inverclyde HSCP were prioritising the right themes and services for 2020/2022.

### 1.3 Our refreshed Plan (2023-2024)

As previously stated, it was always the intention to refresh the original strategic plan in year three to ensure a continued focus on the key priorities for Inverclyde. This refreshed plan will set out our priorities for 2023-2024 and should be read in the context of our original plan.

To undertake this refresh we have:

- Reviewed our original actions within the [Strategic Plan](#); [Transition Plan](#) and the wider [Inverclyde Alliance COVID-19 Partnership Recovery Plan](#)
- Updated our Strategic Needs Assessment to better understand our demographic and health challenges;

- Reviewed the impact of the COVID-19 pandemic on our services and wider community;
- Reviewed the wider planning context;
- Listened to our communities and what they have told us through various engagement opportunities

The actions in our previous plans have been reviewed and either closed off as complete or continued, in a new format into our refreshed plan

## 2. Our Vision and Priorities for 2023-2024

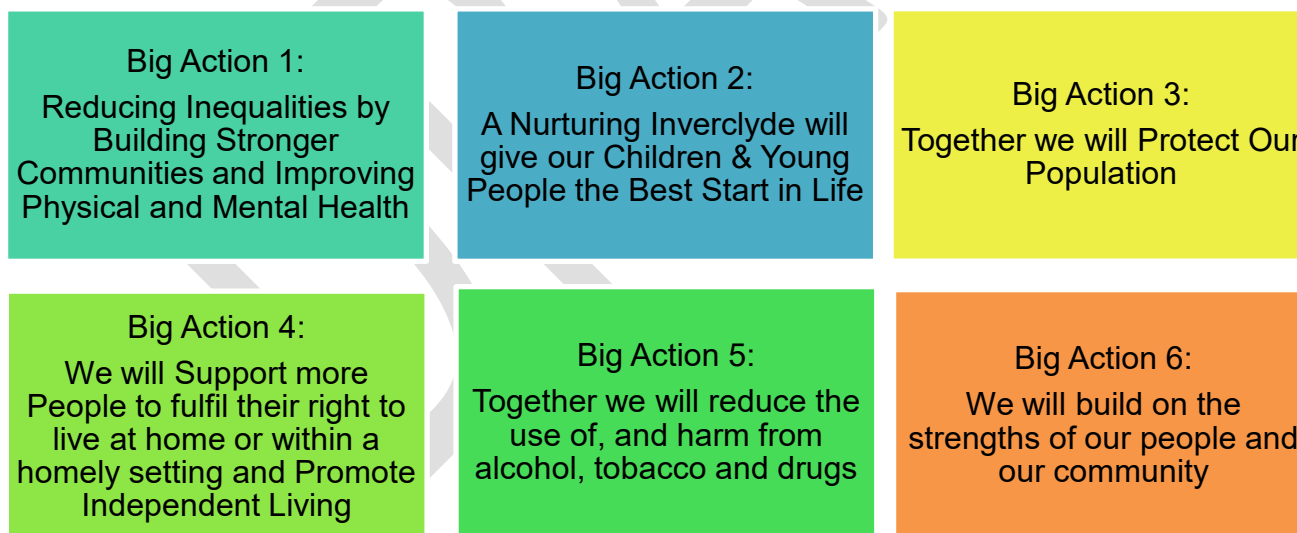
Inverclyde HSCP is built on our established integration arrangements and our vision, values and six ‘Big Actions’ set out in our original strategic plan were shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. As part of that we also undertook targeted engagement with the children and young people of Inverclyde to ensure that their voices were heard.

Through recent discussion at our Strategic Planning Group and with our third sector and community representatives, there was a strong consensus that we should retain our original vision and priorities set out through our six Big Actions for Inverclyde. Feedback received is that these were set for five years and are still relevant, and importantly, well known and understood by our communities.

### 2.1 Our Vision

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

### 2.2 Our Priorities-Six Big Actions



Our Six Big actions link clearly with the nine National Outcomes for Scotland and also the national outcome framework Children, Young People and Community Justice. Appendix 2 provides an overview of how our Big Actions align with the National Outcomes and Appendix 3, the links to national Public Health Priorities.

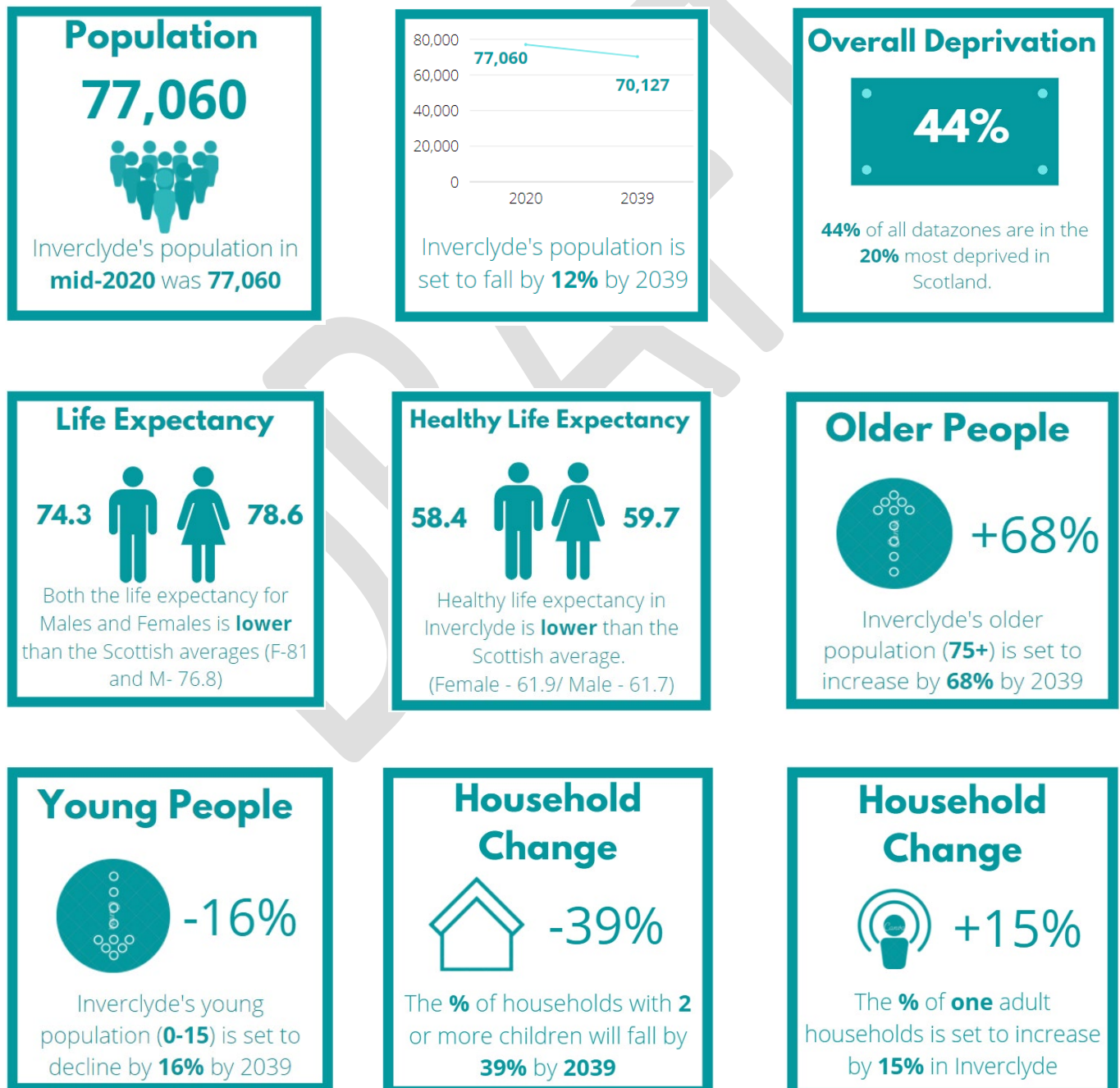


### 3. Demographic Profile

Our current demographic context for Inverclyde is presented fully within our updated Strategic Needs Assessment (SNA). The full Strategic Needs Assessment can be accessed here. [Inverclyde HSCP Strategic Needs Assessment 2022](#)

The Strategic Needs Assessment is updated utilising the most up to date verified data at the time of writing and as such there will be a data lag with some of the information sources.

Whilst the SNA doesn't therefore represent fully the impact of COVID-19 which is still emerging, we know from our local intelligence the impact is being seen within our services and this will be fully captured within our Annual Performance Report (APR) and the next SNA which will be refreshed in line with the next strategic plan.



Our SNA makes reference to some key information relating to children, because our Six Big Actions relate to all of our people, including our children and young people. Our Joint Children's Services Plan (2020-2023) should be regarded as a companion document to this Strategic Plan, and can be found here [Children's Services Plan 2020/23](#).

## 4. Impact of COVID-19

The COVID-19 pandemic has and continues to have, a significant impact on Inverclyde and it will only be in the fullness of time that the true impact of COVID-19 will become clear. Our thoughts are with those members of our community who lost loved ones during the pandemic.

Our services worked incredibly hard through the pandemic to ensure services were delivered to those most vulnerable within Inverclyde, and whilst there were many challenges, and many will continue, we also know there has been positives in new and innovative ways of working.

National evidence shows that the pandemic has had a disproportionate impact for disadvantaged communities and specific vulnerable groups, a number of groups have been particularly affected, including households on low incomes or in poverty; low paid workers; children and young people; older people; disabled people; minority ethnic groups and women. Many of these are our service users therefore we need to ensure we continue to support them through these ongoing challenging times.

The consultation undertaken by YourVoice and CVS Inverclyde on behalf of the HSCP highlighted poverty, social isolation and mental health and wellbeing as the key areas of concern for the community. National research has concluded there will be significant longer-term impacts on mental health and wellbeing from the pandemic therefore we need to ensure a real focus in this area.

However positives have emerged locally and nationally in response to the pandemic, such as the rapid implementation of innovative approaches, particularly in relation to the expansion of digital services to ensure that service users remain connected, as well as facilitating ongoing service delivery, albeit in a different way. One huge strength that has emerged has been the extraordinary response from Inverclyde's communities in coming together to offer help and support to each other. In addition the improved partnership working and communication across partners has been incredibly helpful and if all this can be sustained and strengthened then there will be a lasting positive impact on communities.

Our HSCP staff have been at the forefront of the COVID-19 pandemic and have shown their resilience and innovation throughout. Many teams have had to cope with increased staff sickness and absence due to self-isolation periods and for some specific areas, difficulties in recruitment to vacant posts. It will be important to continue to provide high levels of support to our teams to preserve and build their wellbeing.

## 5. Strategic Context

### 5.1. Related Strategies, plans and legislation

Inverclyde HSCP operates within a complex and evolving framework of national guidance and legislation; local and regional plans; and policies. The partnership is committed to delivering high quality and appropriate services to our communities taking cognisance of this evolving landscape. Together the legislation and policies aim to shape a whole system of health and social care,

providing seamless care for everyone who needs it. We have a focus on better outcomes for the people who use services, services being delivered in the right setting, at the right time, and by the right professionals.

As this framework is large we have set out below a summary, which is not exhaustive, and also some further information related to the Independent Review of Adult Social Care and the National Care Service; the Independent Care Review and The Promise which will undoubtedly shape current and future service delivery.

Legislation	National Strategies and guidance	Local Strategies and Guidance	HSCP Plans
Public Bodies(Joint Working) Scotland Act 2014	Remobilise; Recover; Redesign The Framework for NHS Scotland (2020)	<b>Inverclyde Council</b> Inverclyde Council Corporate Plan	Workforce Plan Digital Plan
Community Empowerment (Scotland) Act 2015	Realising Realistic Medicine (2017)	<b>NHS Greater Glasgow and Clyde</b> NHSGGC Remobilisation Plan	Primary Care Improvement Plan
Children and Young People (Scotland) Act 2014	Getting it Right for Every Child (GIRFEC)	Moving Forward Together	Rapid Rehousing Transition Plan
Carers (Scotland) Act 2016	Public Health Scotland's Strategic Plan (2020/23)	Turning the Tide through Prevention	Market Facilitation and Commissioning Plan
The 2018 General Medical Services Contract in Scotland	A National Clinical Strategy for Scotland (2016)	NHS GGC Mental health Strategy	Clinical and Care Governance Strategy and Plan
The Equality Act(Scotland) 2010	Independent Care Review-The Promise 2020	<b>Inverclyde Alliance (Community Planning Partnership)</b> Local Outcome Improvement Plan (LOIP)	
Child Poverty (Scotland) Act 2017		Integrated Children's Services Plan	
National Care Service (Scotland) Bill 2022		Inverclyde Alcohol and Drug Partnership Strategy  Inverclyde Community Justice Outcomes Improvement Plan	

## 5.2 Independent Review of Adult Social Care and a National Care Service

The Independent Review of Adult Social Care in Scotland was published in February 2021 and set out the vision for adult social care across Scotland. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach. The report set out three key foundations which the review proposed as integral to future delivery:

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

In August 2021 the Scottish Government published its consultation paper “A National Care Service for Scotland” which went beyond the recommendations in the adult social care review report. The consultation sought views on seven key areas:

- Improving Care for People
- Establishing a National Care Service
- The scope of a National Care Service
- Reforming Integration Joint Boards
- Improving Commissioning of Services
- Regulation
- Valuing people who work in Social Work

The National Care Service (Scotland) Bill 2022 was introduced to parliament in June 2022. The Bill establishes the National Care Service. The Bill allows Scottish Ministers to transfer social care responsibility from local authorities to a new, national service. This could include adult and children’s services, as well as areas such as justice social work. Scottish Ministers will also be able to transfer healthcare functions from the NHS to the National Care Service. At time of writing the Bill is at Stage 1 with the commitment to establish a functioning National Care Service by the end of the parliamentary term in 2026. The introduction of a National Care Service will fundamentally change the delivery of health and care services locally and we await further information and detail as to new delivery and governance models.

### 5.3 Independent Care Review and The Promise

Beginning in 2016, The Independent Care Review consulted with over 5,500 individuals with over half being babies, infants, children, young people and adults with experience of care. This also included over 300 families and voices from the paid and unpaid workforce. On 5th February 2020, the Care Review published seven reports, with ‘the promise’ narrating a vision for Scotland, built on Five Foundations:

**Voice:** Children and young people must be listened to and meaningfully and appropriately involved in decision making about their care, with all those involved properly listening and responding to what they want and need. There must be a compassionate and caring decision making culture focussed on children and those they trust.

**Family:** Where children are safe in their families and feel loved they must stay – and families must be given support together, to nurture that love and overcome the difficulties which get in the way.

**Care:** Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so, and belong to a loving home, staying there for as long as needed.

**People:** The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.

**Scaffolding:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

Inverclyde HSCP in partnership with CVS Inverclyde and Your Voice submitted a successful application to the Promise Partnership and have now established an ‘I Promise’ Partnership locally. This approach is enabling Inverclyde to identify and design system changes that are informed from our current learning and will reach out further across the community. Paramount to

this is the commitment to cultural changes in how Inverclyde HSCP and in turn our partners, delivers services across the partnership.

## 5.4 Equality and Diversity

Inverclyde HSCP has statutory legal obligations under the terms of the Equality Act 2010. We are committed to the principles of fair equality and diversity. We also recognise our responsibilities as a health and social care service provider, to ensure the fair treatment of all individuals to tackle social exclusion and inequality. This also extends to community benefits and HSCP staff. The legislation identifies a number of protected characteristics that are known to carry a risk of unequal outcomes. These protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; sexual orientation; sex; marriage and civil partnership (for which the law provides protection in the area of employment and vocational training only). An updated Equalities Outcome Plan is required for the HSCP and this will be developed and implemented in the lifetime of this refreshed plan. An updated Equality Impact Assessment has been undertaken of this plan and can be accessed here. <https://www.inverclyde.gov.uk/health-and-social-care/equalities>

## 6. Engagement with Communities

Inverclyde HSCP is committed to working better together because we know that's what makes a difference. There is a history of strong partnership working with communities, patients, service users, our local GPs and hospitals, the independent and third sector service providers, Council partners and housing providers.

Our original five year Strategic Plan was developed in 2019 by engaging and consulting fully with our staff, partners and the communities we serve. That feedback along with the responses from our survey questionnaire, Strategic Needs Assessment and locality profile intelligence gave us the understanding of local perspective and things that matter to people. From that we developed our Six Big Actions.

This refreshed plan (2023-2024), has been developed following feedback from a range of partners involved in the Strategic Planning Group and consultations undertaken previously by our third sector and community partners. We will continue to seek out the voices of local people in all our future planning and delivery.

In order for the HSCP to ensure it continues to meet the needs of our local population we must maintain a clear understanding of the differing levels of need and service provision across the HSCP. To support this, two Health and Social Care Locality Planning Groups have been established (West and East Inverclyde) which will meet both the Public Bodies (Joint Working) Scotland Act 2014 and the Community Empowerment Act 2015 legislation

The two localities will cover as follows:

### **East Inverclyde**

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central

## **West Inverclyde**

- Greenock South and South West
- Greenock West and Gourock
- Inverkip and Wemyss Bay

DRAFT

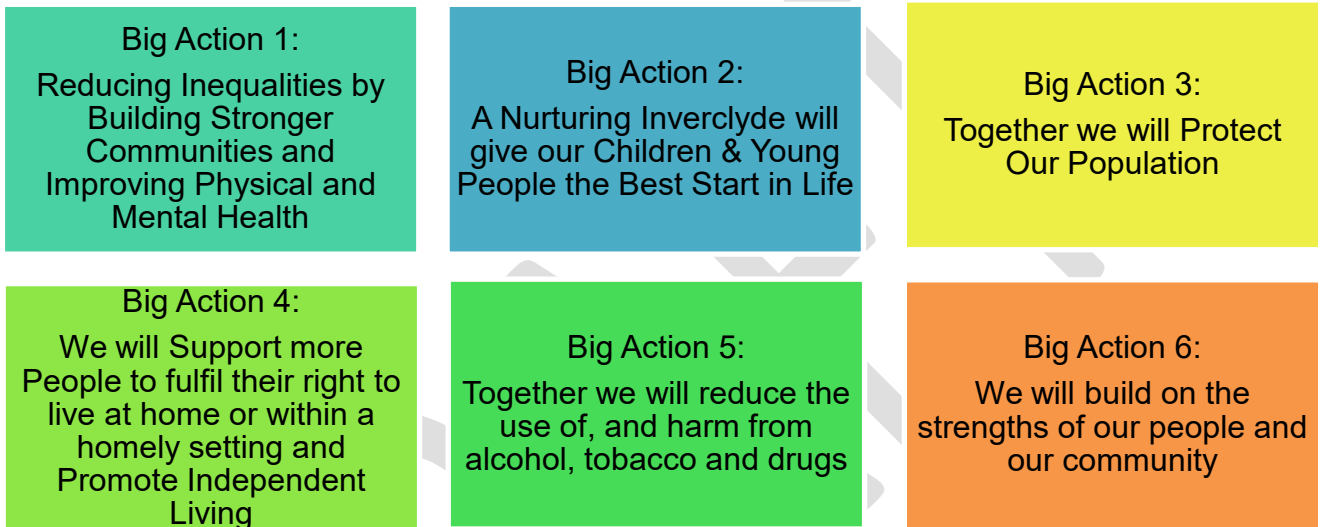
# Section 2

## OUR BIG ACTIONS

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The Strategic Plan sets the blueprint for services that will improve health and wellbeing. Our big actions will give a focused view of Inverclyde people’s priorities, and how services will support those who are vulnerable or in need.

The following Big Actions will be delivered over the next year.



The development of the Big Actions is an ongoing process and progress will be reviewed and reported through regular updates to and by the Strategic Planning Group (SPG), with 6-monthly reports to the IJB. Each action has a more detailed implementation plan, with measures which will be monitored and reported to the SPG.

# BIG ACTION 1

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## ***Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health***

*We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control.*

The causes of inequalities in health are complex, and often the people who are most likely to experience poorer health also experience other inequalities, for example; lower income, fewer qualifications, poorer quality housing. Although the roots of inequalities are complex and interconnected, there is strong evidence to support approaches that prevent illness, and promote good mental and physical health. Where physical or mental illness exists, there are many ways in which people can be supported. Significant work has been undertaken by the Community Planning Partnership through the Local Outcomes Improvement Plan (LOIP) click [here](#) to view the LOIP. Big Action 1 aims to build on existing relationships within our communities, to support a more robust approach to improving physical and mental health.

Most of the physical health inequalities outlined in our Strategic Needs Assessment correlates closely with deprivation (as defined by the Scottish Index of Multiple Deprivation). Those who live in our poorest areas are more likely to have lower life expectancy and have more years of ill-health. They are less likely to have good quality, secure jobs – the lack of satisfying work or activity can also damage health. Intergenerational inequalities and poverty impacts on all aspects of people's lives. We need to ensure that our community are supported to engage in ways that are accessible for them, our focus on improving digital access and also innovative ways to manage long term health conditions will be necessary.

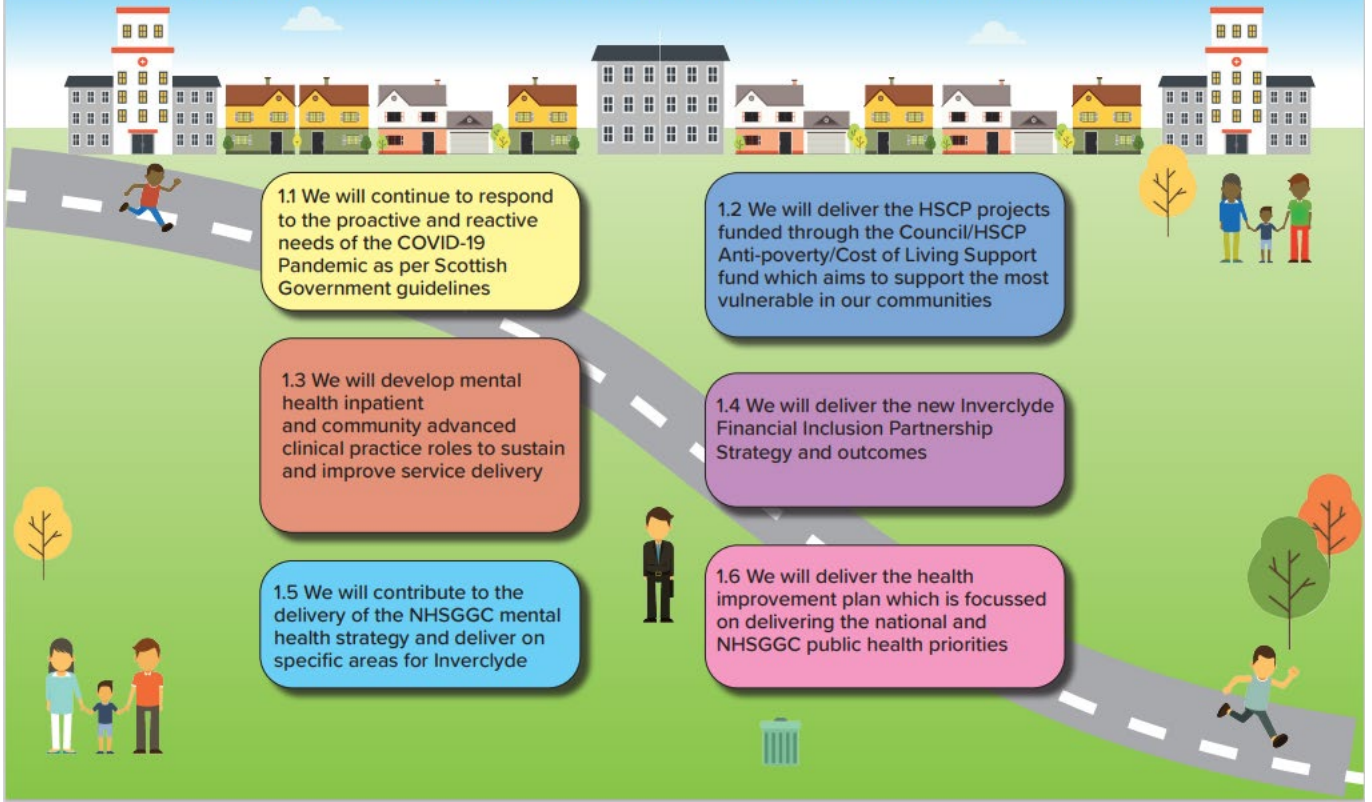
We know that COVID-19, along with the impacts of Brexit, and the recent increases to the cost of living, will have a significant effect on the most vulnerable members in our community. The Council and HSCP are trying to mitigate where possible these impacts through the Anti-Poverty funding and COVID-19 Recovery funding, and we will continue to work through our strong partnerships to tackle the underlying causes of deprivation.

We recognise mental health has a significant impact on our local community and this was a key message from our previous, and also more recent engagement process, and the strategic needs assessment. Poor mental health often impacts on physical health and the person's ability to work or to engage with their community therefore we will continue to innovate to deliver quality mental health services within Inverclyde.



# Big Action 1 ROADMAP

REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH



# BIG ACTION 2

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***A Nurturing Inverclyde will give our Children and Young People the Best Start in Life***

*We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For the children we take care of, we will also ensure high standards of care, housing and accommodation.*

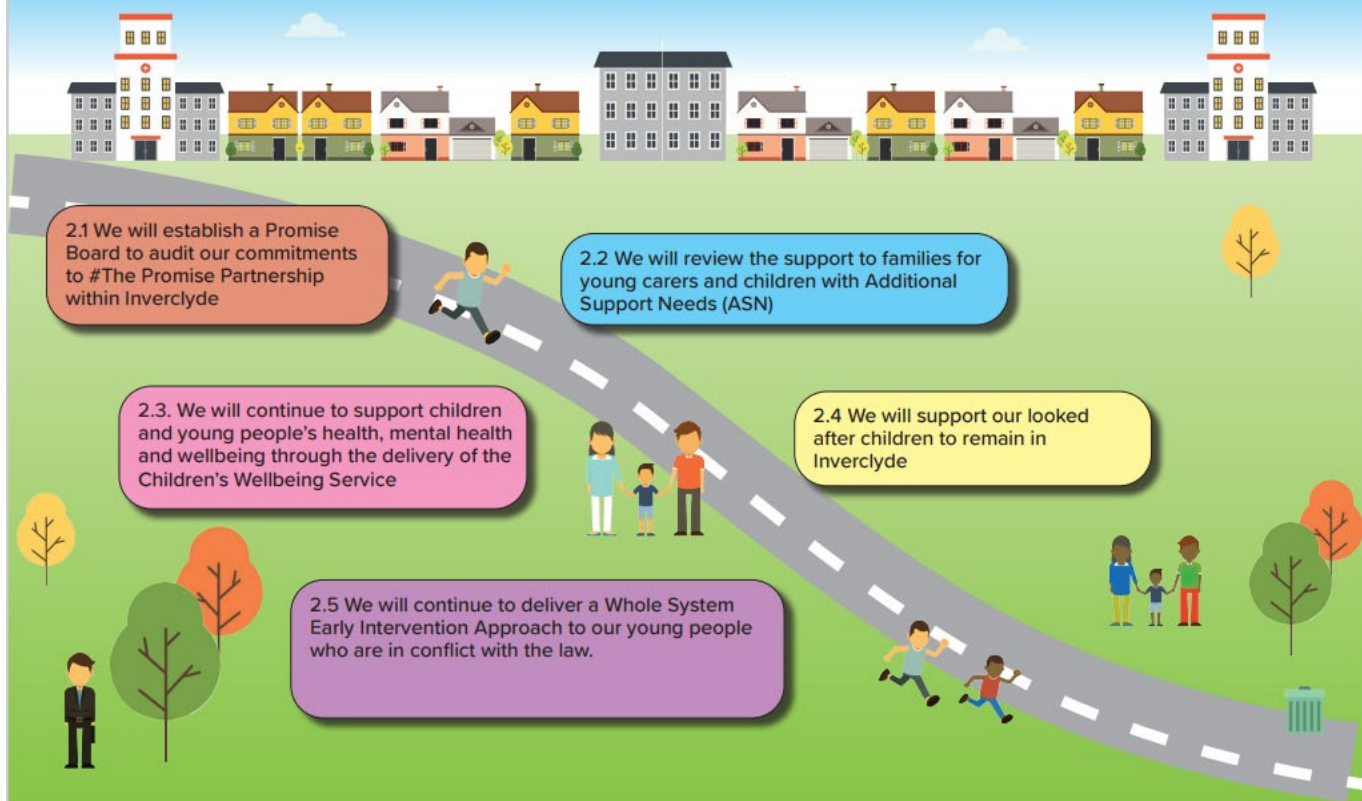
Inverclyde is a beautiful place to live and grow up, however we know that some children growing up in Inverclyde face deep rooted and intergenerational challenges. We have become increasingly attuned to the nature and impact of these challenges. Poverty and the impact of poverty on people's life chances present some of our biggest challenges. We have improved our use of evidence-informed approaches that help us to target and mitigate the impacts, and this requires us to work with key partners across Inverclyde HSCP to support those families, children and young people particularly affected by alcohol, drugs and mental illness.

"Nurturing Inverclyde" is our collective vision to ensure that everyone has the opportunity to have a good quality of life and good mental and physical health. This approach puts the child, citizen and community at the centre of our thinking, our planning and our actions. We have and we will continue to build Nurturing Inverclyde into our culture. One way in which this is evident is our focus on high quality relationships with children and their families including their active participation in decision making and in developing services that affect them. This will continue through the work of the Scottish Government's Independent Care Review and The Promise, whose aim is to identify and deliver lasting change in Scotland's 'care system', and leave a legacy to transform the wellbeing of infants, children and young people.

The strategic direction of the HSCP's services to children and families is heavily integrated with that of our Community Planning Partners, as well as the strategic priorities set out in our Children's Services Plan and our Corporate Parenting Strategy. We have led on a joint approach to data analysis in children's services across the Inverclyde Community Planning Partnership, resulting in a robust and detailed strategic needs analysis, click [here](#) to view the full analysis and our Children's Service Plan.

# Big Action 2 ROADMAP

A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE



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# BIG ACTION 3

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## ***Together we will Protect Our Population***

*We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities*

Together we have a duty to ensure that people who are vulnerable within our community are protected and feel safe. This is and will remain a core strategic priority for the HSCP. We have arrangements in place to raise awareness of public protection issues, facilitate proportionate information sharing, diligent screening, prompt assessment and timely targeted support to people who may require advice, support and protection. The main areas where we provide support in public protection are in relation to child protection, adult protection and people affected by serious and violent crime.

Within each aspect of public protection and clinical and care governance we have a suite of readily accessible procedures and guidance to assist staff in working together and to ensure safe, consistent practice in this very complex area. Robust arrangements are in place to ensure procedures, processes, systems and practice are updated in relation to new research or emerging areas of risk that are identified locally or nationally.

Recent internal and external audits identify good evidence that there are strong public protection arrangements in place in Inverclyde, however continuous improvement has been identified as a key mechanism in maintaining quality. Consequently, ensuring quality is a key priority.

Public protection activity by its nature relies on a partnership approach. The direct governance of our public protection activity is through the Public Protection Chief Officer's Group (PPCOG). The PPCOG provides robust challenge and scrutiny of the public protection agenda and in particular in respect of planning and improvement in public protection including approval of annual business plans and quarterly scrutiny of public protection activity. The strategic direction of public protection is closely aligned to The Child Protection Committee, the Adult Protection Committee and the Multi Agency Public Protection Arrangements.

We all have an important role to contribute to the reduction of violence, crime and disorder in our community. As part of our Criminal Justice strategy we will continue to develop our approach to reducing offending and reoffending and work closely with our partners to deliver the Community Justice Outcome Improvement Plan. We know that the factors that cause women to become involved in the criminal justice system are very likely to relate to multiple vulnerability. In addition we know that many of our service users have experienced trauma therefore we need to ensure we are supporting our staff to fully understand trauma informed approaches are key to delivery and support.

We will look to strengthen our whole-system approach to offending extending, and will develop our system of early and effective intervention to young people involved in offending. We will ensure that, where we can, we divert young people from offending. Where this is not possible, we will provide safe alternatives to young people being detained in custody.

# Big Action 3 ROADMAP

TOGETHER WE WILL PROTECT OUR POPULATION

3.1 We will implement the learning and recommendations from the 2021 Adult Protection Inspection and any Significant Adverse Incidents (SAI's)/Significant Critical Incidents (SCI's)

3.2 We will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and IJB

3.4 We will continue to support the national Child Abuse Enquiry as required and implement learning and recommendations once available

3.3 We will fully implement the national Child Protection Guidance with a strengthened focus on children's rights, engagement with families and more holistic approaches to reduce stressors on families and communities

3.5 We will roll out trauma informed approaches across all HSCP staff and commissioned services to ensure delivery of trauma informed services

3.6 We will continue to progress the Woman in Criminal Justice System Project



# BIG ACTION 4

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***We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living, together we will maximise opportunities to provide stable sustainable housing for all.***

*We will enable people to live as independently as possible and ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone*

Throughout the life cycle there will be times when people's physical and emotional health and wellbeing may require additional support. Whilst this can happen at any age, this has a specific relevance to our older people. People have consistently told us that they would rather remain in their own homes if at all possible. Over a number of years we have been developing our care at home supports and using a range of services including increased use of technology and we have continued to develop approaches to independence while managing risk across all care groups.

Inverclyde HSCP will continue to build local services to support primary care and ensure that only those who need to be seen at hospital are seen there. Multidisciplinary teams and technology has enabled us to support people more long term. In line with National Strategy and NHSGGC Moving Forward Together (MFT) the HSCP will continue to develop care in the community and provide a more joined up service with hospitals to stop people needing hospital care, and when they do get them home quickly. If members of our community require to go into hospital we have an excellent record on supporting them to leave hospital quickly so that they can be cared for in a more appropriate place.

We recognise the positive contribution of families and unpaid carers as equal partners to enable us to deliver supports and we will build on this. Some people will require support that can only be provided in a care home and we recognise this as a positive choice. Care homes in particular have been impacted by COVID-19 and we will continue to work with local care home providers to ensure the highest standards of care are maintained.

We are well underway to having a new purpose built learning disability Hub for day and social opportunities bringing together a range of centre based and community based services and supports for people aged 16+ with a learning disability, including those who may have complex and multiple needs.

All of our community have the basic human right to a home or homely setting. We have identified the need to improve our responses to people presenting as homeless, including people who need help both with access to a settled tenancy and support to sustain their home. A significant number of people who experience homelessness in Inverclyde have a mental health problem or difficulty with drugs and/or alcohol and require sustained support.

Our aim is to provide the right support at the right time, and for the right length of time across all our services, so that we can help people towards the highest level of independence possible. Our Housing Contribution Statement (Appendix 4) brings the HSCP together with local housing providers to plan future housing designed for a lifetime of independent living.

# Big Action 4 ROADMAP

WE WILL SUPPORT MORE PEOPLE TO FULFIL THEIR RIGHT TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING, TOGETHER WE WILL MAXIMISE OPPORTUNITIES TO PROVIDE STABLE SUSTAINABLE HOUSING FOR ALL.

4.1 We will undertake and complete the Review of our internal and external Care at Home Services

4.2 We will continue to deliver the range of work related to Unscheduled Care with a focus on prevention of admission and improving discharges.

4.3 We will continue to support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.

4.4. We will deliver the new Community Learning Disability model to provide transformational support for our learning disabled clients

4.5. We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community

4.6 We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan

4.7 We will continue to support and ensure carer engagement to help develop and shape services

4.8 We will continue to work towards a strategic approach to end of life care in Inverclyde.

4.9 We will implement a new model for homeless services within Inverclyde to support people where possible in their own tenancies

4.10 We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan

# BIG ACTION 5

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***Together we will reduce the use of, and harm from alcohol, tobacco and drugs***

*We will promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those affected to become more involved in their local community.*

Our Strategic Needs Assessment demonstrates that Inverclyde has a number of particular challenges related to the use of alcohol, drugs and tobacco. Inverclyde has a long history of people affected by alcohol and drug use and our rates are higher than most of Scotland. A higher proportion of our child protection registrations are due to parental drug and alcohol use.

These issues impact on all communities; from the wellbeing of children to the increased demand on our local services; and on the ability for those affected to contribute to the local economy and community. People with alcohol and drug problems are more likely to have persistent difficulties sustaining their own home. The consultation for the original Strategic Plan highlighted that communities felt more had to be done to support families affected by alcohol and drugs.

The multi-agency Alcohol and Drug Partnership (ADP) is responsible for developing strategic approaches to tackling these issues and increased funding from the Scottish Government has enabled a range of work to be progressed to date. HSCP Alcohol and Drug services have been redesigned to provide a more cohesive and fully integrated service for people affected by drugs and alcohol.

We know there is much more work to be done and the increased focus on developing services and on recovery will continue to be supported by a wider recovery system of care. This will include extending services and support to people both recovering from alcohol and drug use and their families and carers.

People who have problems with drug and alcohol and tobacco use are more likely to experience other significant physical and mental health problems. The Strategic Needs Assessment identified that they are more alcohol, drug and chronic obstructive pulmonary disease (COPD) related hospital stays than in the rest of Scotland. Therefore we need to develop different pathways that can provide appropriate support to people to prevent deterioration in their health and avoid unnecessary hospital admissions.



# Big Action 5 ROADMAP

TOGETHER WE WILL REDUCE THE USE OF, AND HARM FROM ALCOHOL, TOBACCO AND DRUGS

5.1 We will continue to commission and expand recovery and support communities for those affected by drugs and alcohol

5.2 We will deliver on the Medication Assisted Treatment (MAT) standards across all services within the Alcohol and Drug Partnership

5.3 We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services

5.4 We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde

# BIG ACTION 6

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***We will build on the strengths of our people and our community***

*We will build on our strengths this will include our staff, our carers, our volunteers and people within our community, as well as our technology and digital capabilities”*

A Nurturing Inverclyde has been key to our HSCP success, whether that is our staff, carers or communities.

A shared desire to see Inverclyde thrive motivates us to work together, to build on our assets and develop communities that care for one another. Social isolation or exclusion is common in society and impacts on people’s physical and mental health and wellbeing. This has been exacerbated by the COVID-19 pandemic and we know from our recent engagement our communities feel this is a key concern.

The human relationships that people need can be developed by creating opportunities in communities to notice, to connect and to show kindness. Given the inherent strength of our communities, seen through COVID-19, and the overwhelming comments during our previous and ongoing engagement, we will continue to build on this. We are also committed to working with our community to find ways of tackling stigma, felt most by some of our most vulnerable people.

Involvement in service design and feedback from our service users and community is key to our development and we need to ensure we have robust feedback mechanisms and learn from this. We need to ensure our partners and communities are involved in future planning of health and social care services.

Health and social care services cannot deliver everything for everyone therefore it’s important that we have our Market Facilitation and Commissioning Plan. This gives us the opportunity to design and commission services differently so that people are treated first and foremost as people rather than for their specific conditions.

We recognise our duties to protect the health of our staff and to ensure that they have a safe working environment and that we look after their health and wellbeing. This extends to our commissioned partners and carers who are key partners in our wider delivery.

Whilst we have excellent assets within our community, including our local award winning new Greenock Health and Care Centre, we want to ensure we have continued investment to enable our services are delivered to the highest possible standard.

# Big Action 6 ROADMAP

WE WILL BUILD ON THE STRENGTHS OF OUR PEOPLE AND OUR COMMUNITY

6.1 We will implement Care Opinion to ensure a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result

6.2 We will use our complaints process to ensure continuous learning and development of quality services

6.3 We will continue to deliver on the Market Facilitation and Commissioning Plan and support providers to be ready to tender for future contracts

6.4 We will continue Inverclyde Cares to develop the four key focus areas of addressing stigma; supporting bereavement and loss; implementing the Kindness Award; and delivering the COVID-19 memorial project

6.5 We will take forward locality planning through the establishment of locality planning groups for the HSCP, linking with key partners and our community

6.6 We will develop our HSCP workforce plan with a key focus on supporting the health and wellbeing of our staff and our commissioned partners' staff

6.7 We will continue to develop initiatives and campaigns to support our communities through COVID-19 recovery



6.9 We will review and deliver the HSCP Digital strategy which encompasses all aspects of staff, service and user delivery

6.8 We will continue to develop Capital investments to support sustained delivery and improvement of services

6.10 We will deliver the replacement recording system to support health and social care delivery

# Section 3

## Health & Social Care Spend

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### Financial Performance to Date

#### Financial Year 2020/2021

The financial year 2020/2021 resulted in an overall surplus against budget of £6.482m. The main reasons for this were as follows:

- Additional COVID funding of £3.250m to be carried forward
- Various Health services underspends of £1.023m due to the delay in filling vacancies
- Underspends in PCIP, Action 15 and ADP £1.413m when funding was received at the end of the year but commitments not due to 2022/2023.
- Underspend in Prescribing £0.454m
- Underspend in ADRS £0.499m mainly due to vacancies

#### Financial Year 2021/22

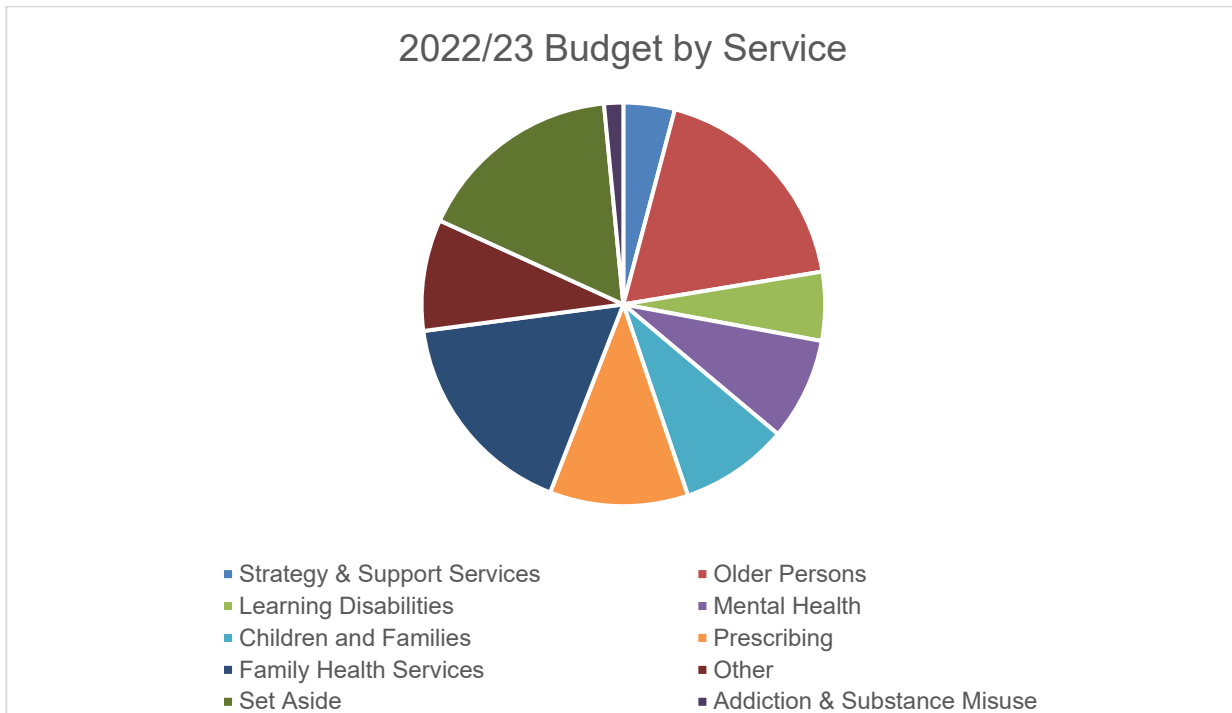
The financial year 2021/2022 resulted in an overall surplus of £13.393m. The main reasons for this were as follows:

- Covid funding received towards the year end and not utilised in year of £8.1m which was added to reserves and carried forward for use in 2022/23
- Underspends in employee costs across the HSCP of £1.5m and a contribution from Inverclyde Council towards the 2022/23 pay award of £0.5m
- Winter pressures additional funding carried forward for use in 2022/23 of £1.1m
- Underspend in Prescribing £0.4m
- Underspend in external homecare provision of £0.5m due to ongoing difficulties with recruitment
- Mental Health Recovery and Renewal funds received but not utilised in year of £0.9m, carried forward for use in 2022/23
- Overspend of £0.8m against Children and families residential and kinship placements.
- Residential and nursing placements underspend of £0.5m
- Various smaller variances throughout services totalling £0.7m

The IJB is facing continued cost pressures in a number of areas including Children & Families Residential placements, Learning disability, Mental Health inpatient services and Prescribing.

The key areas of uncertainty for the IJB include:

- Impact of future Scottish Government funding levels for our partners
- Pay settlements
- Demand led pressures in all services
- Prescribing costs



### IJB Budget 2022/2023 to 2023/2024

The high level budget estimates for the IJB for the next three years are based on assumed pressures around pay inflation, drug inflation and demographic changes. We expect a balanced budget over this period mainly through the use of efficiency savings and temporary use of reserves.

The IJB recognises that there are existing core funding pressures in Children and Families and Learning Disabilities. As such the relevant services developed 2 spend to save initiatives which delivered a total of £0.500m recurring savings.

## Key Budget Assumptions

### Partner Contributions

- **Health** – in 2022/2023 we anticipate a 2% uplift on all budgets in line with the Scottish Government Health settlement. This includes a 2% uplift in Set Aside. This same 2% assumption has been used in the remaining year of the plan.
- **Council** - in 2022/2023 The Government announced extra funding for councils for onward transmission to IJBs of £554m as part of winter planning commitments. A condition of the local authority grant settlement is that the 2022/2023 contribution by councils to their IJBs should be no less than the recurring 2021/2022 IJB contribution plus that council's share of the £554m. The IJB's uplift from Inverclyde Council linked to this is £9.184m. In addition to this Scottish Government also announced an Additional £22m of Social Care funding for 2022/2023. The IJB's share of this would be an additional £0.360m and an additional £40m for Multi Discipline teams (MDTS) in 2022/2023. The IJB's share of this is an additional £0.655m, Additional £30m for Band 3/4 changes. The IJB's share of this is an additional £0.491m. Also the IJB will receive its share of the Mental Health Recovery and Renewal Funding. This is an additional £0.051m and its share of the National Trauma Training funding. This is an additional £0.050m. In addition there is a one off contribution of £0.550m to be passed to IJB Earmarked Reserves from Council Reserves to assist with general pressures in the IJB.

For the remaining year 2023/24, Council funding equates to its share of the £95m additional Scottish Government funding announced in December 2022.

### Pressures and Savings 2023/2024

- Pay award pressures - £1.5m Council staffing based on shortfall for 2022/23 agreed uplift and estimated pay uplift for 23/24. We are assuming all Health pay awards are funded from Scottish Government funding.
- Inflationary uplifts - £2.393m based on estimates for provider uplifts and National Care Home Contract for 2023/24
- Demographic Changes – smoothing reserves are available in the service areas most likely to experience demographic pressures for 2023/24
- Loss of Council Pay recurring funding - £0.600m assumed reduction in 2023/24.
- Drug Inflation Pressure - £0.400m assumed increase in 2023/2024 which equates to approximately 2%. We expect this to be covered as part of the overall 2% Health budget increase.
- Further indicative pressures and settlement adjustments totalling £0.7m
- Savings – it is anticipated that savings of £1.3m and the temporary use of reserves £0.603m will be used to offset any funding gap in 2023/24.

## IJB Budget 2021/2022 to 2023/2024

The high level budget for the IJB over the life of the Strategic Plan, based on the above assumptions is as follows:

<b>PARTNERSHIP FUNDING/SPEND ANALYSIS</b>	Outturn 2021/22 £000	Budget 2022/23 £000	Indicative 2023/24 £000
NHS Contribution to the IJB	111,569	94,659	97,472
NHS set aside (notional)	35,960	29,350	29,350
Council Contribution to the IJB	59,629	66,071	68,156
IJB Net Income	<b>207,158</b>	<b>190,080</b>	<b>194,978</b>
Social Care Expenditure	59,408	66,071	68,156
Health Expenditure	147,529	124,009	126,822
Savings Adjustments			
Transfer to General reserves	221	0	0
<b>HSCP SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Section 4

### What will success look like and how will we know

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The refreshed Inverclyde Health and Social Care Partnership Strategic Plan (2023-2024) lays out our vision, our ambitions, and our aspirations for the next year. These have been shaped in partnership with our communities and other partners and the Plan provides a realistic blueprint for us to work together to deliver better outcomes for the people of Inverclyde throughout this COVID-19 recovery period.

Delivery of effective and lasting transformation of Health and Social Care is central to Inverclyde's vision and this plan outlines how we will continue on our journey to plan and deliver a range of services with partners, carers and those who use services. We firmly believe health and social care integration brings great opportunity to work together to serve communities and individuals better.

Each of our six big actions has an implementation plan which sets out the specific details of what we will do. The Strategic Planning Group will monitor and report regularly to the IJB. By providing specific actions, we can be held to account by our communities and our Integration Joint Board (IJB), and we can also monitor the effectiveness of our actions.

We review our performance data against agreed local and national performance indicators including:

- National Integration Indicators
- Ministerial Strategic Group (MSG)
- Statutory Performance Indicators

A local Outcomes Framework to measure progress against the six big actions has been developed. Throughout the lifetime of this plan the HSCP will implement Pentana a performance management information system which will allow better monitoring of this plan with more accurate and detailed management of our performance information.

The IJB will receive a formal Annual Performance Report providing accountability and strong governance with a six monthly performance update. Regular reports will also be presented to the NHS Board and the Council, and, in addition, the Annual Performance Reports will be published on the HSCP and Council websites so that our communities can also take stock of our progress.

The link to our 2021/22 Annual Performance Report can be found [here](#)



## Our Key Deliverables

Big Action 1	
1.1	We will continue to respond to the proactive and reactive needs of the COVID-19 Pandemic as per Scottish Government guidelines
1.2	We will deliver the HSCP projects funded through the Council/HSCP Anti-poverty/Cost of Living Support fund which aims to support the most vulnerable in our communities
1.3	We will develop mental health inpatient and community advanced clinical practice roles to sustain and improve service delivery
1.4	We will deliver the new Inverclyde Financial Inclusion Partnership Strategy and outcomes
1.5	We will contribute to the delivery of the NHSGGC mental health strategy and deliver on specific areas for Inverclyde
1.6	We will deliver the health improvement plan which is focussed on delivering the national and NHSGGC public health priorities

Big Action 2	
2.1	We will establish a Promise Board to audit our commitments to #The Promise Partnership within Inverclyde
2.2	We will review the support to families for young carers and children with Additional Support Needs (ASN)
2.3	We will continue to support children and young people's health, mental health and wellbeing through the delivery of the Children's Wellbeing Service
2.4	We will support our looked after children to remain in Inverclyde
2.5	We will continue to deliver a Whole System Early Intervention Approach to our young people who are in conflict with the law.

Big Action 3	
3.1	We will implement the learning and recommendations from the 2021 Adult Protection Inspection and any Significant Adverse Incidents (SAI's)/Significant Critical Incidents (SCI's)
3.2	We will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and IJB
3.3	We will fully implement the national Child Protection Guidance with a strengthened focus on children's rights, engagement with families and more holistic approaches to reduce stressors on families and communities
3.4	We will continue to support the national Child Abuse Enquiry as required and implement learning and recommendations once available
3.5	We will roll out trauma informed approaches across all HSCP staff and commissioned services to ensure delivery of trauma informed services
3.6	We will continue to progress the Woman in Criminal Justice System Project

Big Action 4	
4.1	We will undertake and complete the Review of our internal and external Care at Home Services
4.2	We will continue to deliver the range of work related to Unscheduled Care with a focus on prevention of admission and improving discharges.
4.3	We will continue to support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.
4.4	We will deliver the new Community Learning Disability model to provide transformational support for our learning disabled clients
4.5	We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community
4.6	We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan
4.7	We will continue to support and ensure carer engagement to help develop and shape services
4.8	We will continue to work towards a strategic approach to end of life care in Inverclyde.

4.9	We will implement a new model for homeless services within Inverclyde to support people where possible in their own tenancies
4.10	We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan

<b>Big Action 5</b>	
5.1	We will continue to commission and expand recovery and support communities for those affected by drugs and alcohol
5.2	We will deliver on the Medication Assisted Treatment (MAT) standards across all services within the Alcohol and Drug Partnership
5.3	We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services
5.4	We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde

<b>Big Action 6</b>	
6.1	We will implement Care Opinion to ensure a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result
6.2	We will use our complaints process to ensure continuous learning and development of quality services
6.3	We will continue to deliver on the Market Facilitation and Commissioning Plan and support providers to be ready to tender for future contracts
6.4	We will continue Inverclyde Cares to develop the four key focus areas of addressing stigma; supporting bereavement and loss; implementing the Kindness Award; and delivering the COVID-19 memorial project
6.5	We will take forward locality planning through the establishment of locality planning groups for the HSCP, linking with key partners and our community
6.6	We will develop our HSCP workforce plan with a key focus on supporting the health and wellbeing of our staff and our commissioned partners' staff
6.7	We will continue to develop initiatives and campaigns to support our communities through COVID-19 recovery
6.8	We will continue to develop Capital investments to support sustained delivery and improvement of services
6.9	We will review and deliver the HSCP Digital strategy which encompasses all aspects of staff, service and user delivery
6.10	We will deliver the replacement recording system to support health and social care delivery

## Overview of how our big actions meet the national outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

Outcome	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X		X	X	
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.				X	X	X
People who use health and social care services have positive experiences of those services, and have their dignity respected.	X		X			
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.				X	X	
Health and social care services contribute to reducing health inequalities.	X			X		
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 well-being.	X			X		X
People using health and social care services are safe from harm.	X	X	X	X	X	X
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.	X			X		X
Resources are used effectively and efficiently in the provision of health and social care services.	X		X			X

Children and Criminal Justice Outcomes						
Our children have the best start in life and are ready to succeed.		X				X
Our young people are successful learners, confident individuals, effective contributors and responsible citizens.		X				X
We have improved the life chances for children, young people and families at risk.		X				X
Community safety and public protection.	X		X			
The reduction of re-offending.	X				X	
Social inclusion to support desistance from offending.	X			X	X	

## Overview of how our big actions meet Scotland’s Public Health Priorities

Public Health Priority	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
A Scotland where we live in vibrant, healthy and safe places and communities.			X			
A Scotland where we flourish in our early years.		X				
A Scotland where we have good mental wellbeing.	X					
A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.					X	
A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	X			X		
A Scotland where we eat well, have a healthy weight and are physically active.						X

### Housing Contribution Statement

The Housing Contribution Statement is a statutory requirement, set out in the Statutory Guidance and Advice note to support the Public Bodies (Joint Working) (Scotland) Act 2014. The guidance advises Integration Authorities, Health Boards and Local Authorities on their responsibility to involve Housing Providers to achieve outcomes for Health and Social Care. The Inverclyde Housing Contribution Statement (HCS) has been developed in partnership with Housing and Health and Social Care strategic planners and operational practitioners. The statement acknowledges people’s right to live at home or within a homely setting; that suitable, quality housing contributes to reducing health inequalities; and recognises Housing’s role as the ‘stabilising third leg of health and social care integration

Inverclyde has successfully established a multi-agency Housing Partnership Group (HPG) which has responsibility for delivering on the actions contained within the HCS.

The currently HCS is underpinned by three outcomes which the HPG will aim to realise:

**Outcome 1** - Increase the provision of quality, affordable homes across all tenures which meet the needs of the people of Inverclyde

**Outcome 2** - Provide suitable provision of housing adaptations and housing related support to ensure that our people live in homes which meet their physical and wellbeing needs

**Outcome 3** - Ensure easy access to relevant information and advice on housing and support services to improve housing outcomes for all Inverclyde residents

The HPG has determined that the following actions will help deliver on its outcomes, help meet the vision of the Strategic Plan, and safeguard Housing’s role as the stabilising third leg of Health and Social Care integration:

1. Use evidence based need and demand to identify specialist provision housing requirement early in the planning of the Affordable Housing Supply Programme.
2. Review how information about partners' services, products and customers is shared and who they share it with.
3. Continue the joint review of Inverclyde's Adaptation Services
4. Continue to improve housing outcomes across a range of measures for young people, including care leavers.
5. Ensure smooth transition to a Rapid Rehousing approach by 2024, utilising Housing First where necessary.
6. Assess whether a buyback programme assisted by the Affordable Housing Supply Programme might better address health inequalities and build stronger communities.
7. Review and address fuel poverty in light of the Scottish Government's target to reduce the number of households in fuel poverty to 5% by 2040.
8. Review how to address poor stock condition in the private rented and owner occupied sectors

The HPG will continue to address and deliver on ongoing actions from the actions in the HCS 2019-2024 however the Statement 2019-2024 is currently being refreshed to reflect the Inverclyde Health and Social Care Partnership Strategic Plan 2019-2024 refresh. The progress made will be reviewed, any gaps identified and an updated action plan to reflect priorities for the remaining period. The refreshed Housing Contribution Statement will be available here once completed. [Housing Contribution Statement](#)

# Inverclyde HSCP Outcomes Framework

March 2023

The HSCP is required to monitor progress in line with both national and local outcomes, specifically the nine national outcomes and the six local big actions.

The performance measures set out against each of our six Big Actions/outcomes, along with the National Integration Indicators; the Ministerial Strategic Group (MSG) Indicators, and the Local Government Benchmarking Framework indicators (LGBF), together, provide our Outcome Framework.

Appendix 3

## Big Action 1

BIG ACTION / OUTCOME 1 - REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Mental health and wellbeing is enhanced through a partnership approach</p> <p>2) Health inequalities will be reduced by working with partners and communities</p> <p>3) Access to prevention and early prevention is available</p>	<p>National Health and Wellbeing Outcomes 1 &amp; 5</p>	<p><b>Indicator 1:</b> Number of referrals to Primary Care Community Link Workers.</p> <p><b>Indicator 2:</b> Psychological Therapies: - Waiting for Treatment from Referral (18 week target).</p> <p><b>Indicator 3:</b> Number of referrals to PDS (Post Diagnosis Support Dementia).</p> <p><b>Indicator 4:</b> Number of referrals to Distress Brief Interventions (DBI) programme.</p> <p><b>Indicator 5:</b> Number of new and returning service users to Advice Services.</p> <p><b>Indicator 6:</b> Number of cost of living support payments made (broken down by SIMD area).</p>
KEY DELIVERABLES / ACTIVITIES		
<p><b>1.1</b> We will continue to respond to the proactive and reactive needs of the COVID-19 Pandemic as per Scottish Government guidelines.</p> <p><b>1.2</b> We will deliver the HSCP projects funded through the Council/HSCP Anti-poverty/Cost of Living Support fund which aims to support the most vulnerable in our communities.</p> <p><b>1.3</b> We will develop mental health inpatient and community advanced clinical practice roles to sustain and improve service delivery.</p> <p><b>1.4</b> We will deliver the new Inverclyde Financial Inclusion Partnership Strategy and outcomes.</p> <p><b>1.5</b> We will contribute to the delivery of the NHSGGC mental health strategy and deliver on specific areas for Inverclyde.</p> <p><b>1.6</b> We will deliver the health improvement plan which is focussed on delivering the national and NHSGGC public health priorities.</p>		

## Big Action 2

BIG ACTION / OUTCOME 2 - A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Deliver on our corporate parenting responsibilities to our Children and Young People ensuring a seamless transition from birth to adulthood</p> <p>2) Respond to the physical, mental and emotional health and wellbeing of our children and young people</p> <p>3) Deliver on our corporate parenting responsibilities to our accommodated and care experienced young people have safe, secure, stable and nurturing homes</p>	<p>National Health and Wellbeing Outcomes 1 &amp; 7 / Children and Criminal Justice Outcomes 1, 2 &amp; 3</p>	<p><b>Indicator 1:</b> Number of LAC Medicals carried (access of 6 weeks referral to treatment).</p> <p><b>Indicator 2:</b> Number of young people in receipt of continuing care.</p> <p><b>Indicator 3:</b> Percentage of referral to treatment time target met for Children &amp; Young People in Inverclyde, Children and Adolescent Mental Health services (CAMHS).</p> <p><b>Indicator 4:</b> Percentage of looked after children and young people who require to be cared away from home, who continue to reside in Inverclyde.</p> <p><b>Indicator 5:</b> Percentage of children vaccinated for MMR.</p> <p><b>Indicator 6:</b> Percentage of women breastfeeding in Inverclyde.</p>
KEY DELIVERABLES / ACTIVITIES		
<p><b>2.1</b> We will set up a Promise Board to audit our commitments to #The Promise Partnership within Inverclyde.</p> <p><b>2.2</b> We will review the support to families for young carers and children with Additional Support Needs (ASN).</p> <p><b>2.3</b> We will continue to support children and young people's health, mental health and wellbeing through the delivery of the Children's Wellbeing Service.</p> <p><b>2.4</b> We will support our looked after children to remain in Inverclyde.</p> <p><b>2.5</b> We will continue to deliver a whole system early intervention approach to our young people who are in conflict with the law.</p>		



## Big Action 3

BIG ACTION / OUTCOME 3 - TOGETHER WE WILL PROTECT OUR POPULATION		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Protect our most vulnerable adults, children and families</p> <p>2) Trauma informed practice embedded across services</p>	<p>National Health and Wellbeing Outcomes 3 &amp; 7 / Children and Criminal Justice Outcomes 4 &amp; 6</p>	<p><b>Indicator 1:</b> Number of referrals received by Children's Social Work that progress to a child protection investigation.</p> <p><b>Indicator 2:</b> Percentage of initial Child Protection Case Conferences held within 21 days from notification of concern.</p> <p><b>Indicator 3:</b> Number of Adult Protection Case Conferences that convert to an Adult Protection Plan.</p> <p><b>Indicator 4:</b> Number of Adult Protection Investigations completed within 10 days of referral.</p> <p><b>Indicator 5:</b> Number of staff and partner organisations trained in trauma informed practice.</p> <p><b>Indicator 6:</b> Number of unpaid work hours completed.</p> <p><b>Indicator 7:</b> Percentage of Community Payback Orders (CPOs) successfully completed.</p> <p><b>Indicator 8:</b> Percentage of Integrated case management (ICM) Case Conferences attended by community justice social workers for offenders in SPS custody.</p> <p><b>Indicator 9:</b> Percentage of MAPPA level 2 and 3 meetings convened within timescales (as specified in national guidance).</p>
KEY DELIVERABLES / ACTIVITIES		
<p><b>3.1</b> We will implement the learning and recommendations from the 2021 Adult Protection Inspection and any Significant Adverse Incidents (SAI's) / Significant Critical Incidents (SCI's).</p> <p><b>3.2</b> We will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and IJB.</p> <p><b>3.3</b> We will fully implement the national Child Protection Guidance with a strengthened focus on children's rights, engagement with families and more holistic approaches to reduce stressors on families and communities.</p> <p><b>3.4</b> We will continue to support the national Child Abuse Enquiry as required and implement learning and recommendations once available.</p> <p><b>3.5</b> We will roll out trauma informed approaches across all HSCP staff and commissioned services to ensure delivery of trauma informed services.</p> <p><b>3.6</b> We will continue to progress the Woman in Criminal Justice System Project.</p>		

## Big Action 4

BIG ACTION / OUTCOME 4 - WE WILL SUPPORT MORE PEOPLE TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Support more people to live independently</p> <p>2) Early intervention and prevention of admission and improve discharge</p> <p>3) Improved primary/secondary interface to managed care</p> <p>4) Carers can access accurate information to develop their own support plan</p>	<p>National Health and Wellbeing Outcomes 1, 2, 4, 6 &amp; 7 / Children and Criminal Justice Outcome 4</p>	<p><b>Indicator 1:</b> Number of referrals for Early Intervention Support (Access 1st).</p> <p><b>Indicator 2:</b> Number of community alarm activations.</p> <p><b>Indicator 3:</b> Number of people self-directing their care through receiving direct payments and other forms of SDS.</p> <p><b>Indicator 4:</b> Percentage people of adults with intensive care needs receiving care at home.</p> <p><b>Indicator 5:</b> Number of completed specialist housing reports.</p> <p><b>Indicator 6:</b> Number of new adult carer support plan completed.</p> <p><b>Indicator 7:</b> Number of delayed discharge bed days 18+</p> <p><b>Indicator 8:</b> Number of Anticipatory Care Plans (ACPs) completed.</p> <p><b>Indicator 9:</b> Number of advice enquiries that support and maintain tenancy sustainability.</p> <p><b>Indicator 10:</b> Number of housing 1st tenancies supported.</p> <p><b>Indicator 11:</b> Percentage reduction in external placement for adults with learning disabilities.</p>
KEY DELIVERABLES / ACTIVITIES		
<p><b>4.1</b> We will undertake and complete the Review of our internal and external Care at Home Services.</p> <p><b>4.2</b> We will continue to deliver the range of work related to Unscheduled Care with a focus on prevention of admission and improving discharges.</p> <p><b>4.3</b> We will continue to support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.</p> <p><b>4.4</b> We will deliver the new Community Learning Disability Model to provide transformational support for our learning disabled clients.</p> <p><b>4.5</b> We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community.</p> <p><b>4.6</b> We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan (PCIP).</p> <p><b>4.7</b> We will continue to support and ensure carer engagement to help develop and shape services.</p> <p><b>4.8</b> We will continue to work towards a strategic approach to end of life care in Inverclyde.</p> <p><b>4.9</b> We will implement a new model for homeless services within Inverclyde to support people where possible in their own tenancies.</p> <p><b>4.10</b> We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan.</p>		

## Big Action 5

BIG ACTION / OUTCOME 5 - TOGETHER WE WILL REDUCE THE USE OF, AND HARM FROM ALCOHOL, TOBACCO AND DRUGS		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) People have access to a range of supports on their recovery from drug and alcohol related harms</p> <p>2) Support access to prevention and early intervention of smoking cessation</p>	National Health and Wellbeing Outcomes 1, 2, 4 & 7	<p><b>Indicator 1:</b> Percentage increase of people beginning alcohol and drug recovery treatment within 3 weeks of referral.</p> <p><b>Indicator 2:</b> Number of people who started on MAT treatment within the reporting period.</p> <p><b>Indicator 3:</b> Current MAT Caseload, as at reporting date (Total number of people currently receiving MAT treatment)</p> <p><b>Indicator 4:</b> Total number of people identified as being at high risk of drug-related harm who are assessed within reporting period.</p> <p><b>Indicator 5:</b> Number of people funded for residential rehabilitation.</p> <p><b>Indicator 6:</b> Number of smokers supported to successfully stop smoking in most deprived SIMD data zones.</p>
KEY DELIVERABLES / ACTIVITIES		
<p><b>5.1</b> We will continue to commission and expand recovery and support communities for those affected by drugs and alcohol.</p> <p><b>5.2</b> We will deliver on the Medication Assisted Treatment (MAT) standards across all services within the Alcohol and Drug Partnership.</p> <p><b>5.3</b> We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services.</p> <p><b>5.4</b> We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde.</p>		

## Big Action 6

BIG ACTION / OUTCOME 6 - WE WILL BUILD ON THE STRENGTHS OF OUR PEOPLE AND OUR COMMUNITY		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Staff have access to information and resources, which sustains and improves their wellbeing</p> <p>2) Staff maintain a sense of connectedness to their team, line manager and organisation</p> <p>3) Third and independent sector are key partners in delivery of services</p> <p>4) Opportunities are promoted in our community to be active in health &amp; wellbeing</p>	<p>National Health and Wellbeing Outcomes 3, 4, 8 &amp; 9/ Children and Criminal Justice Outcomes 1, 2 &amp; 3</p>	<p><b>Indicator 1:</b> Number of Wellbeing Activities promoted to staff.</p> <p><b>Indicator 2:</b> Number of registered feedback reports on Care Opinion.</p> <p><b>Indicator 3:</b> Number of staff completing iMatter feedback,</p> <p><b>Indicator 4:</b> Percentage of HSCP complaints received and responded to within timescale.</p> <p><b>Indicator 5:</b> Number of new 3rd Sector commissioned contracts.</p> <p><b>Indicator 6:</b> Percentage of adults able to look after their health very well or quite well.</p>
KEY DELIVERABLES / ACTIVITIES		
<p><b>6.1</b> We will implement Care Opinion to ensure a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result.</p> <p><b>6.2</b> We will use our complaints process to ensure continuous learning and development of quality services.</p> <p><b>6.3</b> We will continue to deliver on the Market Facilitation and Commissioning Plan and support providers to be ready to tender for future contracts.</p> <p><b>6.4</b> We will continue Inverclyde Cares to develop the four key focus areas of addressing stigma; supporting bereavement and loss; implementing the Kindness Award; and delivering the COVID-19 memorial project.</p> <p><b>6.5</b> We will take forward locality planning through the establishment of locality planning groups for the HSCP, linking with key partners and our community.</p> <p><b>6.6</b> We will develop our HSCP workforce plan with a key focus on supporting the health and wellbeing of our staff and our commissioned partners' staff.</p> <p><b>6.7</b> We will continue to develop initiatives and campaigns to support our communities through COVID-19 recovery.</p> <p><b>6.8</b> We will continue to develop Capital investments to support sustained delivery and improvement of services.</p> <p><b>6.9</b> We will review and deliver the HSCP Digital strategy which encompasses all aspects of staff, service and user delivery.</p> <p><b>6.10</b> We will deliver the replacement recording system to support health and social care delivery.</p>		

## National Integration Indicators

1	Percentage of adults able to look after their health very well or quite well
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
5	Total % of adults receiving any care or support who rated it as excellent or good
6	Percentage of people with positive experience of the care provided by their GP practice
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
8	Total combined percentage of carers who feel supported to continue in their caring role
9	Percentage of adults supported at home who agreed they felt safe
11	Premature mortality rate per 100,000 persons
12	Emergency admission rate (per 100,000 population)
13	Emergency bed day rate (per 100,000 population)
14	Readmission to hospital within 28 days (per 1,000 population)

National Integration Indicator	
15	Proportion of last 6 months of life spent at home or in a community setting
16	Falls rate per 1,000 population aged 65+
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
18	Percentage of adults with intensive care needs receiving care at home
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

PHS are still developing 4 of the 23 National Integration Indicators, therefore No 10. 21. 22 and 23 are not included in this report.

## MSG Indicators

1	Emergency admissions (age 18+)
2a	Unplanned bed days – Acute (all ages)
2b	Unplanned bed days – Geriatric Long Stay (all ages)
2c	Unplanned bed days – Mental Health (all ages)
3a	Accident and Emergency Attendance (All ages)
3b	Accident and Emergency - % seen within 4 hours*
4	Delayed discharge bed days (Age18+)
5	% of Last Six Months of Life by Setting (all ages)
6	Balance of Care: Percentage of population in community or institutional settings (age 65+)

## Local Government Benchmarking Framework Indicators (LGBF)

CHN8a	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week
CHN8b	The gross cost of "children looked after" in a community setting per child per week
CHN9	% of children being looked after in the community
CHN17	Percentage of children meeting developmental milestones
CHN22	Percentage of child protection re-registrations within 18 months
CHN23	Percentage LAC with more than 1 placement in the last year (Aug-July)
CHN24	% of children living in poverty (after housing costs)
SW1	Home care costs per hour for people aged 65 or over
SW2	Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+
SW3a	Percentage of people aged 65 or over with long-term care needs receiving personal care at home
SW4b	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
SW4c	Percentage of adults supported at home who agree that they are supported to live as independently as possible
SW4d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



SW4e	Percentage of carers who feel supported to continue in their caring role
SW5	Residential costs per week per resident for people aged 65 or over
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer; Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/14/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given; Head of Finance, Planning and Resources Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>Public Sector Equalities Duty and Compliance</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 Inverclyde Integration Joint Board on its compliance with the Public Sector Equality Duty. The report also includes a proposed improvement plan to improve future practice and performance and the quality of compliance with the Public Sector Equality Duty.
- 1.3 The Equalities and Human Rights Commission (EHRC) has advised Inverclyde IJB that it considers it to have failed to comply with its Public Sector Equality Duties under the Equality Act 2010 and associated Regulations.
- 1.4 In particular the EHRC is of the view that the IJB has failed to:
1. Produce and publish an equalities mainstreaming report every two years;
  2. Develop and publish Equality Outcomes every four years;
  3. Produce and report on these Equality Outcomes every two years;
  4. Undertake and publish Equality Impact Assessments of all policies and practices, including one for the Strategic Plan; and
  5. Develop and implement a functioning Equality Impact Assessment (EIA) system which includes a quality assurance process
- 1.5 The HSCP understands the seriousness the failures highlighted by the EHRC and have investigated their causes. A number of actions, including an Improvement Plan, are now being progressed by officers.
- 1.6 A meeting has been arranged with the EHRC and they will be advised of, and regularly updated on, the Improvement Plan and the focus now being given to this area of work. A report will be

submitted to the IJB in September 2023 with an update on progress towards improving the IJB's practice in relation to equality.

## **2.0 RECOMENDATIONS**

2.1 It is recommended that the Inverclyde Integration Joint Board:

1. Notes the content of this report and the comments received from the Equality and Human Rights Commission;
2. Approves the Improvement Plan set out at Appendix 1 of this report; and
3. Notes that a further report will be presented to the September 2023 meeting of the Integration Joint Board with an update on progress in implementing the Improvement Plan.

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

### **3.0 LEGISLATION**

3.1 The Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. Integration Joint Boards, the local governing bodies that have devolved responsibility for the planning and monitoring of community health and social care services in their area of Scotland, were added to the public bodies listed in the Equality Act (general and specific duties) in June 2015.

3.2 There are 9 protected characteristics which makes it against the law to discriminate against someone because of; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The Fairer Scotland Duty requires Integration Joint Boards to actively consider (pay due regard) how they can reduce inequalities of outcome caused by socio-economic disadvantage.

### **3.3 General Equality Duty**

Section 149 of the Equality Act 2010 sets out the requirements of the public sector equality duty (general duty).

It requires public authorities, in the exercise of their functions, to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act,
- b) advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and
- c) foster good relations between people who share a relevant protected characteristic and those who do not.

### **3.4 Specific Equality Duties**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place duties (specific duties) on listed public authorities. An Integration Joint Board is a listed public authority in terms of those regulations.

Regulation 3 – the duty to report progress on mainstreaming the equality duty – requires listed authorities to publish a report on the progress it has made to make the equality duty integral to the exercise of its functions. Such reports must be published at intervals of not more than 2 years.

Regulation 4 – the duty to publish equality outcomes and report progress – requires listed authorities to publish a set of equality outcomes which it considers will enable it to better perform the equality duty. Such sets must be published at intervals of not more than 4 years and a report must be published on the progress made at intervals of not more than 2 years.

Regulation 5 – the duty to assess and review policies and practices - requires listed authorities, where and to the extent necessary to fulfil the equality duty, to:

1. assess the impact of applying a proposed new or revised policy or practice against the needs mentioned in the general duty,
2. consider relevant evidence relating to people who share a protected characteristic
3. take into account the results of their assessment in developing the policy or practice
4. publish within a reasonable period the results of any assessment, and
5. review, and where necessary, revise any policy or practice that it applies in the exercise of its functions to ensure that in exercising those functions it complies with the equality duty.

3.5 Some aspects of the equality duties continue to be reported through the two employing organisations that make up Inverclyde HSCP. The information on employee diversity information, equal pay statements and equality outcomes can be found on the Inverclyde Council and NHS Greater Glasgow and Clyde websites

3.6 The Equality and Human Rights Commission (EHRC) is the regulator for the Public Sector Equality Duty.

#### **4.0 CURRENT POSITION**

4.1 The EHRC undertook a review of all Scottish IJBs' compliance with their equality duties in 2022. They have advised that they currently consider Inverclyde IJB to be non-compliant with its duties under the Equality Act 2010 and associated Regulations due to its failure to:

1. Produce and publish an equalities mainstreaming report every two years;
2. Develop and publish Equality Outcomes every four years;
3. Produce and report on these Equality Outcomes every two years;
4. Undertake and publish Equality Impact Assessments of all policies and practices, including one for the Strategic Plan; and
5. Develop and implement a functioning Equality Impact Assessment (EIA) system which includes a quality assurance process

4.2 It should be noted that a number of other IJBs across Scotland have also been assessed as being non-compliant.

4.3 The EHRC have requested that the IJB:

1. Publish a mainstreaming report, set of equalities outcomes and equality outcomes progress report in a manner accessible to the public; and
2. Review its policies and practices in relation to EIAs, and develop and agree a functioning EIA system. This should include how the IJB will meet the specific duty to EIA proposed new or revised policies and practices and keep them under review.

4.4 The EHRC have advised that, rather than consider enforcement action at this stage, they will work with the IJB to support it to improve practice and performance in relation to equality.

4.5 The HSCP Senior Management Team have reviewed the correspondence received from the EHRC from June 2022 and in December 2023 and have investigated the issues raised by the EHRC. The Chief Officer and Heads of Service are in agreement that a number of factors including, a lack of internal resource; inability to recruit suitable equality officers; and the ongoing impact of the Covid-19 pandemic, have resulted in this area of work not being progressed and subsequent failures highlighted by the EHRC.

## 5.0 REMEDIAL ACTION

- 5.1 The HSCP understands and appreciates the seriousness of this issue and have taken a number of immediate actions to remedy the points raised by the EHRC. The remit and accountability for all equalities work has now been transferred to the Head of Finance, Planning and Resources and a Planning Officer (Equalities) is currently in recruitment to ensure a clear focus going forward. An Improvement Plan has been developed with clear timescales and responsibilities. (Appendix 1).
- 5.2 Following approval of the Improvement Plan by the IJB, the plan will be shared with the EHRC, and regular updates will be provided to both the IJB and EHRC on progress towards improving the quality of the IJB's performance with the Public Sector Equality Duty.

## 6.0 IMPLICATIONS

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

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

## 6.2 Finance

There are no financial implications arising from this report.

### One off Costs

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

### Annually Recurring Costs/ (Savings)

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

## 6.3 Legal/Risk

The EHRC has various enforcement powers available to it in terms of the Equality Act 2010. This includes the power to issue a formal compliance notice under Section 32 of the Equality Act 2010

should the Council fail to take the necessary steps towards compliance as requested in their correspondence.

**6.4 Human Resources**

A NHS Band 7 (temporary post) is currently in recruitment.

**6.5 Strategic Plan Priorities**

This report will help to deliver all six Big Actions set out in the Strategic Plan.

**6.6 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. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here
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?  
Our Strategic Plan sets out how the HSCP will support our community.

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	New equalities outcomes will be developed in line with the legislation
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	New equalities outcomes will be developed in line with the legislation
People with protected characteristics feel safe within their communities.	New equalities outcomes will be developed in line with the legislation
People with protected characteristics feel included in the planning and developing of services.	New equalities outcomes will be developed in line with the legislation
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	New equalities outcomes will be developed in line with the legislation

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	New equalities outcomes will be developed in line with the legislation
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	New equalities outcomes will be developed in line with the legislation

## 6.7 Clinical or Care Governance

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

## 6.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Disability is covered under the protected characteristics
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.	Socioeconomic status is covered under Fairer Scotland Duty
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 6.9 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.



## 6.10 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.

## 6.11 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.

## 7.0 DIRECTIONS

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

## 8.0 CONSULTATION

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

## 9.0 BACKGROUND PAPERS

9.1 None.

## Inverclyde Health & Social Care Partnership Improvement Plan – Equalities (2023)

The public sector equality duty is referred to as the 'general equality duty' which is part of the Equality Act (2010). The general equality duty applies to Inverclyde Integration Joint Board (IJB), which has a legal obligation to pay due regard to meet the need to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The HSCP also has the responsibility to produce an Equality and Diversity Mainstreaming report every **two years** and an Equality and Diversity Mainstream Report and Outcomes every **four years**.

### Specific equality duties:

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place duties (specific duties) on listed public authorities. An Integration Joint Board is a listed public authority in terms of those regulations.

- Regulation 3 – the duty to report progress on mainstreaming the equality duty – requires listed authorities to publish a report on the progress it has made to make the equality duty integral to the exercise of its functions. Such reports must be published at intervals of not more than 2 years.
- Regulation 4 – the duty to publish equality outcomes and report progress – requires listed authorities to publish a set of equality outcomes which it considers will enable it to better perform the equality duty. Such sets must be published at intervals of not more than 4 years and a report must be published on the progress made at intervals of not more than 2 years.
- Regulation 5 – the duty to assess and review policies and practices - requires listed authorities, where and to the extent necessary to fulfil the equality duty, to:
  - (1) Assess the impact of applying a proposed new or revised policy or practice against the needs mentioned in the general duty,
  - (2) Consider relevant evidence relating to people who share a protected characteristic
  - (3) Take into account the results of their assessment in developing the policy or practice
  - (4) Publish within a reasonable period the results of any assessment, and
  - (5) Review, and where necessary, revise any policy or practice that it applies in the exercise of its functions to ensure that in exercising those functions it complies with the equality duty

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 lists specific duties which apply to Inverclyde Integration Joint Board.

1. Produce and publish an equalities mainstreaming report every two years
2. Develop and publish Equality Outcomes every four years
3. Produce and report on these Equality Outcomes every two years
4. Undertake and publish Equality Impact Assessments of all policies and practices, including one for the Strategic Plan
5. Develop and implement a functioning Equality Impact Assessment (EIA) system which includes a quality assurance process.

**Improvement Action 1 – Ensure Leadership and organisational commitment to Equalities, Diversity and Inclusion**

Local Action(s)	How will we know/Measure?	Responsible Officer /	Target Date	Progress Commentary and RAG Status
Establish an Equalities Group at Service Manager level chaired by a Head of Service to oversee all Equalities work.	<ul style="list-style-type: none"> <li>Group established and meets quarterly</li> <li>Agenda developed</li> </ul>	Chief Officer/Heads of Service	April 2023	
Identify resources and recruit to a Planning Officer with responsibility for embedding equalities across the HSCP.	<ul style="list-style-type: none"> <li>Planning Officer in post and delivering to work plan</li> </ul>	Head of Finance, Planning and Resources/Service Manager Planning and Performance	May 2023	
Develop a meaningful equality training programme for IJB Board members to ensure awareness and understanding of their role in equality duties.	<ul style="list-style-type: none"> <li>Training programme developed and delivered</li> <li>No. of attendees.</li> <li>Pre and post training awareness levels</li> </ul>	Chief Officer	September 2023	
Establish a peer Equalities network (Champions) from across all HSCP service areas (team leader level) and support with appropriate training and development to carry out their role within services.	<ul style="list-style-type: none"> <li>Training programme developed and delivered</li> <li>Improved awareness / knowledge and communications across the HSCP</li> </ul>	Heads of Services/ Service Manager Planning and Performance	June 2023	
Review HSCP website and ensure all equalities information is accessible.	<ul style="list-style-type: none"> <li>Audit of Information on HSCP website is available and easy to access</li> </ul>	Service Manager Planning and Performance/Service Manager Business Support and Advice Services	July 2023	

Ensure as part of induction all staff undertake the E learning module on equalities on commencing employment.	<ul style="list-style-type: none"> <li>No. of staff completed the module</li> </ul>	Heads of Service	May 2023	
Work with HSCP champions and services to identify all good practice in relation to mainstreaming equalities.	<ul style="list-style-type: none"> <li>Examples of good practice</li> </ul>	Service Manager Planning and Performance	Ongoing/March 2024	
Report to IJB two yearly on all Equalities work (Mainstreaming Report).	<ul style="list-style-type: none"> <li>Mainstreaming Report to IJB and published on website</li> </ul>	Chief Officer	March 2024 Then March 2026	

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**Improvement Action 2 - Develop and publish Equality Outcomes every four years**

Local Action(s)	How will we know/Measure?	Responsible Officer	Target Date	Progress Commentary and RAG Status
Develop evidence base for Inverclyde HSCPs Equality Outcomes	<ul style="list-style-type: none"> <li>Evidence of Review previous Equality Outcomes/NHS GGC and Inverclyde Council Outcomes/</li> <li>Review Strategic Needs Assessment</li> </ul>	Service Manager Planning and Performance	June 2023	
Creation of and distribute Equalities questionnaire for staff across Inverclyde HSCP to help inform the Equality Outcomes.	<ul style="list-style-type: none"> <li>Questionnaire develop and return rate</li> </ul>	Service Manager Planning and Performance	May 2023	
Undertake wider community consultation (Involve people with protected characteristics) and engagement to identify key areas for inclusion in Equality Outcomes.	<ul style="list-style-type: none"> <li>No. of community consultations</li> <li>Feedback from engagement</li> </ul>	Service Manager Planning and Performance	September 2023	
Develop a set of Equalities Outcomes based on evidence of need that have clear specific measurable Equality Outcomes.	<ul style="list-style-type: none"> <li>Equality Outcomes developed</li> </ul>	Chief Officer/Service Manager Planning and Performance	November 2023	
Consult on Inverclyde HSCPs Equalities Outcomes. Adhere to the national standards of community engagement and engagement process.	<ul style="list-style-type: none"> <li>Consultation undertaken with IJB and wider community</li> </ul>	Service Manager Planning and Performance	December 2023 IJB approval March 2024)	

Report to IJB on two yearly on progress of Equalities Outcomes	<ul style="list-style-type: none"> <li>• Equalities Outcomes developed and Progress Report to IJB and published on website</li> </ul>	Chief Officer	March 2026	
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**Improvement Action 3 - Develop and implement a functioning Equality Impact Assessment (EIA) system which includes a quality assurance process and ensure Equality Impact Assessments of all policies and practices are published**

Local Action(s)	How will we know/Measure?	Responsible Officer	Target Date	Progress Commentary and RAG Status
Audit EQIA compliance across HSCP since April 2021.	<ul style="list-style-type: none"> <li>No. of EQIAs completed</li> <li>No. of IJB papers identified where EQIA should have been undertaken</li> <li>Agreement at Equality Group of these should be undertaken retrospectively</li> </ul>	Heads of Service/Service Manager Planning and Performance	June 2023	
Develop a new EQIA process and guidance notes for Inverclyde HSCP including new EQIA form.	<ul style="list-style-type: none"> <li>New HSCP form and guidance produced</li> </ul>	Service Manager Planning and Performance	August 2023	
Deliver training across HSCP services for all staff undertaking EQIAs.	<ul style="list-style-type: none"> <li>No. of training sessions delivered</li> <li>No. of appropriate staff attending</li> </ul>	Service Manager Planning and Performance	Commence Sept 2023/ongoing	
Develop quality assurance process to ensure Head of Service sign off.	<ul style="list-style-type: none"> <li>No of EQIAs submitted</li> </ul>	Chief Officer	September 2023	
Publish all EQIAs on HSCP website.	<ul style="list-style-type: none"> <li>No of EQIAs published on yearly basis</li> </ul>	Service Manager Planning and Performance	With immediate effect	



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/16/2023/JH</b>
<b>Contact Officer:</b>	<b>Jonathan Hinds Head of Children's Services Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715282</b>
<b>Subject:</b>	<b>Specialist Children's Services Single Service Alignment</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 information to the Integration Joint Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS) which will be hosted separately within East Dunbartonshire Health and Social Care Partnership, on behalf of NHS Greater Glasgow and Clyde Health Board. SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Integration Joint Board:

- Notes the content of this report; and
- Notes that the details of the financial and resources transfers related to the implementation of a single Specialist Children's Service alignment are contained within the budget setting report for consideration.

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

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 The Chief Officer's report to the meeting of the IJB on 23 January 2023 advised that, within Greater Glasgow & Clyde (GGC) Health Board, as a management decision, it had 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 Tier 4 services.
- 3.2 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, will 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.
- 3.3 A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.
- 3.4 The main principles that will guide the transition are 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.

### **4.0 PROPOSALS**

- 4.1 Change will be guided by a project plan which will be developed and includes a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group has been put in place to support the work, with representation from all HSCPs within the GGC area.
- 4.2 Further and fuller details are available in Appendix 1 - SCS Realignment Briefing- which sets out the background, current structures, proposed process for implementation, current financial framework and associated staffing compliment, current management arrangements and clinical, care governance and performance arrangements.
- 4.3 The total budget and resource transferring as part of this realignment are subject to a due diligence exercise and this is reflected within the Board's budget setting paper as part of this agenda. This is for approval in relation to those services that fall within the scheme of delegation for the Board.

## 5.0 IMPLICATIONS

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

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

## 5.2 Finance

There are financial implications in the movement of relevant budgets which are set out in detail in the report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## 5.3 Legal/Risk

There are no legal implications within this report.

The Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

## 5.4 Human Resources

Realignment of line management for a small number of existing SCS Service Managers.

## 5.5 Strategic Plan Priorities

Big Action 2: A nurturing Inverclyde will give our children and young people the best start in life.

## 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. NHS Greater Glasgow and Clyde NHS Board have carried out an EqIA which is attached at Appendix 2.
	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?

National Wellbeing Outcome	Implications
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.

## Appendix 1 - Specialist Children Services Alignment Briefing.

### Briefing setting out the pre-established rationale for realignment of Specialist Children's Services

#### 1. Situation

Planning and engagement to align Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics into a single management and financial structure is underway. This will see the currently complex and scattered arrangement of delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services managed in a single arrangement.

#### 2. Background

##### 2.1 Structure

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services including in-patient services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire and West Dunbartonshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the **Tier 3** Specialist Children's Service to be aligned, which includes CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, are provided by Glasgow HSCP.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

##### 2.2 Budget and Workforce

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further anticipated 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The six service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services. These six service managers are the only staff whose direct line management will be affected by the change.

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for Specialist Children's Services as a whole alongside the Clinical Directors.

### **3. The case for alignment**

Specialist Children's Services is a specialist relatively small and susceptible service. It is often at risk of sustainability issues in relation to the specialist workforce. It is currently organised in a complex manner which can create operational challenges both in terms of management of complexities that span Tier 3 and 4 services and the ability to be flexible and resilient with finite resources in the face of growing demand. A single management and financial arrangement would support flexibility of workforce recruitment to support equality of access. The fragmentation of management arrangements, through 6 HSCP's for Tier 3 services, and through the Health Board and 1 HSCP for Tier 4 services, has created complexity. The Tier 3 teams rely on the Board wide Tier 4 services, and Regional services to support complex cases and on the single system arrangement for Medical staff and Psychotherapy staff. Additionally a close working relationship is required with Adult Mental Health Services and with the Women and Children's Directorate.

The aim of the realignment is to create a management structure that ensures robust clinical standards, governance and performance, which is linked across, and in to, Women and Children's, Acute Adult, and Adult Mental Health Services in GGC. That works in partnership with other Health Boards and HSCPs and is accountable to NSS for the delivery of identified services. A management structure that ensures whole system responsibility to adapt and change to ensure sufficient resource is available to safely manage demand.

The single system management arrangement aims to offer the following advantages:

- Adaptability cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Planning and performance:- a single management arrangement would strengthen the effectiveness of strategic planning and specifically the implementation of improvements



plans. The complexity of management arrangements has led to a mixed prioritisation across the 6 HSCP's

- Better ability to meet increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements, as well as ability to single system planning to meet unforeseen peaks of demand in specific localities
- Improved cohesion between Tier 3 and Tier 4 services which include the national and regional in-patient units
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A more cohesive structure to take forward the development of new regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.
- More streamlined accounting for performance:- A single chief officer and associated management team will ensure a more streamlined and effective accounting for the service performance both to the Health Board, Scottish Government and HSCP's
- Better ability to standardise service model and offer:- It is essential that the specialist nature of CAMHS and SCPT is strengthened through adherence to service specifications and evidenced based practise and that regardless as to where a child and family access the service they are assured of access to the same high standards of care and MDT. A single management arrangement will ensure the workforce plans mirror across all teams and the care pathways governed to maintain standards of care and the development of new pathways.

#### **4. Clinical perspective**

Clinical directors have been consulted on the change proposal and acknowledge that Specialist Children's Services currently has a complex structure of community services with Board-wide, hosted teams and locality-based teams, that work together to provide care for children, young people and families who need it across NHS GGC, alongside regional and national inpatient services.

Generally clinical staff welcome a re-alignment of management structures as a means by which training initiatives, workforce planning and clinical governance can be managed in a more integrated way across the Health Board area, taking account of local need alongside service delivery priorities for these small, specialist services. Staff have fed back the value that they place on working alongside HSCP and local education colleagues to look after children and young people, and do not want to lose opportunities to continue to develop children's services that work alongside each other in each local area.

Medical staff are already managed centrally by the Clinical Directors for CAMHS and SCPT so there will be no change for them, but medical staff are supportive of the re-alignment of all staff groups to help support alignment of approaches to service governance and service improvement in consultation with colleagues in HSCPs.

Considering the data within the service on numbers of referrals indicates a sustained high level of demand for the services and scrutiny of referrals shows increasing levels of complexity, risk and need. The ongoing increase in number and complexity of referrals to CAMHS certainly involves very strong partnership working with HSCPs and partner agencies and the relationships with local systems and staff are valued and important to deliver the best care to the families we look after together. However, it is felt that managing workforce and skills-based pressures on teams is complex currently in terms of flex of resource when this is required to meet clinical need in the best way. Medical staff in Specialist Children's Services are already managed centrally across GGC and so any need to respond to gaps in provision can be met, but this is not true for other clinical staff such as nurses and psychologists who are managed through complex and distributed structures across

HSCPS. A single structure would promote more ability to adapt and flex based on a single financial framework.

Quality assurance systems are in place across GGC SCS already, but effective and efficient workforce planning can be complex given the need to interface with systems in each HSCP around agreement to posts and in particular, the hosting of senior clinical posts who must provide supervision and support to staff across community services. There are many staff coming in, through the additional Mental Health Recovery and Renewal Funding, who are new to CAMHS, and whole system planning is required for upskilling and support for these staff, and existing staff, to meet the increasing severity and complexity of need in the children and young people we look after.

## **5. Impact on children and young people who use the services, and their families, carers and guardians**

Specialist Children's Services has been working to improve how it obtains feedback for Children young people and their families. The experience of service questionnaire has been digitised and service users encouraged to use the QR codes to provide feedback with each team receiving bespoke reports.

Engagement has also been undertaken in partnership with SAMH in relation to what young people would like to see available on line in relation to our services and on how we can develop these. Similarly in partnership with Glasgow university young people have been consulted on factors which impact on their engagement with the clinical team.

While the proposed alignment will not affect the services that are delivered to children and young people feedback will continue to be sought. The principles of the service alignment, outlined at section 7 below, emphasise the commitment to services being delivered by the same staff as they currently are, from the same settings. As such an impact is not expected for the majority of staff or service users.

Advice has been sought from the Planning & Development Manager for the Equality and Human Rights Team on whether the realignment would require and EQIA

The service is already committed to the following for people who use it, and this will be sustained. Children, young people and families can expect:

- Equality of access based on risk and urgency
- A standardised service, governed robustly to ensure standards of care
- Service delivered in the local area
- Services that are well integrated with Education, Primary Care and the third sector
- The ability to provide feedback and be consulted on service developments
- Confidence that should they need access to Board wide and hospital based services they will get these seamlessly
- Assurance that through a network of professional leads and Clinical Directors they will receive high quality and assured care

## **6. Implementation of the Alignment**

The alignment of the services will be guided by a project plan which will be developed and will include a communication and engagement plan.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC wide focus to strategic planning.

The roadmap will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

#### Principles

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

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group supported by staff side has been established to oversee the development and implementation of the single service model. Sub groups relating to the component parts of the change will include convened. A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

### **6.1 Clinical Governance**

The current clinical governance arrangements are complex. With Tier 3 services reporting through six individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

A sub group of the oversight group will focus specifically on refreshing and streamlining the governance reporting to ensure sight in all areas where it is required but a more streamlined approach, aligned to the new single structure.

### **6.2 Performance**

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.

A sub group of the oversight group will focus specifically on refreshing the performance reporting.

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Specialist Children's Services Single Service Alignment

Is this a:  Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

***What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.***

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.

A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the coordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.

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.

***Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.***

This EQIA has been undertaken to demonstrate transparency of process and evidence that due regard has been shown in meeting the 3 parts of the Public Sector Equality Duty in any decisions proposed. The 3 parts are:

- Eliminate Discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between people who share a protected characteristic and those who do not

As this change of service relates exclusively to a change of management arrangements with no anticipated impact on patient experience of service design or delivery, we do not anticipate risk of legislative breach.

**Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

<b>Name:</b> Karen Lamb, Supported by Lesley Boyd	<b>Date of Lead Reviewer Training:</b> 2019
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**Please list the staff involved in carrying out this EQIA**

**(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

Karen Lamb, Lesley Boyd, Alastair Low

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>As this service change does not impact on direct service experience for our patients and poses no additional requirements of staff (either physically moving, travelling or changing job role) there is no requirement to assess risk against disaggregated data by protected characteristic of either employee or patient groups.</p>	
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing</i></p>	<p>Service Evidence Provided  As per above, though specialist child and adolescent mental health services have access to desegregated patient and employee data by some protected characteristics, the nature of the service change is limited and does not impact directly or indirectly on protected characteristic groups.</p>	Possible negative impact and Additional Mitigating Action Required

	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
	<p><b>Service Evidence Provided</b></p>	<p><b>Example</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>3.</p> <p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>A single system management approach has been supported by the Scottish Government as the most effective way to operationally and strategically meet the demands of complex specialist children's services. This model is currently in operation in all other Health Board areas within Scotland.</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>		

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>As this decision does not impact on direct service experience for our patients there is no tangible change in service to engage with our patient group on. This decision relates solely to the management of services and proposed changes to currently devolved arrangements, in line with this, recognised processes have been followed to engage with staff-side representation.</p>	



			Possible negative impact and Additional Mitigating Action Required
<p>4) Not applicable <input checked="" type="checkbox"/></p>			
	<p><b>Example</b></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	
<p>5.</p> <p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><b>Service Evidence Provided</b></p>	<p>The scope of the decision being made does not cover any changes to physical access to existing services but limits itself to management arrangements of services.</p>	

6.	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Changes to current management arrangements will be discussed in partnership through staff-side representation and direct engagement with staff currently employed within service. As previously stated, there is no anticipated change to roles and responsibilities or the physical location of staff that poses a risk if breaching our responsibilities as outlined in the Public Sector Equality Duty.</p>	

	paid in your evidence to show how the service review or policy has taken note of this.			
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

(b)	<p><b>Disability</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
(c)	<p><b>Gender Reassignment</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(d)</p>	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>While there is no anticipated impact on patients or staff, any planned changes to management structure will be communicated to staff absent from the workplace due to pregnancy, maternity or paternity leave in line with protections afforded under the Equality Act (2010).</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
(f)	<p><b>Race</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(g)	<p><b>Religion and Belief</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
(h)	<p><b>Sex</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(i)	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	



	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socioeconomic disadvantage)?</li> <li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socioeconomic disadvantage?</li> <li>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</li> </ol>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to people through further reducing inequality of outcome caused by socio-economic disadvantage.</p>	

	<p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
<b>(k)</b>	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to marginalised groups currently accessing services.</p>	
<b>8.</b>	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and</b></p>	<p>There is no anticipated cost saving from the proposed realigned management arrangements. A single management structure is expected to bring a more effective co-ordination of service provision which may lead to greater efficiencies within services.</p>	

	<p>victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All staff groups will continue to receive role specific training required to undertake respective roles in specialist children's mental health services. This will include completion of the Statutory and Mandatory Equality and Human Rights e-learning module.</p>	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

**Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.**

This decision will not impact on the human rights afforded to either patients or staff.

**Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .**

This decision will not impact on the human rights afforded to either patients or staff. However, staff within the service will be fully engaged with all developments of the decision making process.

\*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

N/A
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Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
N/A	

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

6 month review post alignment to check that there hasn't been an impact
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Lead Reviewer:  
EQIA Sign Off:

Name                      Karen Lamb/Lesley Boyd  
Job Title                 Head of Specialist Children's Services  
Signature  
Date                         15-02-2023

Quality Assurance Sign Off:

Name  
Job Title  
Signature  
Date

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

--

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

	Completed	
	Date	Initials
Action:		
Status:		
Action:		
Status:		
Action:		
Status:		
Action:		
Status:		

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

	To be Completed by	
	Date	Initials
Action:		
Reason:		
Action:		
Reason:		

Please detail any new actions required since completing the original EQIA and reasons:

	To be completed by	
	Date	Initials
Action:		
Reason:		
Action:		
Reason:		

Please detail any discontinued actions that were originally planned and reasons:

Action:
Reason:
Action:
Reason:

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@gggc.scot.nhs.uk](mailto:alastair.low@gggc.scot.nhs.uk)



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**Report To:** Inverclyde Integration Joint Board      **Date:** 20 March 2023

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/17/2023/CG

Craig Given  
Head of Finance, Planning & Resources  
Inverclyde Health & Social Care Partnership

**Contact Officer:** Marie Keirs  
Senior Finance Manager      **Contact No:** 01475 715365

**Subject:** Cost Of Living Support

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision       For Information/Noting

1.2 This purpose of this report is to update the Integration Joint Board on the progress in relation to the range of measures agreed by the IJB at its meeting of 28 November 2022 to provide cost of living support for citizens of Inverclyde up to the value of £430,000 as follows:-

- Increase access to Health staff to cash assistance under Section 12 of the Social Work (Scotland) Act 1968 and Section 22 of the Children (Scotland) Act 1995 to reduce the impact of harm through the cost of living crisis and promote welfare principles as per the legislation.
- Ensure that the increased cash distribution meets the principals of Early Help by Health Staff having direct access to resource without referral to Social Work.
- Increase the provision of warm boxes to Care at Home service users and commissioned providers.
- Create small grants to Third Sector providers for hardship payments for affected individuals within the community.

1.3 Officers have developed standard operating procedures in relation to the extension of Section 12 and Section 22 support, which has been rolled out to staff during January and February. A cash first approach has been adopted with supermarket vouchers also available as an alternative option as appropriate. An electronic payment method has been sourced and is expected to be implemented in 2-3 weeks' time, which it is anticipated will be the preferred method once it is in place.

- 1.4 Third sector partners have begun an application process for constituted community organisations who will be able to apply for grants of up to £5,000 to enable them to issue cash assistance to those in need who they come into contact with on a day to day basis.
- 1.5 An initial 500 warm boxes have now been issued to service users receiving a Care at Home package from the HSCP identified as having a need in this area.
- 1.6 £50,000 from the overall amount approved has been allocated for the continuation of the existing Warm Hand of Friendship programme administered within the Council, which is in line with the cost of living support principles.
- 1.7 More detailed updates are provided in section 4 – Progress to Date – of this report.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Integration Joint Board:

1. Notes the progress in relation to the extension of support under Section 12 of the Social Work (Scotland) Act 1968 and Section 22 of the Children (Scotland) Act 1995 to additional HSCP staff;
2. Notes that a Standard Operating Procedure has been developed which ensures delivery of support within a governance framework;
3. Notes the distribution of an initial 500 warm boxes to service users receiving a Care at Home package from HSCP and commissioned providers via colleagues in Education Services at an estimated cost of £30,000 funded from the 2022/23 underspend;
4. Notes the work with the Third Sector to implement a new funding distribution scheme to assist individuals in the community and promote social welfare under Section 10 of the Social Work (Scotland) Act 1968 up to the value of £100,000 funded from the 2022/23 underspend;
5. Notes the progress to date detailed in Section 4 of this report.

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

### **3.0 BACKGROUND AND CONTEXT**

3.1 At its meeting of 28 November 2022, the IJB approved the use of £0.430m from the projected underspend for 2022/23 to introduce a package of measures to mitigate the cost of living crisis implications for the residents of Inverclyde. This was agreed to be implemented via the following methods:-

- Increase access to Health staff to cash assistance under Section 12 of the Social Work (Scotland) Act 1968 and Section 22 of the Children (Scotland) Act 1995 in order to meet the immediate financial needs of individuals who staff come into contact with;
- Issue of warm boxes to service users receiving a Care at Home package with a need as identified by social care staff; and
- Third sector funding initiatives via grant payments to community organisations

### **4.0 PROGRESS TO DATE**

#### **4.1 Section 12 and 22 payments**

Since the IJB gave its approval on 28 November 2022, officers have developed a standard operating procedure, and have updated and simplified forms for the Section 12 and Section 22 cost of living support which have been distributed to HSCP staff. A number of drop in sessions have taken place to allow staff who are unfamiliar with the legislation the opportunity to ask questions, and to empower them to issue funds as they carry out their duties. These have been well attended with 70 staff from a range of services including homelessness, school nursing, occupational therapy, welfare rights and business support coming along to drop in sessions so far with further sessions to be arranged if required.

4.2 The funds will be disbursed on a cash first approach, but a supply of supermarket vouchers have also been purchased to make available as an alternative option, should this be more appropriate. An electronic solution, which would allow cash, heating vouchers and shopping vouchers to be issued via mobile phones or email addresses, has been identified and will be made available as soon as it is ready, but is expected to go live in the next 3-4 weeks.

4.3 Expenditure will be monitored centrally by the Finance team, who will analyse the use of funds on an ongoing basis over the coming weeks to ensure sufficient funds and vouchers are available when and where they are required. The management team and staff will be kept up to date on the level of funds and be informed in advance when the funds are coming to an end to allow control of expenditure.

4.4 An amount of £50,000 from the agreed £430,000 has been allocated to the team within the Council responsible for the Warm Hand of Friendship programme, for continuation of their current project, which is in line with the cost of living support principles.

#### **4.5 Warm boxes**

4.6 500 warm boxes have been prepared and issued to residents of Inverclyde since the IJB gave their agreement to the expenditure in November 2022.

#### **4.7 Third Sector funding initiative**

4.8 Officers are working with third sector partners, CVS to facilitate the allocation of £100,000 to constituted community organisations via an application process, which was launched on 22<sup>nd</sup> February 2023 via the CVS e-bulletin and via their social media. Applications are able to be submitted on a rolling basis with no deadline at present to allow continuous allocation of funds

until the maximum allocation is reached. A Service Level Agreement has been set up to ensure that funds are allocated to all areas within the Inverclyde region, and that they are issued in a secure and equitable manner. Monitoring data will be received from CVS on a two weekly basis to provide us with information on the geographical areas and amounts being issued.

Officers are also in discussion with Barnardos, who will facilitate the issue of funds to families in need who they identify as they go about their day to day business.

#### 4.9 Data

Data will be held on the number and amount of payments issued, whether they have been issued to individuals or families, geographical areas of beneficiaries and also the SIMD (Scottish Index of Multiple Deprivation) level for each area to allow us to analyse the level of need addressed and any trends emerging for future consideration. As at 3 March 2023, 96 individuals/families have been assisted through the Section 12 and 22 cost of living support process and 500 warm boxes have been delivered. A verbal update on the latest number of residents assisted, including individuals and organisations assisted via third sector funding, will be provided to IJB at the 20 March meeting.

#### 4.10 Finance

Spend is being recorded and monitored by Finance, and regular updates will be provided to the Senior Management Team. Staff will be notified prior to and also when the funds are coming to an end. Updates on spend will be provided to both Scrutiny Panel and IJB via the budget monitoring reporting process. Should an under spend remain against any of the allocated funds at the end of the financial year, this will be earmarked for continuation of support in 2023/24.

Expenditure recorded and committed, and remaining funds to date is as follows:-

<b>Funding available</b>	<b>£430,000</b>
<b>Category</b>	<b>£</b>
Section 12 and 22	18,060
Warm boxes	30,000
Warm Hand of Friendship	50,000
Third sector grants via CVS	100,000
Grant to Barnardo's for payments to families	25,000
<b>Total committed spend to date</b>	<b>223,060</b>
<b>Remaining funds to be committed</b>	<b>£206,940</b>

#### 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
03156	various	2022/23	Already agreed 28/11/22 - £0.430m	From underspend	One –off funding – any underspend to be earmarked at year end

### 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

Section 22 of the Children (Scotland) Act 1995 states that Local Authorities can support the welfare of children in need by “giving assistance in kind, or in exceptional circumstances, cash”.

The Social Work (Scotland) Act 1968 makes it a duty for Local Authorities to promote welfare in their area. This duty includes providing, in terms of Section 12, helps to “a person in need requiring assistance in kind, or in exceptional circumstances, cash”.

Section 10 of the Social Work (Scotland) Act 1968 allows the Local Authority to make contributions by way of grants or loans to any voluntary organisation whose sole purpose is the promotion of social welfare.

## 5.4 Human Resources

As detailed in the report, an operating procedure has been developed and staff drop in sessions organised to address any issues.

## 5.5 Strategic Plan Priorities

The proposals in this report will contribute to the targets and priorities set out in the Strategic Plan.

## 5.6 Equalities

- (a) **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 available at <a href="https://www.inverclyde.gov.uk/health-and-social-care/equalities">https://www.inverclyde.gov.uk/health-and-social-care/equalities</a>
	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.	Positive impact on people with disabilities who may be disproportionately affected by the cost of living crisis
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.	Additional staff able to meet the immediate financial needs for people with disabilities who may be disproportionately affected by cost of living crisis
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## 5.7 Clinical or Care Governance

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

## 5.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	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.	This policy helps to maintain service users ability to live independently and maintain their quality of life through financial support during this cost of living crisis
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.	Allows additional staff access to financial support as part of package of measures supporting our residents
Resources are used effectively in the provision of health and social care services.	Positive use of resources to assist residents/service users in financial need

**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.

**Environmental/Sustainability**

**5.10 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.

### 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

<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

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.