



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 5 May 2023

A meeting of the Inverclyde Integration Joint Board will be held on Monday 15 May 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, Digital & Customer Services**

**** to follow**

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<p>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</p>		
<p>ROUTINE DECISIONS AND ITEMS FOR NOTING:</p>		
10.	<p>Reporting by Exception – Governance of HSCP Commissioned External Organisations Para 6 & 9 Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.</p>	p
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The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

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

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

<p>Enquiries to – Diane Sweeney - Tel 01475 712147</p>

INVERCLYDE INTEGRATION JOINT BOARD – 20 MARCH 2023

Inverclyde Integration Joint Board
Monday 20 March 2023 at 2pm

PRESENT:**Voting Members:**

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

Non-Voting Stakeholder Representative Members:

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

Also present:

Vicky Pollock	Legal Services Manager, Inverclyde Council
Jonathan Hinds	Head of Children & Families and Criminal Justice Services, Inverclyde Health & Social Care Partnership
Gail Kilbane	Alcohol & Drug and Homelessness Service Manager, Inverclyde Health & Social Care Partnership
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Andrina Hunter	Service Manager, Corporate Policy, Planning and Performance, Inverclyde Council
Marie Keirs	Senior Finance Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
Peter MacDonald	Solicitor, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice, Inverclyde Community Care Forum (public business only)
Caroline Sinclair	Chief Officer, East Dunbartonshire Health & Social Care Partnership
Karen Lamb	Head of Specialist Children's Services, East Dunbartonshire Health & Social Care Partnership
Julie Metcalf	Clinical Director Children and Adolescent Mental Health Service (CAMHS), NHS GG&C

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Chair: Alan Cowan presided.

The meeting took place via video-conference.

Prior to the commencement of business, the Chair welcomed Ms Sinclair, Ms Lamb and Ms Metcalf to the meeting and advised that agenda item 8 (Specialist Children's Services Single Service Alignment) would be considered after agenda item 3 (Non-Voting Membership of the Integration Joint Board – Service User Representative).

15 **Apologies, Substitutions and Declarations of Interest** 15

Apologies for absence were intimated on behalf of:

Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, NHS GG&C
Gemma Eardley	Staff Representative, Inverclyde Health & Social Care Partnership
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

No declarations of interest were intimated, but certain connections were intimated for the purposes of transparency as follows:

Agenda item 12 (Reporting by Exception – Governance of HSCP Commissioned External Organisations) - Councillor McCluskey and Ms Boyd

16 **Minute of Meeting of Inverclyde Integration Joint Board of 23 January 2023** 16

There was submitted the Minute of the Inverclyde Integration Joint Board of 23 January 2023.

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

Decided: that the Minute be agreed.

17 **Non-Voting Membership of the Integration Joint Board – Service User Representative** 17

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board (1) of a change in its non-voting membership, and (2) seeking agreement to appoint Ms Margaret Tait as the Service User Representative member following the resignation of Mr Hamish MacLeod. The report was presented by Ms Pollock and further advised that a proxy for Ms Tait would be appointed in due course.

The Chair welcomed Ms Tait to the meeting and expressed his thanks and appreciation for Mr MacLeod's contributions to the IJJB.

Decided:

(1) that the resignation of Mr Hamish MacLeod as Service User Representative non-voting member of the IJJB be noted; and

(2) that the appointment of Ms Margaret Tait as Service User Representative non-voting member of the IJJB be agreed.

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18 Specialist Children’s Services Single Service Alignment

18

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board of progress towards planning for the 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. The report was introduced by Mr Hinds and presented by Ms Sinclair.

Referring to staffing, the Board asked if the Inverclyde Children & Adolescent Mental Health Service (CAMHS) team would be requested to provide cover in other localities and if staff and Trade Unions had been consulted on the proposed changes. Ms Sinclair advised that the Inverclyde CAMHS team would remain based in Inverclyde and that there had been engagement with affected staff and their representatives from all the HSCPs involved, which had been positive, and that staff had been invited to Development Sessions. The Board sought reassurance that any staff movement within the new structure would be voluntary, and Ms Sinclair assured that it would be. Ms Rocks acknowledge that some concerns had been raised by the Inverclyde team which had been addressed and that she welcomed the report and integrated services approach.

The Board asked what difference the proposed changes would make to the experience of a young person accessing the service, and Ms Sinclair advised that there would be no difference.

The Board asked if there had been any noticeable difference in the number of young people accessing the CAMHS service recently, and Ms Sinclair advised that CAMHS referrals were at their highest level, and that although school counselling was a great investment and was well used it was filling a previously unmet gap in provision.

The Board discussed how performance would be measured and information relayed to non-host HSCPs. Ms Sinclair and Ms Lamb provided an overview of how this would be achieved, including engaging with service users and the Scottish Association for Mental Health, and the provision of a comprehensive suite of reports which would include waiting times and activity. It was noted that feedback would be sought on what to include in the reports.

The Board asked why East Dunbartonshire had been selected as host, and Ms Sinclair advised that it had been a Board decision based upon the Chief Officer having responsibility for Tier 4 Specialist Children’s Service.

The Board asked when the resource transfer would take place and Ms Sinclair advised that it would be at the start of the financial year with small adjustments as the year goes on.

The Chair thanked Ms Sinclair, Ms Lamb and Ms Metcalf for their participation in the meeting.

Decided:

- (1) that the contents of the report be noted; and
- (2) that it be noted that the details of the financial and resources transfers relating to the implementation of a single Specialist Children’s Service alignment are contained within the budget setting report considered later in the agenda.

19 Financial Monitoring Report 2022/23 – Period to 31 December 2022, Period 9

19

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the Revenue and Capital Budget projected financial outturn for the year as at 31 December 2022, and providing an update on the current projected use of earmarked reserves and projected financial costs of the continued response to the Covid-19 pandemic.

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The report was presented by Mr Given, and noted that as at 31 December 2022 it was projected that the IJJB revenue budget will have an overall underspend of £1.307million, broken down as Social Care Services projected to be underspent by £1.326million and Health Services projected to be overspent by £0.019million.

The Board again expressed their disappointment that the surplus Covid funding would be returned, thanked the Chair for his robust letters on this matter and enquired if a response had been received from GG&C Health Board. The Chair advised that he had raised the matter verbally with the Chair of the Health Board, had written to the Chair of the IJB Group and would follow this up and update the Board accordingly.

Referring to Mental Health In-Patient services and referencing the Rolling Action List at agenda item 5, the Board requested that the anticipated report on the Langhill Unit, due in June 2023, be brought to an earlier meeting, and after discussion it was agreed that officers would present a report at the May 2023 meeting.

The Board asked if there would be additional funding for Long Covid, and Mr Given and Ms Keirs advised that there would be some additional funding and they would confirm the details with members after the meeting. The Board also commented that the Health Board was setting up a Long Covid team which would take GP referrals.

Referring to appendix 2, the Board asked why there was a 79% variance on Criminal Justice and Mr Given explained that this was due to the accounting process and timescales.

Referring to the Transformation Fund, the Board commented on the various vacancies listed at appendix 6 and the length of time it was taking to fill them. Ms Rocks provided an overview of the recruitment process and assured the Board that progress was being made in appointing to the positions noted.

Decided:

- (1) that (a) the current Period 9 forecast position for 2022/23, as detailed in the report and at appendices 1-3, be noted, and (b) the position with Covid spend and return of unused earmarked reserve be noted;
- (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 Transformation Fund bid, as detailed at paragraph 10.2 of the report, be approved;
- (5) that the current position of the Transformation Fund, as detailed at appendix 6 of the report, be noted
- (6) that the current capital position, as detailed at appendix 7 of the report, be noted;
- (7) that the current Earmarked Reserves position, as detailed at appendix 8 of the report, be noted;
- (8) that the key assumptions within the forecast, as detailed at section 12 of the report, be noted; and
- (9) that it be remitted to officers to submit the anticipated report on the Langhill Unit to the May 2023 meeting of the Board and not the June 2023 meeting.

20 Rolling Action List

20

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

Decided: that the Rolling Action List be noted.

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21 Inverclyde HSCP Strategic Plan

21

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting a progress update on the final Transition Plan and seeking approval for the refreshed Strategic Plan and associated Outcomes Framework for 2023-24.

The report was presented by Ms Hunter and appended the (1) Transition Strategic Plan – Key Priorities Implementation Monitoring Report April 2022 to March 2023, (2) Inverclyde Health & Social Care Strategic Plan 2019-2024 Refresh (2023-2024), and (3) Inverclyde HSCP Outcomes framework – March 2023.

Referring to the RISE project, detailed at section 1.4 of the Transition Strategic Plan – Key Priorities document, the Board asked why only young men were referenced, and Ms Hunter explained that this particular project was aimed at them. Ms Rocks acknowledged that the concept of the project had to apply to all, and that going forward officers would look at the best way to achieve this, including possibly working with the Criminal Justice System to target women.

The Board discussed what they wanted future Strategic Plans to consider, including (1) the necessity to report results and not just referrals, (2) focus on the 6 Big Actions, (3) the possibility of more frequent reporting, (4) the need for benchmarking, (5) the layout of the reports and (6) key priorities. Officers noted the comments and agreed to consider them going forward.

Decided:

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

22 Public Sector Equalities Duty and Compliance

22

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing the Board with an update on its compliance with the Public Sector Equality Duty, and (2) appending a proposed Improvement Plan for approval.

The report was presented by Ms Rocks and Mr Given and advised the Board of the findings of the Equalities and Human Rights Commission (EHRC) relevant to the IJB following a review of all Scottish IJBs. The EHRC found that the Board was not in compliance with the provisions of the Equality Act and action was required.

The Board sought clarity on the dates of letters referenced to at paragraph 4.5 of the report and which had been issued as supporting papers. Officers confirmed that the letters were dated June 2020 and December 2022, and that paragraph 4.5 of the report should reflect this.

The Board asked if staff would now receive training on equalities, and officers advised that all staff had access to training through e-learning modules on both NHS and Council websites, and there was an acknowledgment that staff needed more robust training.

Ms Elliot offered assistance to officers on behalf of the Third Sector and CVS Inverclyde should there be a need in the future to obtain public opinion on service provision.

The Chair requested that further reports on this matter, including any external reporting obligations, be placed on the Rolling Action List.

Decided:

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- (1) that the contents of the report and comments received from the Equality and Human Rights Commission be noted;
 - (2) that the Improvement Plan, which forms appendix 1 to the report, be approved;
 - (3) that it be noted that a further report detailing the progress in implementing the Improvement Plan would be submitted to the September 2023 meeting of the IJJB; and
 - (4) that it be remitted to officers to add all future reporting on Public Sector Equalities Duty and Compliance to the Rolling Action List.

23 Inverclyde IJB Budget 2023/24

23

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking agreement for the budget for the IJJB for 2023/24 in line with the Strategic Plan.

The report was presented by Mr Given and advised that Inverclyde Council set their budget on 2 March 2023 and confirmed funding for the IJJB for the year and that Greater Glasgow & Clyde Health Board are still to confirm their final allocation but had given an indicative allocation on 9 March 2023. It was further noted that the budget does not contain any Covid related costs as the Scottish Government had stated there would be no further funding in this area for 2023/24. Mr Given thanked Ms Keirs, his wider team and the Senior Management Team for their work in the face of significant challenges.

Referencing recommendation 2.1.4 of the report 'It is recommended that the Integration Joint Board: Authorise the Chief Officer delegated authority to accept the formal funding offers from the Council and Health Board', the Board sought clarification on whether the IJJB could challenge the funding offers it had received. The Chair referred to paragraph 8.8 of the Integration Scheme Between Inverclyde Council and Greater Glasgow and Clyde Health Board which states 'The Integration Joint Board will direct the resources it receives from the Parties in line with the Strategic Plan...', and advised that the IJJB can only direct the resources it receives. After discussion it was agreed that recommendation 2.1.4 was to be removed from the recommendations.

The Board acknowledged the difficulties of long-term planning and that the IJJB, Inverclyde Council, HSCP and the Health Board would have to work closely together to meet the challenges ahead given the budget shortfall.

The Board asked in what way demographic changes would be reflected in future service planning, and Mr Given provided an overview as to how this would be achieved.

The Board asked what inflationary rate Mr Given applied when calculating the Budget, and Mr Given explained that various rates were applied to different functions.

The Chair thanked officers for their financial stewardship and work on the Budget.

Decided:

- (1) that the contents of the report be noted;
- (2) that the anticipated funding of £68.156million from Inverclyde Council be noted;
- (3) that the anticipated funding of £132.579million, which includes £35.398million for Set Aside, from Greater Glasgow & Clyde Health Board be noted;
- (4) that (a) the indicative net revenue budgets of £87.131million to Inverclyde Council and £113.604million, including the 'Set Aside' budget, to NHS Greater Glasgow and Clyde be agreed, (b) it be directed that this funding is spent in line with the Strategic Plan, and (c) it be noted that these figures reflect the £18.957million of Resource Transfer from Health within Social Care;
- (5) that the savings adjustments, as detailed at paragraph 4.6 of the report, be approved;
- (6) that the transfer of £1.24million of Core Pay Budget to East Dunbartonshire HSCP as part of the Specialist Children's Hosted Service, as detailed at agenda report item 8 (Specialist Children's Services Single Service Alignment) and paragraph 5.7 of the report, be approved;
- (7) that the Reserve proposals, as detailed at paragraph 6.2 of the report, be

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approved;

(8) that officers be authorised to issue related Directions to the Health Board and Inverclyde Council; and

(9) that the updated financial plan contained within the proposed 5 year plan, as detailed at appendix 6 of the report, be approved.

24 Cost of Living Support 24

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the progress of a range of measures agreed by the IJJB at its meeting on 28 November 2022 to provide cost of living support to the citizens of Inverclyde.

The report was presented by Mr Given and provided an update on (1) Section 12 and 22 payments, (2) Warm Boxes, and (3) the Third Sector funding initiative. Mr Given thanked Ms Keirs and his team for their work on this project.

The Board expressed their support for the projects and enquired if funding for the Warm Hand of Friendship project would continue. Mr Given agreed to investigate this and update the Board accordingly.

Decided:

(1) that 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 be noted;

(2) that it be noted a Standard Operating Procedure has been developed which ensures delivery of support within a governance framework;

(3) that it be noted that an initial 500 Warm Boxes have been distributed via colleagues in Inverclyde Council's Education Services to service users receiving a Care at Home package from HSCP and commissioned providers, at an estimated cost of £30,000 funded from the 2022/23 underspend;

(4) that 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 be noted; and

(5) that the progress to date, as detailed at section 4 of the report, be noted.

25 Chief Officer's Report 25

It was noted that this item had been withdrawn from the agenda.

Ms Elliot left the meeting at this juncture.

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

Item

Paragraphs

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

**Appendix to Minute of Meeting of Inverclyde Integration
Joint Board of 23 January 2023** **6 & 9**

INVERCLYDE INTEGRATION JOINT BOARD – 20 MARCH 2023

26 Reporting by Exception – Governance of HSCP Commissioned External Organisations 26

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 19 November 2022 to 20 January 2023.

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 connection in this item as a Director of Inverclyde Carer's Centre and Councillor McCluskey declared a connection as a close family member was a resident in a Care Home mentioned in the report. Both members formed the view that the nature of their interest and of the item of business did not preclude their continued presence at the meeting or their participation in the decision making process and were declaring for transparency.

Decided:

(1) that the Governance report for the period 19 November 2022 to 20 January 2023 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.

27 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 23 January 2023 27

There was submitted an Appendix to the Inverclyde Integration Joint Board minute of 23 January 2023.

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

Decided: that the Appendix be agreed.

Report To:	Inverclyde Integration Joint Board	Date:	15 May 2023
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	VP/LS/043/23
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Non-Voting Membership of the Integration Joint Board – Chief Social Work Officer		

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 Since its last meeting, there has been a change to the non-voting professional advisory membership of the IJB.

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 notes the appointment by Inverclyde Council of Jonathan Hinds as the Chief Social Work Officer 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. As a minimum this must comprise:

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

3.2 As from 2 May 2023, Jonathan Hinds, the HSCP’s Head of Children’s Services has taken over the role of Inverclyde Council’s Chief Social Work Officer, replacing Allen Stevenson.

3.3 In terms of Article 3(1)(c) of the Order, the IJB is required to appoint the Chief Social Work Officer of the local authority.

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?

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

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

5.7 Clinical or Care Governance

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

5.8 National Wellbeing Outcomes

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

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

6.0 DIRECTIONS

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

Inverclyde Integration Joint Board Membership as at 2 May 2023

SECTION A. VOTING MEMBERS		
		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	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Kate Rocks	
Chief Social Worker of Inverclyde Council	Jonathan Hinds	
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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Report To:	Inverclyde Integration Joint Board	Date:	15 May 2023
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/26/2023/CG
Contact Officer:	Craig Given Chief Financial Officer	Contact No:	
Subject:	Financial Monitoring Report 2022/23 – Period to 28 February 2023, Period 11		

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 28th February 2023. 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 2023. 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 £129.733m is now reported to reflect budget allocations from Health in relation to Multi-disciplinary teams (MDTs) and Band 2-4 funding. The set aside budget has been updated to £34.704m, being the most up to date indicative 2022/23 figure available for the consumption of large hospital services. Further information on the set aside budget is included at 5.7.
- 1.5 As at 28th February 2023, it is projected that the IJB revenue budget will have an overall underspend of £2.089m, assuming further earmarking of £2.422m set out at Section 7.2 is approved, broken down as follows:-
- Social care services are projected to be underspent by £2.012m.
 - Health Services are projected to be underspent by £0.077m.
- 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 £18.972m. This is a net decrease of £8.391m 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 £2.089m will be added to general reserves. Consideration will be given to allocation of the year end underspend during the annual accounts process, and reported to the IJB in due course.

- 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 £0.789m will arise by the year end. A full update is provided at Section 10.
- 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 10 of this report.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 11 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 5 and summarised at 7.2;
4. Notes the position on the Transformation Fund (Appendix 6);
5. Notes the current capital position (Appendix 7);
6. Notes the current Earmarked Reserves position (Appendix 8).
7. Notes the key assumptions within the forecasts detailed at section 11.

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 current total integrated budget is £196.554m, with a projected underspend of £2.089m. The table below summarises the agreed budget and funding from partners, together with the projected operating outturn for the year as at 28 February 2023:

	Revised Budget 2022/23 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services*	85,414	83,402	(2,012)
Health Services*	76,436	76,359	(77)
Set Aside	34,704	34,704	0
HSCP NET EXPENDITURE	196,554	194,465	(2,089)
FUNDED BY			
Transfer from / (to) Reserves	-	(2,089)	(2,089)
NHS Contribution to the IJB	129,733	129,733	
Council Contribution to the IJB	66,821	66,821	
HSCP FUNDING	196,554	194,465	(2,089)
Planned net Use of Reserves		10,813	
Specific earmarking requested		(2,422)	
Projected HSCP operating Surplus		(2,089)	
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)		6,302	

*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 £3.438m 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. An invoice has already been raised for the estimated return amount, which was paid in March. It is currently anticipated that £4.692m will be the final amount returned, following a year end reconciliation process to be carried out.

4.0 SOCIAL CARE

- 4.1 Appendix 2 shows the projected position as at Period 11 for Social Care services. It is currently anticipated that Social Care services will underspend by £2.012m in 2022/23.
- 4.2 The following sections will provide an overview of the main projected variances against Social Care delegated functions:-

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

- Within Children and Families, an anticipated overspend of £0.103m 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 £0.111m mainly related to additional spend on overtime and sessional within residential services.
- Also within Children and Families is a projected overspend of £0.171m for client commitments in place, as a result of additional residential placements during the year and placements continuing past previously anticipated end dates, being £0.114m, and a net overspend on fostering, adoption and kinship care payments of £0.057m.
- An overspend of £0.089m is anticipated within Learning Disability Services due to a shortfall in income for day services previously received in relation to out with authority placements, an improvement on the previous overspend reported of £0.127m. These placements have not resumed fully 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 £0.237m. This mainly relates to a budget saving in relation to sleepovers which will not be achieved in full this financial year, along with increased packages and respite provision. The sleepover efficiencies have been identified in full on a recurring basis from 2023/24.

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

- A budget of £0.423m is held within Children and Families in relation to Whole Family Wellbeing, and CMT have previously approved a two year initial programme with appropriate staffing to be put in place to meet the requirements of the funding stream. Recruitment is under way, but costs will not be incurred until the new financial year, it is therefore requested that the resulting underspend is earmarked for future use. Earmarking is assumed in the projected position reported.
- In the Older Person's service, a projected underspend of £0.607m within External Homecare. The movement since last reported relates to the previously agreed earmarking of £0.250m to fund temporary posts in 2023/24, which has now been reflected in the up to date projection.
- Also within Older Person's there is a projected underspend of £0.377m in relation to employee costs across homecare, community alarms, day services and respite. The underspends have arisen due to the level of vacancies arising throughout older persons services together with assumptions for overtime and sessional projected costs based on the most recent year to date figures.
- Other client commitments within Older Person's for SDS packages and respite are anticipated to underspend by £0.206m. The underspend arises due to a reduction in expected respite (movement of £0.085m since Period 9), and a few reduced care packages.
- Learning disabilities employee costs are currently projected to underspend by £0.276m due to level of vacancies within the service, a minimal change since last reported.
- An underspend of £0.071m is currently anticipated within Physical and Sensory Disability, mainly related to care packages for the year.

- Assessment and Care Management are expected to underspend by £0.066m, mainly in relation to Employee Costs. The underspend has reduced by £0.029m on previous projections.
- A budget is held within Assessment and Care Management in relation to Carers support which is expected to underspend by £0.284m at the year end. This additional expenditure is now expected to be incurred in 2023/24 and future years, therefore it is requested that this funding is earmarked specifically for the support of Carers within Inverclyde.
- Recurring budgets held within Assessment and Care Management for winter planning and delayed discharges are forecast to underspend by £0.331m overall in 2022/23 financial year. Earmarking is requested to fund potential pressures within client commitments in future years.
- Mental Health services are projecting an under spend of £0.275m. £0.256m 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 £0.124m for the year mainly in relation to client commitments. Within income, grant funding of £0.100m has been received from the Corra foundation in respect of Residential Rehab Pathways work in partnership with Turning Point. There has been a delay to the start of this project and it is requested that this income is earmarked for use next financial year when the project will now begin.
- Underspends of £0.044m and £0.100m are anticipated within Homelessness against payments to other bodies for the Rapid Rehousing Transition Plan (RRTP) and employee costs respectively. It is requested that the IJB approve earmarking of both of these balances to fund planned expenditure for RRTP and anticipated pressures within the homelessness service in 2023/24.
- Within Planning, Health Improvement and Commissioning, expenditure and income in relation to the New Scots Team and the resettlement of refugees is held. A net income position of £0.678m is currently expected at year end following the completion of appropriate grant applications to the UK government. This overall income is required to fund ongoing support for refugees in future years, including the costs of the New Scots support team, third sector partner work with refugees and the additional burden on both Health and Social Care services. The IJB is asked to approve that the year-end balance be earmarked for this purpose.
- Approval is also sought for a further small underspend of £0.027m arising within Planning, Health Improvement and Commissioning employee costs to be earmarked for continuation of temp posts within Inverclyde Centre for Independent Living carrying out duties in relation to child and adult disability administration.
- 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. Any underspend on the cost of living funds will require to be earmarked for continuation of support in 2023/24, and a request will be made as part of the annual accounts process once the final position is known.
- Business support shows a projected underspend of £0.704m, a small movement from the previously reported position, reflecting further slippage in filling vacancies offset by a provision of £0.100m for potential legal costs in relation to a guardianship dispute. Within payments to other bodies, permanent budget for additional social work capacity is showing

a projected underspend in 22/23 of £0.360m due to delayed recruitment. The IJB is requested to give their approval to add this balance to the pay contingency earmarked reserve, to assist with funding future years pay pressures.

5.0 HEALTH

5.1 Appendix 3 shows the projected position as at Period 11 for Health services. It is currently anticipated that Health services will underspend by £0.077m in 2022/23.

5.2 Mental Health In-Patient services, is currently forecast to overspend by £1.1m. 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.

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 £0.2m, Alcohol and Drug Recovery services £0.4m, Mental Health Communities £0.1m, Strategy and Support Services £0.2m and Financial Planning of £0.1m.

5.4 A projected underspend of £0.5m 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 and £0.2m within Financial Planning against budgets held for IJB joint directorate costs.

5.5 It is requested that £0.075m of the overall underspend is earmarked to fund a commitment in relation to training for Health Visiting staff in 2023/24.

5.6 Prescribing

Currently projecting a year end overspend of £1.1m, relating to inflationary increases, increased drug volumes and short supply issues. It is expected that this over spend can be accommodated within the overall IJB position. An earmarked reserve is held for prescribing which can be accessed at year end if required.

5.7 Set Aside

The initial Set Aside budget set for 2022/23 was £29.350m. The allocation method currently results in a projected indicative spend of £34.704m, and budgets and projected actuals have been updated accordingly. The Set aside arrangement 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

Appendix 1b shows current anticipated costs of £3.438m 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. As previously reported, an initial invoice for £4.924m has been raised to the Council accordingly to ensure the underspend is passed back to the NHS and payment has now been made. A reconciliation will be carried out at the year end in order to ensure that all final spend is funded and any remaining under or over spend is addressed via funding allocations.

7.0 EARMARKED RESERVES

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 projected year-end position on earmarked reserves is a carry forward of £18.972m to allow continuation of current projects and retaining smoothing reserves. This is a decrease in year due to a net anticipated spend of £8.391m against current reserves, being projected net spend of £10.813m and further earmarking requested at Period 11 of £2.422m. The position is summarised below, including an assumption at this stage that the earmarking at 7.2 is approved and that the current projected underspend would be added to general reserves. Consideration of treatment of any final underspend will be given when finalising the position for 2022/23:-

	Opening Balance	Earmarking requested P11	Total Funding	Projected Spend	Projected C/fwd
	£000s	£000s	£000s	£000s	£000s
Ear-Marked Reserves					
Scottish Government Funding - funding ringfenced for specific initiatives	13,354		13,354	9,989	3,365
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	6,266	2,422	8,688	(259)	8,946
Transformation Projects - non recurring money to deliver transformational change	3,651		3,651	682	2,969
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	400	3,692
TOTAL Ear-Marked Reserves	27,363	2,422	29,785	10,813	18,972
General Reserves	962		962		962
In Year Surplus/(Deficit) going to/(from) reserves				(2,089)	2,089
TOTAL Reserves	28,325	2,422	30,747	8,724	22,023

The position reported and the table above assumes earmarking of the following items, detailed in Section 4 and 5, which the IJB is requested to approve:-

Earmarking requested - Period 11	£000s
Carers funding	284
Client commitments pressures	331
Corra income - ADP	100
Rapid Rehousing Transition Plan	44
Homelessness Employee costs	100
Refugee funds	678
Extension of temp posts -child and adult disability admin	27
Pay Contingency	360
Whole Family Wellbeing	423
Health Visiting students	75
	2,422

8.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

8.1 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.

9.0 TRANSFORMATION FUND

9.1 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 £0.625m uncommitted. Transformation fund requests over £0.100m require to be approved by the IJB.

10.0 2022/23 CAPITAL POSITION

10.1 The Social Work capital budget is £12.092m over the life of the projects with £1.346m originally projected to be spent in 2022/23. Net slippage of £0.789m (58.62%) is currently being reported, linked to the current programme for the New Learning Disability Facility and delays in the implantation of the SWIFT replacement system. Expenditure on all capital projects to 28 February 2023 is £0.384m (28.53% of approved budget, 68.94% of the revised projection). Appendix 4 details capital budgets

10.2 New Learning Disability Facility

The project involves the development of a new Inverclyde Community Learning Disability Hub. The current progress is as outlined below:

- Current high level programme remains as reported to the February Panel which indicated targeting financial close in 3rd Quarter 2023 subject to completion of the remaining design stages (spatial design and detail design);
- Detailed planning application was submitted at the start of March;
- Hub Stage 1 report and approval is imminent;
- Officers engaged with Scottish Government on the external grant funding from the Low Carbon / Vacant and Derelict Land Investment Programme with the grant commitment maintained and payment received in the current financial year;
- As previously reported, the main risk to the project remains in connection with affordability in relation to the challenging economic and market conditions, including the extraordinary rise in the price of materials which are impacting the delivery of all capital programme projects. It should be noted that the inflation risk will remain a live risk through the remaining design development period up to the point of market testing and financial close and there will be further cost reviews at key stages within the high level programme;
- Engagement with the Client Service has continued in respect of space planning and refinement of the room layouts including co-ordination of loose and fitted furniture / equipment;

Consultation with service users, families, carers and all learning disability staff both NHS and Social Care continues. Up-dates on progress are included in the Learning Disability newsletters that are sent out to a wider group of service users, families, carers, staff and the wider community, published on social media platforms and council web pages.

10.3 Crosshill Children's Home:

The Board has previously been advised that the final account negotiations for the project were ongoing with the overall project cost reconciliation also subject to the engagement and resolution of the original contract and performance bond. Over expenditure of £57K is currently being reported which is being funded from the remaining Covid pressures allocation within the Environment & Regeneration capital programme. The Panel is requested to note the position, the proposed allocation of funding and that a report on the final outcome will be brought back to a future meeting of the Panel.

10.4 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 ongoing, with the first payment milestone of £0.100m due to be paid following this initial period. It is now anticipated that the discovery phase will be finalised early in 2023/24, along with the remaining milestone payments later in the financial year.

10.5 Health Capital

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

11.0 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.

12.0 IMPLICATIONS

12.1 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	

12.2 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					

12.3 Legal/Risk

A provision has been made within the financial assumptions in relation to the anticipated outcome of a guardianship legal case. This is an estimate only at this stage.

12.4 Human Resources

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

12.5 Strategic Plan Priorities

There are no specific implications arising from this report.

12.6 Equalities

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

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

- (b) **Equality Outcomes**

How does this report address our Equality Outcomes?

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

12.7 Clinical or Care Governance

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

12.8 National Wellbeing Outcomes

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

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

12.9 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.

12.10 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.

12.11 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.

13.0 DIRECTIONS

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

14.0 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.

15.0 BACKGROUND PAPERS

15.1 None

INVERCLYDE HSCP**REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 11: 1 April 2022 - 28 February 2023**

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	66,758	65,097	(1,661)	-2.5%
Property Costs	1,037	1,157	1,839	682	58.9%
Supplies & Services	8,994	10,854	10,388	(467)	-4.3%
Payments to other bodies	51,100	51,797	51,850	53	0.1%
Family Health Services	25,568	27,561	27,561	0	0.0%
Prescribing	19,281	19,279	20,379	1,100	5.7%
Resource transfer	18,294	18,593	18,593	0	0.0%
Income	(22,657)	(34,150)	(35,946)	(1,796)	5.3%
HSCP NET DIRECT EXPENDITURE	160,181	161,850	159,761	(2,089)	-1.3%
Set Aside	29,350	34,704	34,704	0	0.0%
HSCP NET TOTAL EXPENDITURE	189,531	196,554	194,465	(2,089)	-1.1%

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	4,555	3,992	3,375	(617)	-15.5%
Management & Admin	7,586	6,679	5,682	(997)	
Older Persons	28,026	29,467	28,357	(1,111)	-3.8%
Learning Disabilities	9,919	9,873	9,799	(74)	-0.8%
Mental Health - Communities	4,318	5,093	4,546	(547)	-10.7%
Mental Health - Inpatient Services	9,865	10,171	11,292	1,121	11.0%
Children & Families	15,381	16,820	16,619	(201)	-1.2%
Physical & Sensory	2,607	2,478	2,407	(71)	-2.9%
Alcohol & Drug Recovery Service	2,753	3,683	3,196	(487)	-13.2%
Assessment & Care Management / Health & Community Care	10,458	6,727	6,556	(171)	-2.5%
Criminal Justice / Prison Service	118	118	95	(23)	0.0%
Homelessness	1,266	1,098	1,087	(11)	-1.0%
Family Health Services	25,568	27,556	27,556	(0)	-0.0%
Prescribing	19,468	19,501	20,601	1,100	5.6%
Resource Transfer *	18,294	18,593	18,593	0	0.0%
HSCP NET DIRECT EXPENDITURE	160,181	161,850	159,761	(2,089)	-1.3%
Set Aside	29,350	34,704	34,704	0	0.0%
HSCP NET TOTAL EXPENDITURE	189,531	196,554	194,465	(2,089)	-1.1%
FUNDED BY					
NHS Contribution to the IJB	94,659	95,029	94,952	(77)	-0.1%
NHS Contribution for Set Aside	29,350	34,704	34,704	0	0.0%
Council Contribution to the IJB	65,522	66,821	64,809	(2,012)	-3.0%
HSCP NET INCOME	189,531	196,554	194,465	(2,089)	-1.1%
HSCP OPERATING (SURPLUS)/DEFICIT			(2,089)	0	0.0%
Anticipated movement in reserves *			7,690		
HSCP ANNUAL ACCOUNTS PROJECTED REPORTING (SURPLUS)/DEFICIT			5,601		

* See Reserves Analysis for full breakdown

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

SUMMARISED MOBILISATION PLAN	Social Care 2022/23 £'000	Health 2022/23 £'000	Revenue 2022/23 £'000
COVID-19 COSTS HSCP			
Scale up of Public Health Measures		(3)	(3)
Flu Vaccination & Covid-19 Vaccination (FVCV)	6	117	123
Additional Staff Costs (Contracted staff)	196	147	343
Additional Staff Costs (Non-contracted staff)		25	25
Additional Equipment and Maintenance		7	7
Additional Infection Prevention and Control Costs	26		26
Additional PPE	80		80
Children and Family Services	1,676		1,676
Homelessness and Criminal Justice Services	112		112
Covid-19 Financial Support for Adult Social Care Providers	242		242
Social Care Support Fund Claims	635		635
Additional FHS Contractor Costs		(12)	(12)
Digital & IT costs	12	4	16
Other		3	3
Staff Wellbeing	54		54
Loss of Income	111		111
Test and Protect			0
Projected Covid related spend fully funded by Covid EMR	3,150	288	3,438

SOCIAL CARE**REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 11: 1 April 2022 - 28 February 2023**

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	33,965	35,837	34,677	(1,160)	-3.2%
Property costs	1,025	1,024	1,706	682	66.6%
Supplies and Services	1,005	1,366	1,462	96	7.0%
Transport and Plant	352	397	375	(22)	-5.5%
Administration Costs	732	738	873	135	18.3%
Payments to Other Bodies	51,100	51,797	51,850	53	0.1%
Income	(22,657)	(24,338)	(26,134)	(1,796)	7.4%
SOCIAL CARE NET EXPENDITURE	65,522	66,821	64,809	(2,012)	-3.0%

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Children & Families	11,638	12,550	12,906	356	2.8%
Criminal Justice	118	118	95	(23)	-19.5%
Older Persons	28,026	29,467	28,356	(1,111)	-3.8%
Learning Disabilities	9,359	9,289	9,283	(6)	-0.1%
Physical & Sensory	2,607	2,478	2,407	(71)	-2.9%
Assessment & Care Management	2,804	2,602	2,536	(66)	-2.5%
Mental Health	1,222	1,506	1,231	(275)	-18.3%
Alcohol & Drugs Recovery Service	950	970	846	(124)	-12.8%
Homelessness	1,266	1,098	1,087	(11)	-1.0%
Finance, Planning and Resources	1,792	2,060	2,083	23	1.1%
Business Support	5,740	4,683	3,979	(704)	-15.0%
SOCIAL CARE NET EXPENDITURE	65,522	66,821	64,809	(2,012)	-3.0%

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	66,821	64,809	(2,012)	-3.0%
Projected Transfer (from) / to Reserves				2,012	

HEALTH**REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 11: 1 April 2022 - 28 February 2023**

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	24,600	30,921	30,420	(501)	-1.6%
Property	12	133	133	(0)	-0.2%
Supplies & Services	6,905	8,353	7,678	(676)	-8.1%
Family Health Services (net)	25,568	27,561	27,561	0	0.0%
Prescribing (net)	19,281	19,279	20,379	1,100	5.7%
Resource Transfer	18,294	18,593	18,593	0	0.0%
Income	(0)	(9,812)	(9,812)	0	0.0%
HEALTH NET DIRECT EXPENDITURE	94,659	95,029	94,952	(77)	-0.1%
Set Aside	29,350	34,704	34,704	0	0.0%
HEALTH NET DIRECT EXPENDITURE	124,009	129,733	129,656	(77)	-0.1%

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,743	4,270	3,713	(557)	-13.0%
Health & Community Care	7,654	4,125	4,020	(105)	-2.5%
Management & Admin	1,846	1,996	1,703	(293)	-14.7%
Learning Disabilities	560	584	516	(68)	-11.7%
Alcohol & Drug Recovery Service	1,803	2,713	2,350	(363)	-13.4%
Mental Health - Communities	3,096	3,587	3,315	(272)	-7.6%
Mental Health - Inpatient Services	9,865	10,171	11,292	1,121	11.0%
Strategy & Support Services	540	659	490	(169)	-25.7%
Family Health Services	25,568	27,556	27,556	(0)	0.0%
Prescribing	19,468	19,501	20,601	1,100	5.6%
Financial Planning	2,223	1,273	803	(470)	-36.9%
Resource Transfer	18,294	18,593	18,593	0	0.0%
HEALTH NET DIRECT EXPENDITURE	94,659	95,029	94,952	(77)	-0.1%
Set Aside	29,350	34,704	34,704	0	0.0%
HEALTH NET DIRECT EXPENDITURE	124,009	129,733	129,656	(77)	-0.1%

HEALTH CONTRIBUTION TO THE IJB	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	124,009	129,733	129,656	(77)	-0.1%
Transfer (from) / to Reserves				77	

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	272	1,143	0	16,796
Criminal Justice	118	0	0	0	0	118
Older Persons	28,026	0	1,362	78	0	29,466
Learning Disabilities	9,919	0	(213)	168	0	9,874
Physical & Sensory	2,607	0	(188)	59	0	2,478
Assessment & Care Management/ Health & Community Care	10,458	0	(499)	(3,233)	0	6,726
Mental Health - Communities	4,318	0	389	387	0	5,094
Mental Health - In Patient Services	9,865	0	296	10	0	10,171
Alcohol & Drug Recovery Service	2,753	0	(41)	55	0	2,767
Homelessness	1,266	0	(222)	54	0	1,098
Strategy & Support Services	4,555	0	(747)	183	0	3,991
Management, Admin & Business Support	7,586	0	(1,058)	1,093	0	7,621
Family Health Services	25,568	0	0	1,988	0	27,556
Prescribing	19,468	0	100	(66)	0	19,502
Resource Transfer	18,294	0	299	0	0	18,593
Set aside	29,350	0	0	5,354	0	34,704
Totals	189,531	0	(250)	7,273	0	196,554

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	716		12,525
Criminal Justice	118		0	0		118
Older Persons	28,026		1,363	78		29,467
Learning Disabilities	9,359		(227)	157		9,289
Physical & Sensory	2,607		(188)	59		2,478
Assessment & Care Management	2,804		(300)	98		2,602
Mental Health - Community	1,222		221	63		1,506
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		(1,209)	177		4,708
Totals	65,522	0	(250)	1,549	0	66,821

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		101	427		4,271
Health & Community Care	7,654		(199)	(3,331)		4,124
Management & Admin	1,846		150	916		2,912
Learning Disabilities	560		14	11		585
Alcohol & Drug Recovery Service	1,803		(6)			1,797
Mental Health - Communities	3,096		168	324		3,588
Mental Health - Inpatient Services	9,865		296	10		10,171
Strategy & Support Services	540		27	91		658
Family Health Services	25,568			1,988		27,556
Prescribing	19,468		100	(66)		19,502
Financial Planning	2,223		(950)			1,273
Resource Transfer	18,294		299			18,593
Set aside	29,350			5,354		34,704
Totals	124,009	0	0	5,724	0	129,733

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

GREATER GLASGOW & CLYDE NHS HEALTH BOARD is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2022/23 £000
HEALTH	
Employee Costs	30,921
Property costs	133
Supplies and Services	8,353
Family Health Services (net)	27,561
Prescribing (net)	19,279
Resources Transfer	18,593
Income	(9,812)
HEALTH NET DIRECT EXPENDITURE	95,029
Set Aside	34,704
NET EXPENDITURE INCLUDING SCF	129,733

Health Transfer to EMR	(77)
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OBJECTIVE ANALYSIS	Budget 2022/23 £000
HEALTH	
Children & Families	4,270
Health & Community Care	4,125
Management & Admin	1,996
Learning Disabilities	584
Alcohol & Drug Recovery Service	2,713
Mental Health - Communities	3,587
Mental Health - Inpatient Services	10,171
Strategy & Support Services	659
Family Health Services	27,556
Prescribing	19,501
Financial Planning	1,273
Resource Transfer	18,593
HEALTH NET DIRECT EXPENDITURE	95,029
Set Aside	34,704
NET EXPENDITURE INCLUDING SCF	129,733

This direction is effective from 15 May 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
SOCIAL CARE	
Employee Costs	35,837
Property costs	1,024
Supplies and Services	1,366
Transport and Plant	397
Administration Costs	738
Payments to Other Bodies	51,797
Income (incl Resource Transfer)	(24,338)
SOCIAL CARE NET EXPENDITURE	66,821
Social Care Transfer to EMR	(2,012)
Health Transfer to EMR	(77)
Total anticipated transfer to EMR at year end	(2,089)

OBJECTIVE ANALYSIS	Budget 2022/23 £000
SOCIAL CARE	
Children & Families	12,550
Criminal Justice	118
Older Persons	29,467
Learning Disabilities	9,289
Physical & Sensory	2,478
Assessment & Care Management	2,602
Mental Health	1,506
Alcohol & Drugs Recovery Service	970
Homelessness	1,098
Finance, Planning and Resources	2,060
Business Support	4,683
SOCIAL CARE NET EXPENDITURE	66,821

This direction is effective from 15 May 2023.

HSCP Transformation Board
IJB Transformation Fund Monitoring Report

Appendix 6

Total Fund Balance as at 1 April 2022	1,975,000
Balance committed to date	1,350,210
Balance still to be committed	624,790
New Requests	
Balance if new requests approved	624,790

Project No	Project Title	Service Area	Service Manager	Approved IJB/TB	Date Approved	Social Care/Health Spend	Agreed funding	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	Debbie Maloney	TB	09/01/19	Social Care	70,000	42,405	10,381	308	16,906
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	Andrina Hunter	IJB	29/01/19	Both	150,000		45,626	104,374	0
027	Autism Clinical/Project Therapist. 18 month post.	Specialist Children's Services	Fiona Houlihan	TB	28/08/19	Health	153,600	60,200	63,076	19,348	10,976
035	Review of Care and Support at Home. 12 month fixed term posts 0.5wte Grade 10 Project Lead and 2wte Grade 5s	Health & Community Care	Joyce Allan	TB	03/11/21	Social Care	98,600		9,715	21,094	67,791
036	CLDT Review Team and TEC response. 1wte Social worker post and 1wte Social Work assistant, both 1/12 months.	CLDT	Laura Porter	TB	03/11/21	Social Care	95,580		7,522	48,454	39,604
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	Andrina Hunter	IJB		Either	131,000			34,884	96,116
038	Ipromise - Mind of my own - digital resource to allow young people to access software 24/7.	Children's Services	Lesley Ellis	TB	30/05/22	Social Care	53,176			35,949	17,227
039	SWIFT replacement project - backfill. 18 month project.	HSCP wide	Marie Keiris	IJB		Social Care	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	Audrey Howard	IJB	21/03/22	Social Care	179,760				179,760
041	Learning Academy - newly qualified social worker supported year and practice teaching hub. 2 year project.	Strategy & Support Services	Ailene Mailey	TB	21/09/22	Social Care	53,690				53,690
042	Band 3 Inpatient Phlebotomy post for 1 year, part of the plan to address issues raised by the Dearey visit.	Mental Health Services	Anne Malarkey/Gail Kibane	TB	21/09/22	Health	32,000				32,000
043	OPMH Clinical Fellows, share of 6wte Clinical Fellows across GG&C to address recruitment issues within medical staffing. 18-24 month posts.	Mental Health Services	Anne Malarkey/Gail Kibane	TB	21/09/22	Health	58,000			18,424	39,576
044	MH Peer Support Worker B3, funding for 1 year, to develop local peer support model.	Mental Health Services	Anne Malarkey/Gail Kibane	TB	21/09/22	Health	16,000				16,000
045	CAMHS Clinical Nurse Specialist - 2 year post. 1wte Band 7 and 0.2wte Band 3 admin. (inc. IT equipment and phone)	C&F	Audrey Howard/Lynn Smith	TB	11/01/22	Health					

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2022/23

PERIOD 11: 1 April 2022 - 28 February 2023

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 28/2/23 £000	Estimate 2023/24 £000	Estimate 2024/25 £000	Estimate 2024/25 £000	Future Years £000	
Social Work										
Crosshill Childrens Home Replacement	2,372	2,016	249	356	356	0	0	0	0	0
New Learning Disability Facility	9,507	133	884	200	27	2,970	6,204	0	0	0
Swift Upgrade	200	0	200	0	0	200	0	0	0	0
Complete on site	13	0	13	1	1	12	0	0	0	0
Social Work Total	12,092	2,149	1,346	557	384	3,182	6,204	0	0	0

UJB Reserves Position - 2022/23

Summary of Balance and Projected use of reserves

EMR type/source	Balance at 31 March 2022 £000	Projected net spend/(Additions) 2022/23 £000s	Projected balance as at 31 March 2023 £000s	Earmark for future years £000s	Health /Council	Comments
SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS						
Mental Health Action 15	236	216	20	20	Health	
Alcohol & Drug Partnerships	843	49	794	794	Health	Earmarking agreed with SG for continuation of committed projects
Covid - 19	8,130	8,130	0	0	Health/Council	Unused funds will be returned to Scottish Govt
Primary Care Improvement Programme	1,527	1,371	156	156	Health	
Covid Community Living Change	320	102	218	218	Health/Council	Earmark for continuation of posts
Covid Shielding SC Fund	34	34	0	0	Council	
DN Redesign	88	47	41	41	Health	
Winter planning - MDT	217	(36)	253	253	Health/Council	EMR held is committed for equipment spend
Winter planning - Health Care Support Worker	206	(125)	331	331	Health	Held for continuation of project
Winter pressures - Care at Home	712	(99)	811	811	Council	Remaining EMR committed in 23/24
Care home oversight	115	91	24	24	Health	
MH Recovery & Renewal	877	160	718	718	Health	EMR held for continuation of projects
Covid projects - funding from Inverclyde Council	49	49	0	0	Council	Any unused funds to be returned to Council
Sub-total	13,354	9,989	3,365	3,365		
EXISTING PROJECTS/COMMITMENTS						
Integrated Care Fund	109	26	83	83	Council	
Delayed Discharge	102	28	74	74	Council	
Welfare	350	43	307	307	Council	EMR fully committed for spend in future year
Primary Care Support	338	(110)	448	448	Health	EMR held for continuation of projects
SWIFT Replacement Project	504	215	289	289	Council	Balance held for continuation of project
Rapid Rehousing Transition Plan (RRTP)	136	0	136	136	Council	EMR held for future spend on project
LD Estates	437	(63)	500	500	Council	Held for continuation of project
Learning Disability - Health Checks		(32)	32	32	Health	Inverclyde share of funding
Refugee Scheme	1,077	0	1,077	1,077	Council	EMR held for future years expenditure in relation to New Scots team and refugee support
Tier 2 Counselling	312	0	312	312	Council	EMR held for future years additional school counselling
CAMHS Tier 2	100	0	100	100	Council	
C&YP Mental Health & Wellbeing	84	84	0	0	Council	
Whole Family Wellbeing	64	0	64	64	Council	
CAMHS Post	68	0	68	68	Health	Reallocated per budget paper
Dementia Friendly Inverclyde	89	62	27	27	Council	
Contribution to Partner Capital Projects	1,103	5	1,098	1,098	Health/Council	
Staff Learning & Development Fund	254	30	224	224	Council/Health	£0.020m held for National Trauma Training post, £0.150m committed for SW masters fees for new social workers, remainder for training board use
Fixed Term Staffing	200	0	200	200	Health	Reallocated per budget paper
Temporary Posts		(429)	429	429	Council/Health	Earmarking agreed up to Period 9 monitoring
Continuous Care	425	0	425	425	Council	
Homelessness	350	0	350	350	Council	
Autism Friendly	164	4	160	160	Council	
Planning and Health Improvement	0	(122)	122	122	Health	Smoking Prevention and Thrive Under 5 - continuation of projects
Sub-total	6,266	(259)	6,525	6,525		
TRANSFORMATION PROJECTS						
Transformation Fund	1,975	459	1,516	1,516	Shared	
Addictions Review	250	(42)	292	292	Shared	Specific earmarking Hep C post and Band 3 admin
Mental Health Transformation	750	135	615	615	Shared	
UJB Digital Strategy	676	130	546	546	Shared	
Sub-total	3,651	682	2,969	2,969		
BUDGET SMOOTHING						
Adoption/Fostering/Residential Childcare	800	0	800	800	Council	
Prescribing	798	0	798	798	Health	
Residential & Nursing Placements	1,003	(92)	1,095	1,095	Council	92k earmarked specifically for interim care beds
LD Client Commitments	600	0	600	600	Council	
Client commitments - pressures		(200)	200	200		
Pay contingency	891	692	199	199	Council	
Sub-total	4,092	400	3,692	3,692		
Specific earmarking requests @ Period 11	0	(2,422)	2,422	2,422		
Total Earmarked	27,363	5,391	18,972	18,972		
UN-EARMARKED RESERVES						
General	962	(2,089)	3,051	3,051	UJB	
Un-Earmarked Reserves	962	(2,089)	3,051	3,051		
TOTAL Reserves	28,325	6,302	22,023	22,023		

INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
15 MAY 2023

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status	Open/Closed
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 June 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	Completed – report to this meeting	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	Completed – report to this meeting	Closed
20 March 2023 (Para 19(9))	Learning Disability Hub and risks update report	Chief Officer	Revised to May 2023 on 20.03.23	Paper to IJB May 2023	Completed – report to this meeting	Closed
20 July 2022 (Para 50)			May 2023	Paper to IJB May 2023 (revised date from that minuted)	Completed – report to this meeting	Closed
7 November 2022 (Para 73 (7))			June 2023	Part of Chief Officers report June 2023	Work Ongoing	Open
7 November 2022 (Para 75 (6))	Future delivery of meetings – proposals for next cycle	Chief Officer	June 2023			

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 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	Completed – report to this meeting	Closed
10 January 2023 (request)	Annual Performance Report	Chief Officer	June 2023	Paper to IJB June September 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	Paper to June 2023	Work ongoing	Open
20 March 2023 (Para 21(5))	Inverclyde HSCP Strategic Plan – 6 monthly updates to Board	Chief Finance Officer	September 2023	Paper to September 2023	Work to commence	Open
20 March 2023 (Para 22(3))	Public Sector Equalities Duty and Compliance progress report	Chief Finance Officer	September 2023	Paper to September 2023	Work to commence	Open
Inverclyde Council SWSCSP 19 August 2021 (Para 313(2))	Annual update report on implementing The Improving the Cancer Journey model and outcomes (annual – August)* <i>would need to be September – no IJB in August</i>	Chief Officer	August 2023	Paper to September 2023	Work ongoing	Open

Annual Report Schedule

<p><u>May</u></p> <ul style="list-style-type: none"> • IDEAS Report – Part of Chief Officers Update • LD Hub • PCIP update 	<p><u>June</u></p> <ul style="list-style-type: none"> • Draft Annual Accounts • Unscheduled Care Commissioning Plan • Clinical & Care Governance • Workforce Update • Inverclyde Adult Support and Protection Partnership • Five Year Financial Plan • Homelessness Redesign
<p><u>September</u></p> <ul style="list-style-type: none"> • Audited Annual Accounts • Digital Strategy • Annual update report on implementing The Improving the Cancer Journey model and outcomes • Inverclyde HSCP Strategic Plan • Annual Performance Report Equalities Duty Update 	<p><u>November</u></p> <ul style="list-style-type: none"> • Workforce Update
<p><u>January</u></p> <ul style="list-style-type: none"> • Chief Social Work Annual Report 	<p><u>March</u></p> <ul style="list-style-type: none"> • Budget Setting 24/25

Report To:	Inverclyde Integration Joint Board	Date:	15 May 2023
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care partnership	Report No:	IJB/22/2023/GK
Contact Officer:	Gail Kilbane Interim Head of Mental Health, Alcohol and Drug Recovery and Homelessness	Contact No:	01475 715284

Subject: Langhill Clinic Local Visit by Mental Welfare Commission - May 2023 Update

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to provide an update to the Integration Joint Board regarding Mental Welfare Commission Local Visits to mental health inpatient services in Inverclyde.

1.3 It follows on from the IJB report of 26 September 2022 which gave an overview of all NHS GGC visits to mental health inpatient services across the board wide area in 2021 including recommendations made in relation to an unannounced visit to Langhill Clinic on 21 July 2021.

2.0 RECOMMENDATIONS

2.1 The IJB is asked to:

- a. note the progress made in completing the action plan in response to the recommendations following the unannounced visit of 12 July 2021
- b. note that a further unannounced visit took place at Langhill Clinic on 01 February 2023 (report still to be published) which was mainly positive, raising four recommendations.
- c. agree future reporting arrangements to the IJB through the Chief Officer's report, unless there are areas of concern or risk highlighted in external scrutiny which require more detailed reporting.

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

3.0 BACKGROUND AND CONTEXT

- 3.1 The Mental Welfare Commission (MWC) carry out their statutory duties as set out in the Mental Health Care and Treatment (Scotland) Act. They undertake announced and unannounced local visits to either hospitals, care homes or prison services. The key role of the commission is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.
- 3.2 They do this by assessing practice, monitor the implementation of mental health legislation, undertake investigations where they have concerns and provide information, advice, and guidance.
- 3.3 Once a visit is complete, the service area is required to complete an action plan with timescales in response to recommendations.
- 3.4 Reports on visits are published on the Mental Welfare Commission for Scotland website.
- 3.5 As part of the wider NHS GGC Board wide mental health governance framework, an annual report combines all MWC reports across all services to support sharing of best practice and learning across the totality of the mental health estate and workforce.
- 3.6 The visit of 12 July 2021 made recommendations about reviewing care plans, access to psychology services, engagement with carers, completion and audit of consent to treatment forms, activities for patients and the temperatures within the ward areas.
- 3.7 These have been progressed with a local action plan which is now complete (Appendix 1).
- 3.8 A further unannounced visit by the MWC took place on 1 February 2023. The report is yet unpublished but recognises that despite the high acuity of patients and the number of enhanced observations, nursing staff undertook duties in a thoughtful and supportive way, both to the patients and with their peers. Positive interactions between staff and patients were noted, with staff knowing individuals well and patients praising staff. Recording and documentation including in relation to legislation was noted to be good with some minor discrepancies which were immediately remedied. Assessment, risk assessment and care planning with multi-disciplinary involvement along with the person and their families, in-reach from community, timely reviews and evidence of forward planning was positively reported.
- 3.9 The visit of February 2023 provides reassurance that the care and treatment within Langhill Clinic demonstrates positive practice is in place and that the previous recommendations have been met.
- 3.10 The MWC identified four further recommendations which are outlined in a further action plan currently being progressed (Appendix 2).

4.0 PROPOSALS

- 4.1 The IJB is asked to note that the action plan following on from the July 2021 visit is complete; note that a further unannounced visit took place at Langhill Clinic on 1 February 2023 (report still to be published) was mainly positive, raising four recommendations which have been detailed in an action plan and being addressed; and confirm future reporting arrangements to the IJB will be through the Chief Officers report in relation to scrutiny visits from agencies such as the Mental Welfare Commission or Health Improvement Scotland unless areas of significant concern or risk are highlighted and require a more detailed report.

5.0 IMPLICATIONS

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

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

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

None

5.4 Human Resources

None

5.5 Strategic Plan Priorities

BA1 and BA3

5.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Mental Health Strategy provides access for all. Visits by Mental Welfare Commission ensure that all individuals including those from protected characteristic groups human rights are embedded in practice
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Mental Health Strategy supports this. MWC visits provide independent oversight and reassurance
People with protected characteristics feel safe within their communities.	Mental Health Strategy supports this. MWC visits provide independent oversight
People with protected characteristics feel included in the planning and developing of services.	Mental Health Strategy supports this.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff training in place
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Staff training in place
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Interface between services and New Scot team to support positive outcomes for refugee community

5.7 **Clinical or Care Governance**

Feeds into local and board wide governance arrangements

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.	Mental Health Strategy in place. Ensure people remain in inpatient care as long as is clinically appropriate and

	are supported by a multi-disciplinary team
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	MWC visits provide independent oversight and reassurance.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	Mental Health Strategy in place
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Families and carers are identified and supported through inpatient stay and can access a range of family supports through commissioned organisations
People using health and social care services are safe from harm.	MWC provide independent oversight and reassurance
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.	Mental Health Strategy in place
Resources are used effectively in the provision of health and social care services.	As above

5.9 Children and Young People

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

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

5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

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

5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		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 None

8.0 BACKGROUND PAPERS

None

July 2021 Visit

Recommendation	Action planned	Status
<p>Recommendation 1: Managers should formally review the care and treatment plans of all patients who have been in the IPCU for six months or more.</p>	<p>The care and treatment of all patients continues to be reviewed weekly.</p>	<p>Complete</p>
<p>Recommendation 2: Managers should address the difficulties relating to access to psychology services and psychological therapies.</p>	<p>A psychology post was agreed via GGC Psychological Therapies Plan over a year ago, funded by Scottish Government. Unfortunately we failed to recruit to an 8A post (1.0wte) despite numerous attempts. The post has now been reconfigured to an 8B post (0.8wte), covering the acute wards and also provide an interface with Community Response service (CRS). Psychology cover to Langhill is in place until safer recruitment is complete.</p>	<p>Start date May 2023</p>
<p>Recommendation 3: Managers should improve and formalise engagement with carers.</p>	<p>Nursing staff will ensure that they record patients' consent regarding the involvement of their relatives/carers. Staff to ensure that all engagement with relatives/carers is documented in the patient's care record and that the views of relatives/carers are considered and included to help inform the care and treatment being provided to their loved ones.</p>	<p>Complete</p>
<p>Recommendation 4: Managers and RMOs should:</p> <ul style="list-style-type: none"> • review all current consent to treatment (T2 and T3) certificates to ensure they are appropriate • ensure T2 consent forms are present 	<p>The patients Responsible Medical Officer was informed of the issue with regard to T2/T3 certificates and immediate action was taken to address the matter.</p> <p>Reminders from Medical Records to Consultants and the nursing team to review patients for lapsing T2/T3.</p> <p>Weekly assurance check for current T2/T3 documentation at MDT/ward round.</p> <p>MDT to review the requirement for T2/T3 or acknowledge current T2/T3 in place.</p>	<p>Complete</p>

<p>where required and that DMP visits are arranged where required for T3 certificates</p>		
<p>Recommendation 5: Managers should put an audit system in place to ensure that consent to treatment certificates are in place where required.</p>	<p>Reviewing of patients care records will be addressed within MDTs/wards rounds, to ensure that the correct documentation/certificates are in place.</p>	<p>Complete</p>
<p>Recommendation 6: Managers should ensure that patients (particularly in the IPCU) have activity addressed in their care plans; these plans require to be person centred reflecting the individual's preferences and care needs.</p>	<p>1) Ensure adequate staffing and resource for Occupational Therapy provision. 2) Occupational Therapist to utilise Standardised Documentation including Initial Assessment, person-centred plan and functional assessments where applicable. 3) Occupational Therapists to provide person-centred therapeutic activities including creativity, utilising outside space or sports equipment, using digital tools to increase concentration and motivation. 4) The Mental Welfare Commission's Good Practice Guide on Care Plans has been shared with all staff members and will be used when reviewing/auditing care plans during Nurse Line Management Supervision, to ensure that care plans remain person centred and recovery focussed and reflect the level of interventions being provided for/required by patients.</p>	<p>Complete</p>
<p>Recommendation 7: Managers should address the temperature regulation within the clinic.</p>	<p>The NHS GGC Estates team have submitted an options paper and considering how the installation can take place, avoiding disruption to patient care whilst the environmental works are undertaken. There is no timescale for completion of the works, as yet but it is hoped that this will be within the coming year.</p>	<p>Complete</p>

February 2023 visit

Recommendation	Action planned
1. Managers should ensure that for patients who have particular dietary requirements, there is range of healthy and varied options.	Addressed by Food Users Group
2. Managers should regularly audit care plans across the service to ensure they are up to date and are person-centred and includes all the individual's health and care needs.	Audit in place
3. Managers should ensure that patient areas are welcoming and homely. They should have regular maintenance and upgrading to ensure that patients care is in a therapeutic and safe environment.	Redecoration and Garden Project underway
4. Managers should ensure that any outside area that is accessed by patients is welcoming, maintained and safe.	Redecoration and Garden Project underway

Report To: Inverclyde Joint Integration Board **Date:** 15 May 2023

Report By: Kate Rocks, Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:** IJB/25/2023/AS

Contact Officer: Alan Best
Interim Head of Health and
Community
Care **Contact No:** 01475 715212
Inverclyde Health & Social
Care Partnership

Subject: Impact of the Primary Care Improvement Plan (PCIP)

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to demonstrate the impact of the Primary Care Improvement Plan through the advancement of our Multi-Disciplinary workforce and how this contributes to the progression of the Transformation of Primary Care Services.

2.0 RECOMMENDATIONS

- 2.1 The Integration Board is asked to note the positive impact on patient care through the delivery of Primary Care Improvement Plan (PCIP).
- 2.2 The Integration Joint Board agree proposals for continued implementation of the Primary Care Improvement Plan.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The new contract for provision of General Medical Services in Scotland commenced in April 2018; this contract was formed on some of the successes from Inverclyde's New Ways of working pilot during period 2016 – 2018.
- 3.2 A contract which had a vision for the establishment and development of multi-disciplinary professionals working to support GP Practices, under the employment of HSCPs. A pioneering task, with the objective to release GP clinical time, in order to take on the role as Expert Medical Generalists. A role that would see GPs focusing on care for patients with the most complex needs.
- 3.3 Delivery for HSCPs was based on a defined Memorandum of Understanding (MOU). The MOU established a national agreement between the BMA, Scottish Government, integration authorities and health boards to implement the 2018 Scottish GP contract. The MOU was refreshed in August 2021 producing a revised MOU, one that confirmed particular areas of focus between periods 2021 – 2023; and included Vaccination Transformation, Pharmacotherapy and Community Treatment and Care Services (CTAC).
- 3.4 Inverclyde had an earlier starting position which provided an opportunity to develop our local Primary Care Improvement Plan, in partnership with our key stakeholders. Our original New Ways of Working Steering Group naturally evolved into our PCIP Implementation Group. The group had responsibility for the strategic direction, governance and progression of priorities in order to achieve the MOU.
- 3.5 The group and supporting structures were reviewed at regular intervals, with the most recent in September 2022 proposing the rebranding of our PCIP Implementation group. To provide a wider remit; we advanced to the Primary Care Transformation Group; where PCIP sits within this overarching structure.

Adapting the format of the meetings, provided two critical elements:

1. Normal Business, containing discussion on programme status, finances, enablers and blockers
 2. Followed by a "Deep Dive" approach to allow for specific focus of individual service areas in greater detail to lead further developments.
- 3.6 Since inception, the IJB have been regularly informed and sighted on the progress of the implementation of the plan.
 - 3.7 As at January 2023, we are nearing our fully implemented original PCIP plan and have employed an additional 46.13 wte staff to PCIP services.
 - 3.8 We currently await clarification from Scottish Government on proposed funding moving forward, to enable further expansion of our MDT workforce, development of service and continue our improvement journey in the transformation of primary care services.

4.0 REPORT

- 4.1 Inverclyde has 13 GP practices with a registered patient population of 80,202 (jan 2023). The average Practice list size is 6,169, ranging from 2,978 patients to 14,606 patients in our largest practice. Although our registered practice population has decreased by 2,901 (83,103) since 2014; we have adopted a more complex population which is having a significant impact on General Practice. With the additional required capacity to support Ukrainian, Asylum Seekers and Non UK Student Visa Nationals.
- 4.2 Our PCIP implementation has enabled practices to support patients in alternative settings, by experts which is built on a multidisciplinary team model underpinned by seven key principles: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

- 4.3 We have progressively recruited and trained staff to deliver services across the six Memorandum of Understanding (MOU) areas. Over the course of implementation we have reflected on lessons learned and adjusted our plan accordingly. This has included the implementation of a skill mixed workforce; which has provided opportunities for efficiencies, and built greater resilience into some services.
- 4.4 Despite a recruitment pause during the pandemic, we are now in pre-Covid position and beyond. New delivery models of care and recruitment of multi-disciplinary professionals has allowed the transfer of work from GP practices to HSCP staff within the context of Primary Care transformation. The ongoing impact of the pandemic has made it difficult to demonstrate impact and evidence this capacity shift. However the access to a range of services is clearer and the new GMS contract has enabled patients to access the right professional, at the right place, at the right time.
- 4.5 In line with the revised Memorandum of Understanding, our priorities will focus on advancing and accelerating our multidisciplinary models of care across CTAC, Pharmacotherapy, Vaccination Transformation Programme followed by Urgent Care as defined. Specific attention will be given to the creation and further development of a Single Point of Access for both Pharmacotherapy and Urgent Care.

5.0 Progress on MOU priority areas

- 5.1 All vaccinations within the Vaccination Transformation Programme (VTP) have been in place since April 2022, transferring delivery responsibility from a GP based model to an NHSGGC board model. This approach has successfully removed vaccination workload from General Practice, with delivery models detailed as follows:
- i. Significant early developments in years 2018-20 resulted in childhood vaccinations (pre-school and school based) being transferred from GP practices to a model delivered in HSCP community clinics and schools. NHS GGC/HSCP hosted staff are employed to deliver children's vaccinations across Inverclyde.
 - ii. The midwifery model for delivery across GGC has been developed for pregnant women and sits with Maternity Services.
 - iii. Responsibility for Travel Health vaccinations transferred to the Board on 1st April 2022. Initial guidance and travel advice is accessible through the NHS Scotland Fit for Travel website. The commissioned Citydoc service provides travel health advice, risk assessment and delivery of travel vaccinations. Clinics are currently accessible in Glasgow, with ongoing discussions around the feasibility of a local delivery model.
 - iv. Transfer models incorporate adults over 65s and target groups for influenza. The Adult flu programme accelerated during the pandemic with the transfer of vaccinations from GP practices to HSCPs. The arrangements for previous years were established in the context of Covid19 physical distancing, PPE constraints, additional Covid vaccinations and additional eligible cohorts. Mixed models of delivery continue and include community pharmacy, home visits and community clinics. Winter Flu vaccinations up to period 5th December 2022; achieved a vaccination uptake rate of 61.7% (27,643) across our eligible population (44,834).
 - v. Currently GGC are responsible for the vaccination of all mobile patients by a central vaccination team and HSCPs have responsibility for the vaccination of our vulnerable populations within their own home and care home environments. Our housebound service is delivered by a temporary vaccination team; supported by bank staff vaccinators. Moving forward as per Memorandum of Understanding, HSCPs will assume overall responsibility for the Vaccination Programme. We will focus on building a sustainable vaccination workforce to deliver permanent arrangements and align this service with community nursing.
 - vi. There will be learning from current delivery models which will influence the future establishment of a robust, efficient and sustainable long term vaccination programme in line with the needs of patients and the terms of the GMS 2018 contract.

- vii. Eligible at risk and age group programmes including Pneumococcal, Shingles and adhoc vaccinations are currently invited to central clinics for vaccinations or vaccinated at home. Our vaccination programme from period 1st April to 5th December 2022 delivered 1505 Shingles and 570 Pneumococcal Vaccinations. Further mass clinics for Shingles took place over January with Pneumococcal clinics continuing over the months of February and March.
- viii. Due to the complexity of the changes in parameters of the VTP programme during the pandemic it has been difficult to evidence the impact for the various elements of VTP. It is however important to note that all 13 GP Practices in Inverclyde have benefited from the transfer of VTP services. Without this direct transfer from General Practice, our populations would be facing an increased difficulty in accessing care; as would our clinicians experience an increasing demand for care without the capacity to delivery.
- ix. Formal notification is yet to be received from Scottish Government around the continuation and arrangements for COVID vaccinations and boosters. COVID-19 Winter 22/23 Boosters up to the 5th of December 2022 shows an update rate of 69.8% (28,424) across our eligible population.(40,729). With Spring and Autumn Campaigns announced; GGC and local planning plans are afoot. Our HSCP are not in the financial position at present to absorb this additional public protection vaccination programme within our existing resources.

5.2 Pharmacotherapy Services

- 5.2.1 Through New Ways of Working, Inverclyde was a test site and early adopter of a new model to deliver Primary Care Pharmacy services within General Practice. Early 2017 started to see the expansion of existing pharmacy teams to introduce this new way of working. The establishment of the new GMS Contract in 2018 brought the term pharmacotherapy, which accelerated our shift from traditional pharmacy activities and seen HSCPs adopting a tiered model approach to Primary Care Pharmacy service.
- 5.2.2 This new approach was embedded on a phased basis. By increasing pharmacists and pharmacy technicians working within GP Practices we were able to provide a new medicines management service, referred to as the Pharmacotherapy Service delivering both core (level 1 activity) and additional (level 2 & 3 activities) services.
- 5.2.3 After receiving the joint letter in December 2020 to prioritise level 1 activity, this revealed our planned workforce modelling level 2 and 3 activity was top heavy. Moving forward, we revised the skill mix by introducing further Pharmacy Technicians and Pharmacy Support Workers which has allowed more flexibility in workforce roles, movement in skill mix, the development of a hub model and pharmacist provision for a minimum of 0.5wte/5,000 patients.
- 5.2.4 Present workforce of 14.1wte delivering pharmacotherapy service across Inverclyde with direct transfer of pharmacy activity from GPs to Advanced Pharmacists and Senior Pharmacists.
- 5.2.5 The establishment of a hub since November 2021; has now seen the onward transfer of level 1 activities; data evidencing the shift of activity now largely delivered by technicians and more complex activity being undertaken by Pharmacists:

5.2.6 Level 1 Activity

Immediate Discharge Letters (IDL)

- September 2021, 632 of which 46.2% by a technician; 53.8% by a Pharmacist prior to the development of the Hub.
- September 2022, 971 of which 80.6% by a technician; 19.4% by a Pharmacist, demonstrating the shift. This is expected to decrease for Pharmacist input as the hub continues to develop.
- Average of 5 minutes of GP time saved per IDL.

Outpatient letters (OP)

- September 2021, 389 of which 78.6% by a Pharmacist, 21.4% actioned by technician prior to Hub implementation.
- September 2022, 887 of which 68.6% by a Pharmacist, 31.4% by technician. With standardised approach, and Out Patient list for technicians working in the hub environment. The Pharmacist input is expected to continue to decrease as the Technician role continues to absorb the transfer of Level 1 activity.
- Average of 3-4 minutes of GP time saved per OP.

Acute Requests (DMARDs, analgesics)

- September 2021, 963 of which 81.1% were completed by a Pharmacist and 18.9% by a Technician. At this point, one GP Practice had a technician actioning dressings, sundries, acute requests.
- September 2022, 1329 of which 91.4% by a pharmacist, 8.6% by Technician. Most acute requests are now undertaken by the Pharmacist in Practices and are targeted by type of medicine e.g. high risk or amount of time.
- Average of 2-3 minutes of GP time saved per acute.

Serial Prescribing

- Number of items dispensed as serial prescriptions compared to all items dispensed in 4 week rolling period:
- Target of 10%
- July 2022, 4.61%
- September 2022, 12.31%

All GP practices receive support via the hub providing core level 1 activity as above; in addition to medication reconciliation, medication queries and prescribing quality improvement.

5.2.7 Levels 2 & 3

The hub approach has released Pharmacist time to conduct Level 2 & 3 medication reviews including Polypharmacy, Frailty Medication Reviews and specialist clinics including analgesics.

Polypharmacy Reviews:

- September 2021, 34 done by a pharmacist
- September 2022, 54 done by a pharmacist
- With All GP Practices as at January 2023 receiving input for the Polypharmacy reviews.
- Referrals although small numbers, are received from Practices for Post MI Heart Failure.
- Covid 19 antiviral prescribing referrals albeit small numbers, can be referred from any Practice.
- Referrals are accepted from all GP Practices for medication reviews to both our Care Home Pharmacist and Interface pharmacist.
- Chronic Pain/Medicines at high risk of dependence reviews are currently conducted in 15% of our GP Practices with Pharmacist Respiratory medication review clinics within 8% of GP Practices locally.

Pharmacist reviews across period April to September 2022 saw 241 across 92% of our GP Practices, resulting in

- 117 medications being stopped
- 67 medications started
- 111 medications changed

5.2.8 Specialist Clinics

- Medication review for patients on long term analgesics and medicines at risk of dependence across 2 GP Practices.
- Snapshot of 45 patients reviewed taking opiates, benzodiazepines or gabapentinoids.
- 51% of medicines dose reduced or stopped
- Support was provided to GP Practices in managing the prescribing of these medicines.
- Links with third sector organisations and services continue to strengthen with 31% of patients reviewed being referred to the Link worker/Community Connector for support.
- Naloxone received positively in the few patients where it was appropriate to prescribe and ongoing work taking place to support this being made available to others in the HSCP and GG&C e.g. financial analysis, training needs.
- Feedback from patients describing improvement in quality of life

5.2.9 We have invested in, enhanced and advanced our workforce, working environment, equipment and training to support delivery. The continued expansion of the new pharmacotherapy service provides scope for GPs to focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients. Full Memorandum of Understanding delivery of Levels 1, 2, and 3 will however be difficult to achieve without further significant investment.

5.2.10 Cost efficiencies, quality prescribing and formulary compliance are all areas of focus in the months ahead. An HSCP Prescribing Management and Pharmacotherapy Group has been established to review both clinical and cost effective prescribing and a governance structure around the prescribing across Inverclyde HSCP.

5.3 Community Treatment and Care Services (CTAC)

Initial scoping and testing of models took place during our New Ways of Working period, with the introduction of Phlebotomy clinics through our existing Treatment Room Service; supported by an additional workforce to conduct these health care assistant duties.

5.3.1 The creation and implementation of CTAC services provides the opportunity to transfer activity in General Practice including minor injuries, chronic disease monitoring and other services suitable for delivery within a community setting.

5.3.2 Our existing treatment room models located in Gourock, Greenock and Port Glasgow Health Centres, placed Inverclyde in a strong position to develop CTAC activities. Enhancing services for our GP Practices incorporating basic disease data collection and biometrics (such as blood pressure), the management of minor injuries and dressings, suture removal, ear syringing.

5.3.3 Our additional workforce supporting CTAC development is currently 12.67wte. With all GP Practices now having access to CTAC services; creating a more equitable service for patients. With a total 6 treatment rooms x 3 phlebotomy room across our three sites in Gourock, Greenock and Port Glasgow. With our recent refurbishment of the Lithgow Wing in Port Glasgow Health Centre, now providing additional clinical space. One room is now operational for Phlebotomy and plans are in development for the remaining clinic rooms.

5.3.4 Treatment Room appointment times vary from 15 to 40 minutes; averaging 21 appointment slots per Treatment room and 19 per Phlebotomy room. Activity transferred from General Practice over period January 2022 – December 2022 is evidenced as follows:

- 29,529 procedures were carried out.
- 3,649 bloods were taken through our Phlebotomy clinics
- 30,800 appointments offered, with 28,135 patients attending.

5.3.5 Current focus is on the development and introduction of a chronic disease monitoring model and engagement is taking place with our key stakeholders through a CTAC development group, monthly engagement sessions and our existing networks to ensure we have a direction that is fit for both General Practice needs and our local population.

- 5.3.6 Other enhanced services will include leg ulcer management, Doppler assessment, over and above our traditional Treatment Room activities including wound dressings and suture/staple removal.
- 5.3.7 All GP Practices have been offered and can now access Phlebotomy support within their Practice in addition to domiciliary Phlebotomy. Provision for Phlebotomy is 20 clinics per week, ranging from 5 hours – 42 hours input across Practices. Appointment times are allocated for 15 minutes with 970 blood slots available per week across our Practice settings. Incorporated into our overall activity; Phlebotomy over period January 2022 – December 2022 was 11,545 in Treatment Room settings and 3,649 within our Practice environments. We continue to review and adapt our models in place
- 5.3.8 We have invested in, enhanced and advanced our working environment, equipment, training and workforce to support delivery of this Memorandum of Understanding area. CTAC services have further potential to streamline and improve pathways for chronic disease monitoring, shift of acute phlebotomy to community settings. Future direction will consider as per Memorandum of Understanding, alignment of our Vaccination Transformation Programme.

5.4 Urgent Care (Advanced Nurse Practitioners)

- 5.4.1 As an early adopter of the advanced practitioner model through New Ways of Working, we employed a Nurse; which with enhanced and advanced clinical training created our first Advanced Nurse Practitioner role. This in line with the GMS contract has allowed progression and scale up of trainee ANP roles with a current team workforce of 6.55wte responding to home visits.
- 5.4.2 Our ANP team is directed by our original Nurse, now in the position of Lead ANP. The new GP Contract has allowed us to strengthen our Advanced Nursing Practitioner model which continues to grow in an incremental approach.
- 5.4.3 Our most recent focus has been on the refurbishment of accommodation at Port Glasgow Health Centre to create a single point of access (SPOA) model. This will allow the routing of referrals to an ANP led Urgent Care Hub to effectively triage and manage urgent care. We have invested in, enhanced and are advancing our working environment, equipment, training and workforce to support urgent care.
- 5.4.4 Our current model has input to Practices to support the management of home visits, with data demonstrating direct transfer of activity from GPs to our Advanced Nursing Practitioners. Over period September 2021 to September 2022 the ANP team covered in the region of 2,460 visits. With an average of 205 visits per month, ranging from 141 to 320 visits in any given month. A total of 90% of patients seen by the ANP required a prescription.
- 5.4.5 We have experienced significant movement of staff within the ANP team and challenges with recruitment. We are now in a more stable position with our urgent care hub operational in Port Glasgow Health Centre. It is worth highlighting that only 1.8wte of our workforce are fully trained ANPs, with the remainder of the team nearing completion or remain in training. This requires significant investment with regards to time out from clinical duties for shadowing, mentoring, university and study leave, over and above their clinical patient facing role and clinical note write up.
- 5.4.6 Even with these challenges, we have overcome them and managed to achieve a service that has supported general practice with home visits and directly transferred this activity to our Advanced Practitioners.
- 5.4.7 Future focus will explore roles that would complement the ANP team through the introduction of a skill mix approach. Locally we will continue to review, shape and adapt models for responding to urgent care locally.

5.5 Additional Professional Roles

- 5.5.1 The role of Advanced Practice Physiotherapist (APP) was developed during New Ways in 2016, the GMS contract allowed us to accelerate this workforce to 2.6wte (excluding time in

MSK) with service provision now delivered to 61% of our GP Practices population. This model allows patients to benefit from access to a physiotherapist within a GP practice setting, with the majority of patients signposted directly to the APP reducing unnecessary GP attendances,

5.5.2 The APP (Advanced Practice Physiotherapist) role consists of a 20 minute appointment with each patient allowing for an average of 14 per day. Post pandemic learning presented opportunities to shape this model, which now allows for face to face, telephone and virtual consultations driven by patient choice.

5.5.3 As a comparator; demonstrating the benefit of the MSK APP role; baseline data from 2017 forming part of New Ways of Working pilot, evidenced those cases seen by GPs, that:

- 45.6% of MSK cases were referred onto mainstream physiotherapy services.
- 62.2% of MSK cases received a prescription for medication.
- 16.7% of MSK cases were referred for imaging for further investigation.
- 12.2% of MSK cases were referred to orthopaedics for further review.

5.5.4 The introduction of the MSK APP role as at September 2022 has seen a shift in those same areas, averaging:

- 51% of patients provided with condition specific advice/exercises to support self-management.
- 22% to mainstream physiotherapy services.
- 9% receiving a prescription for medication.
- 4% for GP review.
- 4% to orthopaedics for further review and investigation.
- 9% referred to imaging for further investigation.

5.5.5 This translates as a:

- Reduction in Imaging referrals, Prescriptions and Orthopaedic referrals
- Increase in exercise, advice and self-management
- April 2022 – September 2022, 2273 APP Appointments were available (averaging 454 monthly), 2399 of these were filled, giving average fill rate 88%.

5.5.6 This model of care has again experience significant workforce challenges with a great deal of staff movement. This is one of the most challenging areas of the Memorandum of Understanding with regards to sustainability of workforce. As an advanced pilot site, we have attracted a number of staff out with Inverclyde wishing to 'train and develop into the APP role, as this is a very different role to that of our mainstream MSK physiotherapist. Our experience has been that those individuals once trained, unfortunately moved to similar roles within their own locality.

5.5.7 Although this service is rated well by both GPs and patients, we are unable to invest any additional APP input to spread service provision and create an equitable share of resource across all of our GP practices. This a direct result of our focus remaining on the investment of funds in priority Memorandum of Understanding areas. Essentially 39% of GP Practices are not gaining the benefits of this physiotherapy model of first point of contact model for musculoskeletal (MSK) conditions. NHSGGC have recognised the board-wide impact this has had, and are considering alternative models to ensure greater equity across practices.

5.6 Community Link Workers (CLW)

5.6.1 The Community Links Workers Programme for our HSCP was initially piloted prior to the New GP Contact, and ran in tandem with our New Ways of Working programme.

5.6.2 The development and implementation of the CLW model, was built around a partnership between the HSCP and our Voluntary Sector Partner (CVS). CVS is an umbrella organisation for voluntary organisations and are our Third Sector Interface.

5.6.3 It was acknowledged that there is a significant cohort of patients who sought recurring and regular support from GPs, for what were often issues associated with loneliness, social isolation, a lack of community connection and associated 'social' issues. For this purpose, the

CLW model was established to support individuals with a variety of social, financial, mental health and practice issues.

5.6.4 Following the success of this programme through New Ways, we invested in a workforce to provide Link Worker input to all GP Practices across Inverclyde. At present we have a workforce consisting of 8.4 wte directly attached to General Practice. Evidence demonstrates the activity that CLW model has transferred from GPs:

5.6.5 The support of the Community Link Worker (CLW) is not time limited, however, we need to always ensure our aim is to 'link' to appropriate resources to promote independence and support patients to feel empowered so that they know how to combat similar issues if they arise again.

5.6.6 Over a period of 12 months from 1st April 2021 – 31st March 2022 the Community Links Workers received 1396 new referrals. Of this 9 patients were referred from external sources and patients could not be contacted to provide consent for data entry:

- 1,387 individuals were referred to the CLW by GP Practices averaging 115 patients per month.
- Of which 1,089 (78%) patients were seen
- Creating a total of 2,159 encounters, including telephone calls and text messages.
- With 1,327 onward referrals including advice given. This was in addition to a number of patients who were receiving ongoing support prior to this date.
- With support and onward referral for the following top 5 reasons for referral including:
 - Financial matters
 - Mental Health
 - Stress Related issues
 - Housing issues
 - Carer Support

5.6.7 Our Community links worker model is a valued asset attached to and based in all our 13 GP Practices in Inverclyde. They are now firmly embedded within the practice teams which has enabled relationships to grow, both with partners and with patients. Although much of the Community links worker role is 'unseen', they are very much actively out in the community providing support to patients, often with complex issues, to remove barriers and to link with resources and services to improve their overall wellbeing.

6.0 IMPACT SUMMARY

6.1 A national Primary Care Reform survey, with additional local NHS board questions, has been developed and was issued to GPs in March 2022 which aims to capture the transfer of workload from GPs to PCIP staff and to explore whether these additional staff are making a positive difference to GPs across Scotland. Scottish Government are aware that evidencing demand and measuring impact as a direct result of PCIP Implementation has been extremely challenging due to the lack of data sources.

6.2 The impact of the pandemic on General Practice has been really significant and the current pressures and sustainability challenges which practices are reporting are very much linked to the pandemic rather than a failure of impact of the PCIP. Prior to the pandemic Inverclyde HSCP had made significant progress in many of the key MOU areas. Latterly coming out of Covid, we have managed to sustain momentum, continued to advance our plans; whilst coping with the adversities and aftermaths of a global pandemic, significant workforce pressures and substantial financial constraints.

6.3 Whilst we have been able to display the work we have transferred from General Practice, it has been extremely challenging to evidence the direct GP 'time saved'. This impact report does demonstrate the successful shift of care from General Practice; however it is equally important to acknowledge that our population have become one with more complexities; requiring greater health input and care from our GPs. Time saved is therefore not the area of focus; more that the introduction of PCIP services has enabled our General Practitioner

workforce to focus on those individual patients that required that more complex, undifferentiated care.

6.4 Funding has enabled us to introduce a range of Multi-disciplinary professionals, which has both directly and indirectly diverted workload away from GPs and routed to the most appropriate professional or service. It is therefore worth noting that without this investment that our GPs may not have been able to focus on the complexity of the Expert Medical Generalist role due to the significant impact the pandemic had had on our population and these new demands.

6.5 We are therefore drawing awareness to the highlights that:

- The transfer of vaccinations has seen the largest General Practice workload shift.
- CLW activity has increased; reducing the need for GP involvement in social elements.
- ANPs have provided limited alternative to home visits, reducing the need for GP visit.
- CTAC services have enhanced and expanded which will naturally see a shift of activity from Practice Nurses and ultimately GPs to allow that focus on more complex care.
- APP model, although limited spread, has allowed patients to see a specialist for MSK conditions, again something as a Generalist that a GPs value.

6.6 Recent data from our Community Links Worker model shows strong evidence of an increasing demand for support, advice and guidance as a result of fuel poverty, cost of living, which are placing significant demands for both clothing and food banks. The average CLW intervention in 2018 was 1 per person, this is currently averaging 4 per person and is expected to rise.

6.7 It is also important to highlight that there are added pressures and demands to support Ukrainian, Asylum Seekers and Non UK Student Visa Nationals communities. Further resource, investment and capacity is required to support this population and the additional complex demand and increased interventions this is placing on our Community Links Workers, Contractor Services and extended Multi-disciplinary Teams.

6.8 Acknowledgement should be made that the demands our services are now experiencing is from a population that post COVID, lacks resilience and the ability to cope with circumstances and the life as we now know it.

7.0 IMPLICATIONS

7.1 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	

7.2 Legal/Risk

There are no legal issues raised in this report.

7.3 Human Resources

Workforce remains a significant challenge, driving additional pressure on delivery of PCIP services. MEMORANDUM OF UNDERSTANDING 2 states a Task and Finish group will be convened to oversee planning and pipeline projections.

7.4 Strategic Plan Priorities

Relates to HSCP Strategic Plan, Big Action 4:

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

7.5 Equalities

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

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

(b) How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time should improve.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	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

7.6 Clinical or Care Governance

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

7.7 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	A wider MDT approach with additional/ extended skills to positively supporting individuals
People who use health & social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals/education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	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.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

7.8 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.

7.9 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.
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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.
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7.10 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.

8.0 DIRECTIONS

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

9.0 CONSULTATION

- 9.1 This report has been prepared by the Head of Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP) under the direction of the Primary Care Transformation Group.
- 9.2 Engagement through our New Ways, PCIP and now Primary Care Transformation journey; has been inclusive ensuring our key stakeholders are engaged in the development and shaping of our services.
- 9.3 In supporting our transformation agenda, it is recognised that in order for successful transfer of care; from GP to extended multidisciplinary professionals that population engagement is key.
- 9.4 Our culture change journey commenced during New Ways of Working. It was at that point our 'Choose the Right Service' brand and campaign was created. Working in partnership with our third sector partners and led by Your Voice; this model has advanced, and embedded in our communities. As we now know it, patients were seen for the 'right care in the right place'.
- 9.5 On the next phase of our transformation journey, we have:
- Commissioned further population engagement through the third sector, focusing on the 'Transformation of Primary Care'.
 - Created Development Groups for areas of the Memorandum of Understanding to ensure our stakeholders are represented and have input to the onward development of our services.
 - Monthly drop in sessions for GP Practice workforce to engage and contribute to focus session on specific Memorandum of Understanding areas. Population engagement will take place through a variety of approaches including face to face, social media.

10.0 CONCLUSIONS

- 10.1 The headline messages from our Inverclyde's Primary Care Implementation Plan journey, at endpoint January 2023, is that:

- An additional 41.67 wte staff have been recruited to the MDT roles.
- The additional workforce capacity has increased support for General Practice; as well as managing both existing and new workload in a sustainable way.
- The implementation of the new models and extended multidisciplinary teams are now an established part of core general practice provision; which has allowed a significant transfer of work from GP practices to the HSCP across all of the MOU as demonstrated above in each of the priority areas.

10.2 PCIP was developed within the available funding, with a focus on those areas most closely linked to contractual commitments. The Memorandum of Understanding confirmed that investment should be focused on the three priority areas linked to direct transfer of service responsibility.

10.3 Inverclyde HSCP has embraced these opportunities to utilise an innovative approach to skill mix, creating efficiencies and maximising impact. As a partnership, Inverclyde has exceeded beyond this; and have significantly progressed all Memorandum of Understanding defined areas and should be commended on this success.

3.0 BACKGROUND AND CONTEXT

- 3.1 The progression of the Learning Disability Redesign followed a Strategic Review of Services for Adults with Learning Disabilities in Inverclyde. The Outline and Final Business Cases for the new Learning Disability Community Hub, including identification of the preferred site, have been the subject of previous reports to the Health & Social Care Committee. The new Hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde community in line with national and local policy.
- 3.2 The progression of the project for the new Learning Disability Community Hub has been the subject of regular update reports to the Corporate Management Team and Health and Social Care Committee / Social Care Scrutiny Panel / Integration Joint Board. Reports presented in June and July 2022 involved the approval of additional funding and a fundamental review of the design proposals to address the overall affordability of the project including the adoption of a low carbon design approach with the support of external grant funding through the Low Carbon Fund / Vacant and Derelict Land Investment Programme (VDLIP).
- 3.3 An update report was submitted to the Social Care Scrutiny Panel on the 31st of January 2023.
- 3.4 The Learning Disability Programme Board chaired by the Head of Health and Community Care continues to meet every three weeks to monitor progress including the development of the design for the site and building and review / update of the project risk register.

Project Delivery Programme and Key Risks

- 3.5 A summary of the current high level programme for the Inverclyde Learning Disability Community Hub is included below. The programme has been developed in conjunction with the Council's chosen delivery partner (hub West Scotland) following their formal engagement in late July 2022:

Inverclyde Learning Disability Community Hub High Level Programme	
Hub Stage 1	
Consultant Appointments	August - September 2022
Concept Design (RIBA Stage 2)	September - October 2022
Contractor Appointment (Stage 1)	September - December 2022
Spatial Design (RIBA Stage 3)	October 2022 – February 2023
Planning Application	February- March 2023
Hub Stage 1 Approval	February - March 2023
Hub Stage 2	
Detail Design (including enabling works)	February – June 2023
Market Testing	June – August 2023
Potential Site Enabling Works Package	June – September 2023
Hub Stage 2 Approval	August – September 2023
Financial Close	September 2023
Mobilisation and Construction	September 2023 – October 2024

The delivery programme position has been developed and influenced by the factors / constraints outlined below:

- the design proposals required to be fundamentally reviewed and brought back to the Health and Social Care Committee / Inverclyde Integration Joint Board to address the affordability / budget gap and incorporate the low carbon design elements that formed part of the VDLIP funding bid;
- the Committee approval process and additional funding commitment was obtained at a special meeting of the Integration Joint Board on 20th July. The Council were unable to formally engage the delivery partner (hub West Scotland) ahead of this approval;

- the Council's Property Service does not have the capacity to progress large construction projects utilising in-house staff and rely on external consultants including established delivery vehicles such as hub West Scotland with the input of senior officers on project management;

3.6 The Integration Joint Board will be aware of the recurring reference within reports to the Council's Committees on the challenging economic and market conditions, including the extraordinary rise in the price of materials which are impacting the delivery of the capital programme. The projects within the capital programme, and particularly the small number of larger scale projects, remain at risk in terms of projected capital cost, primarily as a result of the uncertainty around future price increases linked to the factors below:

- General inflation/tender cost indices – rising oil and gas prices; material and labour shortages; the impact of various socio-economic factors and worldwide events; manufacturing and distribution constraints; local, national and worldwide demand;
- Risk management – contractors, sub-contractors and suppliers are factoring in additional risk allowances to cover any further increases, particularly for projects with a longer construction period, thus exacerbating the overall position.
- More stringent design and energy performance standards; this includes the adoption of the low carbon design principles for new build assets, and the requirement to work towards ambitious targets in relation to achieving Net Zero Emissions and a reduction in Construction Embodied Carbon.

3.7 The project is currently being progressed to the conclusion of hub stage 1 which includes a review of the cost plan in relation to the developing proposals and timescales within the high level programme. During the development of the RIBA Stage 2 and in the early stages of Stage 3 design, the cost reviews identified a projected budget gap of circa £240K predominantly linked to inflation and the current programme which has been influenced by the factors outlined in 3.4 above. A list of value engineering options was compiled and reviewed to address cost reductions associated with each item. This exercise has resulted in a reduction of the projected gap of circa £120K. The Panel is requested note however that the inflation risk will remain a live risk through the remaining design development period up to the point of market testing and financial close and there will be further cost reviews at key stages within the high level programme as the project is developed through the remaining RIBA stages 3 and 4. It is imperative that every effort is made to maintain the current high level programme in light of the continuing market challenges and volatile construction inflation position. In terms of potential mitigation of the main financial risks outlined above, the feasibility of an enabling works package is currently being explored. The main areas of risk in the next period relate to the progression of statutory approvals (Planning and Building Standards) with formal Planning application anticipated to be submitted in February 2023.

3.8 As confirmed in the reports in June and July 2022, the Property Services team liaised with officers in the Regeneration and Planning on an application to the VDLIP, initially in November 2021 and thereafter with a stage 2 submission in February 2022. A formal grant offer was received on 26 May 2022 with the original application and grant conditions based on the grant of £990k being received in the 2022/23 financial year. Officers from Property Services with the support of other Senior Council Officers have continued to engage with Scottish Government officials to provide information on the current programme for delivery including confirmation of the continued Council commitment to the project and the formal engagement of the delivery partner hub West Scotland, who have also provided supporting information. Officers will continue to engage with Scottish Government to provide the necessary grant claim information and evidence to support grant draw down by the end of the current financial year.

Project Design Development and Stakeholder Engagement

- 3.9 Engagement with the Client Service has continued in respect of the development of room layouts, interior design studies, development of loose and fitted furniture and equipment schedules, access control strategy etc. in conjunction with Property Services and the design team. Every effort has been made by the service to keep costs within available project funding whilst maintaining the requirement to achieve a high quality environment for service users. A site visit and workshop was undertaken with the Landscape Architect which has enabled the development of the external works design including hard and soft landscaped areas.
- 3.10 Consultation with service users, families, carers and all learning disability staff both NHS and Social Care continues. Four staff events took place in November / December. Up-dates on progress are included in the Learning Disability newsletters that are sent out to a wider group of service users, families, carers, staff and the wider community, published on social media platforms and council web pages.

4.0 PROPOSALS

- 4.1 The Panel is requested to note that the project continues to be progressed through the current hub delivery schedule as per the high level programme outlined in 3.4 and Officers continue to engage with Scottish Government on the terms and conditions of the VDLIP funding.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO	N/A
Financial	x		
Legal/Risk	x		
Human Resources		x	
Strategic (LOIP/Corporate Plan)	x		
Equalities & Fairer Scotland Duty		x	
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability	x		
Data Protection			x

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Capital	Learning Disability	2020/24	8,517		Original £7.4m prudential borrowing plus additional £550k prudential borrowing and £567k IJB reserves (as July IJB approval)
Grant Funding (VDLIP)	Learning Disability	2022/23	990		
CFCR	Learning Disability	2020/24	500		Estimated kit out and ICT costs Funded from EMR.

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
General Fund	Loans Charges	2022/23	388		Original £360k estimated loans charges to deliver the £7.4m plus estimated £28k for additional £550k.
Learning Disabilities	Running Costs	2022/23	1,327		Estimated sum available for the running costs of the new facility

5.3 **Legal/Risk**

The progression of key capital programme projects continues to be challenging in the context of the current economic and market conditions with inherent cost risks up to the point of financial close.

The current VDLIP conditions of grant offer requires the full grant amount to be drawn down in 2022/23 and Officers continue to engage with Scottish Government to provide the necessary supporting information.

5.4 **Human Resources**

There are no human resources issues.

5.5 **Strategic Plan Priorities**

The project for the new Learning Disability Community Hub is a key element of the Learning Disability Redesign which will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde community in line with national and local policy.

5.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	New build is designed to improve access.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Facilities improved
People with protected characteristics feel safe within their communities.	Service designed to feel safe
People with protected characteristics feel included in the planning and developing of services.	Service user groups involved and consulted
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	This is the goal of the work and training is provided
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Staff are trained to support.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	No impact from new Hub anticipated

This capital investment into building a new LD Hub shows the commitment of Inverclyde HSCP towards meeting Equalities Outcomes, by improving facilities for individuals from protected groups, particularly those affected by Learning Disability and Autism. Co-location of the integrated Community Learning Disability Team (NHS and Social Care) and Day Opportunities staff on a new base, located near to the centre of Inverclyde, is designed to improve access to services, in a safe and welcoming setting.

5.7 Clinical or Care Governance

The Inverclyde Learning Disability service has robust clinical and care governance structures, with the Service Manager submitting regular exceptions reports and taking part in the wider GG&C Learning Disability Clinical and Care Governance meetings. Day Opportunities staff also participate in the Day Services Working Group across GG&C and are part of the Clyde Valley partnership for the governance of PPB and other initiatives.

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.	Health and wellbeing promoted by Day Ops staff
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	New LD Hub for LD and Autism designed to reduce need for people to go out of area
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Quality of environment important
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Integration of CLDT and Day Ops staff on new site.
Health and social care services contribute to reducing health inequalities.	Clinical space and rehab areas provided in LD Hub
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.	Day respite provided and café style area to welcome carers.
People using health and social care services are safe from harm.	All staff have ASP awareness training
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff are supported and have regular reviews
Resources are used effectively in the provision of health and social care services.	Integration of teams to promote best use of resources

The new LD Hub is designed around the health and well-being of service users and the staff who support them. The new model of Day Opportunities in the community is already well established in Inverclyde, and facilities in the new Hub such as sensory rooms, trampoline for rebound therapy and rooms for developing activities of daily living will all contribute towards these outcomes. Landscaping of the outdoor spaces is also carefully considered for safe walking and other activities.

5.9 Children and Young People

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

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

5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

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

5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	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 Interim Director, Finance & Corporate Governance and the Head of Health and Community Care have been consulted on the contents of this report. There has been ongoing consultation sponsored by the Learning Disability Programme Board with support from partner organisations.

8.0 BACKGROUND PAPERS

8.1 Project Risk Register – P76 ALDH - 12 January 2023.