



Municipal Buildings, Greenock PA15 1LY

Ref: DS/LC

Date: 19 June 2023

**A meeting of the Inverclyde Integration Joint Board will be held on Monday 26 June 2023 at 2pm within the Municipal Buildings, Greenock.**

**Members may attend the meeting in person or via remote online access. Webex joining details have been sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Friday 23 June 2023 how they intend to access the meeting.**

**In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.**

**Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.**

**Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.**

**IAIN STRACHAN  
Head of Legal, Democratic, Digital & Customer Services**

**\*\* to follow**

<b>BUSINESS</b>		
1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>ITEMS FOR ACTION:</b>		
2.	<b>Minute of Meeting of Inverclyde Integration Joint Board of 15 May 2023</b>	<b>p</b>
3.	<b>Rolling Action List</b>	<b>p</b>
4.	<b>Inverclyde Integration Joint Board (IIJB) and IIJB Audit Committee – Proposed Dates of Future Meetings</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Inverclyde Integration Joint Board – Voting Membership Update</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>

6.	<b>Inverclyde Integration Joint Board Audit Committee – Terms of Reference, Membership, Chair and Vice-Chair Appointments</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
7.	<b>Future Delivery of IJB Meetings and IJB Report Format</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
8.	<b>2022/23 Draft Annual Accounts</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
<b>ROUTINE DECISIONS AND ITEMS FOR NOTING:</b>		
9.	<b>Financial Plan 2023/24 to 2027/28</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
10.	<b>Integration Joint Board Category 1 Responder Update</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
11.	<b>HSCP Workforce Plan 2022-2025 – Updated Action Plan</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
12.	<b>IJB Reserves Position and Updated Reserves Strategy</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
13.	<b>Financial Regulations Update</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
14.	<b>Rapid Rehousing Transition Plan (RRTP) Annual Review 2022/23</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
15.	<b>Unscheduled Care Winter Update</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
16. **	<b>The Future of Care and Support at Home</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
17.	<b>Chief Officer's Report</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
<b>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</b>		

**ROUTINE DECISIONS AND ITEMS FOR NOTING:**

18. **Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 15 May 2023 Para 6 & 9**

Please note: this meeting may be recorded or live-streamed via You Tube and the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting the Chair will confirm if all or part of the meeting is being recorded or live-streamed.

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If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

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

**INVERCLYDE INTEGRATION JOINT BOARD – 15 MAY 2023**

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**Inverclyde Integration Joint Board**

**Monday 15 May 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
Jonathan Hinds	Chief Social Work Officer
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Dr Chris Jones	Registered Medical Practitioner
Laura Moore	Chief Nurse, NHS GG&C

**Non-Voting Stakeholder Representative Members:**

Diana McCrone	Staff Representative, NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde
Christina Boyd	Carer's Representative

**Additional Non-Voting Member:**

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

Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Karen MacVey	Legal, Democratic, Digital & Customer Services Team Leader
PJ Coulter	Corporate Communications, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice, Inverclyde Community Care Forum (public business only)

**Chair:** Alan Cowan presided.

The meeting took place via video-conference.

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- 28 Apologies, Substitutions and Declarations of Interest 28**
- Apologies for absence were intimated on behalf of:  
 Gemma Eardley Staff Representative, Inverclyde Health & Social Care Partnership  
 Margaret Tait Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
- No declarations of interest were intimated, but certain connections were intimated for the purposes of transparency as follows:  
 Agenda item 10 (Reporting by Exception – Governance of HSCP Commissioned External Organisations) - Councillor McCluskey and Ms Boyd.
- 29 Minute of Meeting of Inverclyde Integration Joint Board of 20 March 2023 29**
- There was submitted the Minute of the Inverclyde Integration Joint Board of 20 March 2023.  
 The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.  
 Referring to minute reference 19, the Chair advised that he had raised the return of surplus Covid funding with GG&C Health Board and the Chair of the IJB Chair/VC Network, that Inverclyde's concerns were shared by the other Chairs and that he would advise the Board should there be any significant developments.  
 Referring to minute reference 22, the Chair noted that the dates of future reports that the IJB is required to submit to the EHRC still require to be added to the Rolling Action List.  
**Decided:** that the Minute be agreed.
- 30 Non-Voting Membership of the Integration Joint Board – Chief Social Work Officer 30**
- 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) that Jonathan Hinds had been appointed Chief Social Work Officer by Inverclyde Council. The report was presented by Ms Pollock, who provided a verbal update advising that additionally (3) Inverclyde Council agreed on 20 April 2023 that Councillor Francesca Brennan was to replace Councillor Colin Jackson as the proxy member to attend meetings in the absence of Councillor Moran, and (4) Donald McQuade was now the proxy member for Margaret Tait, Service User Representative.  
**Decided:**  
 (1) that the appointment by Inverclyde Council of Jonathan Hinds as the Chief Social Work Officer and non-voting member of the IJB be noted;  
 (2) that it be noted that Councillor Francesca Brennan had replaced Councillor Colin Jackson as the proxy for Councillor Moran; and  
 (3) that it be noted that Donald McQuade was now the proxy member for Margaret Tait, Service User Representative non-voting member.
- 31 Financial Monitoring Report 2022/23 – Period to 28 February 2023, Period 11 31**
- 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 28 February 2023, 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. The report was presented by Mr Given.  
 Dr Jones joined the meeting during consideration of this item.

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Referring to paragraph 5.7 of the report, the Board sought assurances that the increase in the Set Aside budget from 29.350million to £34.704million would not have an impact on service delivery and Mr Given assured that it would not. The Board further asked if the increase would have an impact on the Revenue Budget and Mr Given advised that this was a notional issue which would not have an impact on the revenue budget. The Board suggested that Mr Given provide a briefing note or development session to clarify the Set Aside budget process, and Mr Given agreed to consider how best to explain the complexities of the Set Aside budget for Board members. The Chair referred to the statement at the last bullet point of the paragraph: ‘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’, and noted that this was an area that was not well understood and it would be helpful if some greater clarity could be provided in future reports.

Referring to the 8th bullet point of paragraph 4.4 of the report, the Board asked if the expected £0.284million underspend on Carers support was due to staff shortages. Mr Given advised that there had been difficulty returning the service to a pre-Covid level and that he had requested the underspend be earmarked against the Carers reserve going forward. Mr Best acknowledged the challenges faced following the Covid pandemic and confirmed that the service was committed to supporting Carers and were working with external partners to both increase provision and promote the options available to Carers.

Referring to appendix 6 and the Transformation Board figures, the Board asked if officers could look at the length of time it took to fill vacant posts. Mr Given advised that an update would be provided at a future meeting on the SWIFT project and Ms Rocks acknowledged the concerns and advised that there was an independent review currently being undertaken of HR services within Inverclyde Council and that recruitment was included in the Workforce Plan.

Referring to the overspends detailed in the report, the Board sought assurance that these were being contained and monitored and Mr Given advised that they were. Ms Rocks further added that senior officers were currently looking at a redesign of Children and Families services, which would take some time, and that the high costs relating to Mental health in-patient services were due to the staffing levels required, which was an issue throughout GG&C. Ms Rocks emphasised that individual patient care was a priority and would not be denied on cost.

### **Decided:**

- (1) that (a) the current Period 11 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 detailed at appendix 5 to the report;
- (3) that the specific earmarking detailed at sections 4 and 5 of the report and summarised at paragraph 7.2 of the report be approved;
- (4) that the position on the Transformation Fund, as detailed at appendix 6 of the report, be noted;
- (5) that the current capital position, as detailed at appendix 7 of the report, be noted;
- (6) that the current Earmarked Reserves position, as detailed at appendix 8 of the report, be noted; and
- (7) that the key assumptions within the forecast, as detailed at section 11 of the report, be noted.

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

The Chair referred to the IDEAS Project being 'closed' on the RAL and advised that, as this matter was also contained within the Chief Officers Report later in the agenda, he anticipated the retention of the IDEAS Project on the RAL as an open action. This was agreed after discussion later in the meeting.

**Decided:**

- (1) that the Rolling Action List be noted; and
- (2) that the IDEAS Project be retained on the Rolling Action List as an open action (see agenda item: Chief Officer's Report).

**33 Langhill Clinic Local Visit by Mental Welfare Commission – May 2023 Update**

33

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the Mental Welfare Commission Local Visits to mental health inpatient services at the Langhill Clinic. The report was presented by Ms Rocks.

Referring to appendix 1 - July 2021 visit, recommendation 7 – the Board raised concerns over air quality and noted that as the work referred to was ongoing that it was premature to note the action as 'complete'. Officers agreed to review this and check the progress of the work with the Capital Project Board.

Referring to appendix 2 – February 2023 visit, recommendation 1 – the Board sought clarity on the composition of the Food Users Group and officers agreed to confirm the composition of the Group for the Board.

Referring to appendix 1 – July 2021 visit, recommendation 2 – the Board requested an update on the recruitment issues detailed, and officers agreed to provide Board members with an update at the next meeting.

Referring to appendix 1 – July 2021 visit, recommendation 5 – officers agreed to review the robustness of the audit system implemented to ensure that consent to treatment certificates were in place.

The Board raised concerns over the use of locum staff within the Clinic and the level of training they received, and Ms Rocks advised that locum staff were used throughout GG&C and the matter was being addressed.

The Board acknowledged the steps taken to formalise engagement with Carers, emphasising that Carers should be included and their opinions recorded.

The Chair requested that the next Chief Officer's Report address the matters raised in the discussion of this item, particularly (a) the Food Users Group/dietary requirements, (b) building works/temperature, and (c) audit of consent to treatment certificates.

**Decided:**

- (1) that the progress made in completing the action plan in response to the recommendations following the unannounced visit of 12 July 2021 be noted, as detailed at appendix 1 to the report;
- (2) that it be noted a further unannounced visit took place at the Langhill Clinic on 1 February 2023, the report for which has not yet been published, which was mainly positive and raised four actions as detailed at appendix 2 to the report;
- (3) that it be agreed future reporting arrangements be through the Chief Officer's Report, unless there are areas of concern or risk highlighted in external scrutiny which require more detailed reporting; and
- (4) that the matters raised in discussion of this item be addressed in the next Chief Officer's Report.

**34 Impact of the Primary Care Improvement Plan (PCIP)**

34

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing the Board with detail on the impact of the Primary Care Improvement Plan through the advancement of the Multi-Disciplinary workforce and how this contributes to the progression of the Transformation of Primary Care Services. The report was presented by Mr Best.

The Chair invited Dr MacDonald and Ms Moore to comment on the report. Both welcomed the scope of the report and acknowledged that work remained ongoing. Dr MacDonald advised that there was anecdotal evidence of patients now requesting other members of the multi-disciplinary teams, such as Advanced Nurse Practitioners (ANPs) and Pharmacists. The Board discussed the issue of training and retaining ANPs, with Ms Moore providing an overview of the actions being taken to address this and Dr MacDonald presenting a vision of what could be achieved with a full ANP quota.

The Board asked if there was clarity from the Scottish Government on proposed funding levels and Mr Given advised that this should be clarified in time for the next IJJB meeting in June, when the draft accounts would be presented. Mr Best advised that a Q4 tracker had now been returned to the Scottish Government which would be analysed and used in the calculation of funding.

Referring to paragraph 5 of the report, the Board requested an update on the number of people having to travel outwith Inverclyde to get vaccinations and voiced support for the service being contained within Inverclyde. Mr Best advised that the Housebound Team provided a very robust service whilst acknowledging that some people had to travel outwith Inverclyde. Officers agreed to provide the Board with an update at the November 2023 IJJB meeting on the Vaccination Transformation Programme, with emphasis on services where residents can't access these locally, why that is and what actions are being taken to improve this.

Referring to the Impact Summary at paragraph 6, the Board asked if patient opinions had been obtained and Mr Best advised that work was currently ongoing, supported by Your Voice, to obtain the views of patients and that this would be reported to the Board at a later date.

The Chair noted that he would like to see further reports on the PCIP come to future meetings of the IJJB.

**Decided:**

- (1) that the positive impact on patient care through the implementation of the Primary Care Improvement Plan be noted;
- (2) that the proposals for continued implementation of the Primary Care Improvement Plan be agreed; and
- (3) That the Board continues to receive periodic 6 monthly updates on the progress, risks and benefits of the PCIP.

**35 Learning Disability – Community Hub Update**

**35**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the on-going development of the Inverclyde Learning Disability Community Hub project as it progresses through the design stages towards market testing and financial close. The report was presented by Mr Best

**Decided:**

- (1) that the current progress and delivery programme for the project be noted;
- (2) that the on-going review of the design proposals and affordability cap position including the inherent inflation risk be noted; and
- (3) that the on-going engagement with the relevant Scottish Government officials on maintaining the external funding commitment to the project be noted.



36 **Chief Officer's Report**

36

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Ms Rocks and provided updates on (1) visit by the Cabinet Secretary to Inverclyde, (2) Health and Care (Staffing) (Scotland) Act 2019, (3) Disabled Children and Young People Thematic Review, (4) addressing mental health inequalities of Care Experienced Young People, (5) Medication Assisted Treatment, (6) inspection of Crosshill Children's Unit, and (7) the IDEAS Project. During her summing up of the report, Ms Rocks highlighted the success of the interim beds strategy and praised the team responsible for its development and implementation.

Dr MacDonald left the meeting during consideration this item.

The Board sought reassurance that the Health and Care (Staffing) (Scotland) Act 2019 would not be implemented without staff and Trade Union consultation, and Ms Rocks and Mr Best confirmed that they were confident there would be consultation. The Board commented on requirement to ensure there would be adequate numbers of suitably qualified and competent staff whilst having ongoing recruitment issues, and the Chair invited Ms Moore to comment on safe staffing levels. Ms Moore advised that she hoped the Act would empower staff to say they weren't qualified for certain tasks and highlight areas where more nurses are needed. Ms Moore further added that it was anticipated there would be trained Champions and that she hoped there would be an effective roll out of the Act.

Referring to the IDEAS Project, Ms Rocks agreed to bring a further report on the impact of this and that the matter should remain on the Rolling Action List until the Board are satisfied.

**Decided:**

- (1) that the updates provided within the report be noted; and
- (2) that (a) a further report brought to the Board on the impact of the IDEAS Project, and (b) it be retained on the Rolling Action List until the Board are satisfied.

Ms Elliott 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
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<b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b>	<b>6 &amp; 9</b>
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<b>Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 20 March 2023</b>	<b>6 &amp; 9</b>
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37 **Reporting by Exception – Governance of HSCP Commissioned External Organisations**

37

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 21 January to 24 March 2023. The report was presented by Mr Given and provided updates on establishments

**INVERCLYDE INTEGRATION JOINT BOARD – 15 MAY 2023**

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and services within Older People Services, Adult Services and Children's services, all as detailed in the Private 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 21 January to 24 March 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.

**38 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 20 March 2023 38**

There was submitted an Appendix to the Inverclyde Integration Joint Board minute of 20 March 2023.

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

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

**39 Next Meeting 39**

At the conclusion of business Ms Rocks advised that it was the intention to have the next scheduled meeting of the IJJB, on Monday 26 June 2023, as a hybrid meeting with a preceding lunch, and that all IJJB members were welcome to attend. More information would be issued in due course.

**INVERCLYDE INTEGRATION JOINT BOARD  
ROLLING ACTION LIST  
26 JUNE 2023**

<b>Meeting Date and Minute Reference</b>	<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Update/Outcome</b>	<b>Status</b>	<b>Open/Closed</b>
21 March 2022 (Para 21(4))	Unscheduled Care Commissioning Plan performance report be brought to the Board	Chief Officer	At the end of the first year	Paper to IJB June 2023	Work Ongoing	Closed
26 September 2022 (Para 61 (2))	Inverclyde Adult Support and Protection Partnership – report on audits in first quarter of 2023	Chief Officer	Sept 2023	Paper to IJB Audit Committee Sept 2023	Work to commence	Open
7 November 2022 (Para 75 (6))	Future delivery of meetings – proposals for next cycle	Chief Officer	June 2023	Part of Chief Officers report June 2023	Work Ongoing	Closed

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
10 January 2023 (request)	Annual Performance Report	Chief Officer	June 2023	Paper to IJB September 2023	Work ongoing	Open
23 January 2023 (Para 11(3))	Proposal for redesign of Homelessness Service to IJB and Inverclyde Council	Chief Officer	Nov 2023	Paper to Nov 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

<u>May</u> <ul style="list-style-type: none"><li>•</li></ul>	<u>June</u> <ul style="list-style-type: none"><li>• Draft Annual Accounts</li><li>• Unscheduled Care Commissioning Plan</li><li>• Workforce Update</li><li>• Inverclyde Adult Support and Protection Partnership</li><li>• Five Year Financial Plan</li><li>• Homelessness Update</li></ul>
<u>September</u> <ul style="list-style-type: none"><li>• Audited Annual Accounts</li><li>• Digital Strategy</li><li>• Clinical &amp; Care Governance</li><li>• Annual update report on implementing The Improving the Cancer Journey model and outcomes</li><li>• Inverclyde HSCP Strategic Plan</li><li>• Annual Performance Report</li><li>• Equalities Duty Update</li></ul>	<u>November</u> <ul style="list-style-type: none"><li>• Workforce Update</li><li>• Homelessness Redesign</li><li>• PCIP update (6 monthly update)</li></ul>
<u>January</u> <ul style="list-style-type: none"><li>• Chief Social Work Annual Report</li></ul>	<u>March</u> <ul style="list-style-type: none"><li>• Budget Setting 24/25</li><li>• <u>Equalities Duty Progress</u></li></ul>

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/060/23</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to seek agreement of a timetable of meetings for both the Inverclyde Integration Joint Board (IJB) and the IJB Audit Committee for 2023/24.

1.3 Members will note from the 2023/24 timetable that it is proposed to hold six meetings of the IJB, allowing for an additional meeting in late June and three meetings of the IJB Audit Committee.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that agreement be given to the timetable of meetings for the IJB and the IJB Audit Committee for 2023/24, as detailed in the appendix to the report.

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

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Standing Orders of the IJJB provide for meetings to be held at such place and such frequency as may be agreed by the IJJB. The proposal in this report is for six meetings to be arranged for the period from September 2023 to June 2024, with all meetings commencing at 2pm.
- 3.2 In June 2016, an Audit Committee was established as a Standing Committee of the IJJB. The Audit Committee's Terms of Reference provide for the Committee to meet at least three times each financial year and that there must be one meeting a year, or part thereof, where the Committee meets the External Auditors and Chief Internal Auditor without other senior officers present.
- 3.3 It is proposed that the IJJB Audit Committee meets on three of the six dates on which the IJJB meets, in September, March and June, as requested by the IJJB Audit Committee in March 2022.

### 4.0 PROPOSALS

- 4.1 It is anticipated that the arrangements for signing off the annual accounts will revert to September 2023, having previously been considered at Special Meetings in November 2021 and 2022 during the Covid pandemic. It is therefore proposed that the IJJB and IJJB Audit Committee meet on 25 September 2023 for this purpose and that on this day members of the Audit Committee meet with the External Auditors and Chief Internal Auditor at 12 noon, without other senior officers present as provided for in the IJJB Audit Committee's Terms of Reference, and that the usual business of the IJJB Audit Committee commence at 1pm.
- 4.2 To avoid a potential clash with a number of meetings arranged by NHS Greater Glasgow & Clyde, and which are attended by members of the IJJB, the meetings for the IJJB and IJJB Audit Committee are on Mondays.
- 4.3 Meetings of the IJJB Audit Committee and IJJB are scheduled to begin at 1pm and 2pm respectively. The only exception to this is the IJJB Audit Committee on 25 September 2023, as detailed at paragraph 4.1 above.
- 4.4 A report on the future delivery of IJJB meetings will be considered as a separate agenda item.
- 4.5 It is proposed that the IJJB notes the content of this report and agrees the IJJB and IJJB Audit Committee timetable of meetings for 2023/2024 as attached in the appendix to this 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

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

There are no legal/risk implications arising from this report.

## 5.4 Human Resources

There are no Human Resource implications arising from this report

## 5.5 Strategic Plan Priorities

There are no Strategic Plan Priorities implications arising from this report.

## 5.6 Equalities

There are no equality issues within this report.

### (a) Equalities

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

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

### (b) Equality Outcomes

How does this report address our Equality Outcomes?



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

## 5.7 Clinical or Care Governance

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

## 5.8 National Wellbeing Outcomes

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

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

## 6.0 DIRECTIONS

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

## **7.0 CONSULTATION**

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

## **8.0 BACKGROUND PAPERS**

8.1 None.

## TIMETABLE 2023/24

IJB/IJB Audit Committee	Submission Date – 9am	Pre-Agenda Date	Issue Agenda	Date of Meeting
IJB Audit Committee	Friday 1 September	Monday 11 September – 2pm	Friday 15 September	Monday 25 September – 12 noon, then 1pm
Inverclyde Integration Joint Board	Friday 1 September	Monday 11 September – 3pm	Friday 15 September	Monday 25 September – 2pm
Inverclyde Integration Joint Board	Friday 20 October	Monday 30 October – 3pm	Friday 3 November	Monday 13 November – 2pm
Inverclyde Integration Joint Board	Friday 15 December	Monday 8 January – 3pm	Friday 12 January	Monday 22 January – 2pm
IJB Audit Committee	Friday 1 March	Monday 11 March – 2pm	Friday 15 March	Monday 25 March – 1pm
Inverclyde Integration Joint Board	Friday 1 March	Monday 11 March – 3pm	Friday 15 March	Monday 25 March – 2pm
Inverclyde Integration Joint Board	Friday 19 April	Monday 29 April – 3pm	Friday 3 May	Monday 13 May – 2pm
IJB Audit Committee	Friday 31 May	Monday 10 June – 2pm	Friday 14 June	Monday 24 June – 1pm
Inverclyde Integration Joint Board	Friday 31 May	Monday 10 June – 3pm	Friday 14 June	Monday 24 June – 2pm

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/061/23</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board – Voting Membership Update</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (“IJB) of changes to its Chair and Vice-Chair positions and provide an update in respect of its current voting membership.
- 1.3 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.
- 1.4 The Integration Scheme and IJB Standing Orders set out the arrangements for the appointment to the positions of Chair and Vice-Chair of the IJB. The current Chair and Vice-Chair have reached the end of their terms of office and this report sets out the proposed changes to these positions.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that the Inverclyde Integration Joint Board:-
1. notes the appointment by Inverclyde Council of Councillor Robert Moran as Chair of the Inverclyde Integration Joint Board;
  2. notes the appointment by Greater Glasgow and Clyde NHS Board, subject to approval on 27 June 2023, of Alan Cowan as the Vice Chair of the Inverclyde Integration Joint Board;
  3. notes the appointment by Inverclyde Council of:  
  
Councillor Robert Moran with Councillor Francesca Brennan as proxy;  
Councillor Martin McCluskey with Councillor Paul Cassidy as proxy;  
Councillor Lynne Quinn with Provost Drew McKenzie as proxy;  
Councillor Sandra Reynolds with Councillor Elizabeth Robertson as proxy;

as voting members of the Inverclyde Integration Joint Board for a further term of office of two years.

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

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out the arrangements for the membership of all Integration Joint Boards. As a minimum, this must comprise;
- voting members appointed by the NHS Board and Inverclyde Council;
  - non-voting members who are holders of key posts within either the NHS Board or Inverclyde Council; and
  - representatives of groups who have an interest in the IJB.

### **4.0 IJB CHAIR AND VICE-CHAIR APPOINTMENTS**

- 4.1 In terms of the Integration Scheme (Para. 2.4), the Order and IJB Standing Order 9, the appointment of the Chair and Vice-Chair of the IJB is to rotate every 2 years between Greater Glasgow and Clyde NHS Board and Inverclyde Council, with the Chair being from one party and the Vice-Chair from the other. The current Chair of the IJB was appointed on the nomination of Greater Glasgow and Clyde NHS Board and that appointment’s term of office is due to expire at the end of June 2023.
- 4.2 In respect of the new arrangements, Inverclyde Council confirmed the appointment of Councillor Robert Moran as Chair of the IJB on 8 June 2023.
- 4.3 Greater Glasgow and Clyde NHS Board have proposed that Alan Cowan is appointed as Vice-Chair of the IJB, and this is subject to approval at the next NHS Board meeting on 27 June 2023.

### **5.0 VOTING MEMBERSHIP**

- 5.1 Councillor Elizabeth Robertson has intimated her decision to swap her membership on the IJB with her current proxy, Councillor Sandra Reynolds. This was confirmed by Inverclyde Council on 8 June 2023. Inverclyde Council agreed at its meeting on 8 June 2023 to the appointment of the following voting members to the IJB for a term of office of 2 years:

Councillor Robert Moran with Councillor Francesca Brennan as proxy;  
Councillor Martin McCluskey with Councillor Paul Cassidy as proxy;  
Councillor Lynne Quinn with Provost Drew McKenzie as proxy;  
Councillor Sandra Reynolds with Councillor Elizabeth Robertson as proxy.

- 5.2 The impact of these changes in voting membership on the membership of the IJB Audit Committee is considered in a separate report on the agenda.

### **6.0 PROPOSALS**

- 6.1 It is proposed that the IJB notes the contents of this report, notes the appointment of the Chair and Vice-Chair of the IJB, and notes the updated membership arrangements as set out in Appendix 1.

## 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 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

Annually Recurring Costs/ (Savings)

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

## 7.3 Legal/Risk

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

## 7.4 Human Resources

There are no Human Resource implications arising from this report

## 7.5 Strategic Plan Priorities

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

## 7.6 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

## 7.7 Clinical or Care Governance

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

## 7.8 National Wellbeing Outcomes

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

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



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

### 7.9 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.

### 7.10 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.

### 7.11 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.

## 8.0 DIRECTIONS

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

## 9.0 CONSULTATION

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

## 10.0 BACKGROUND PAPERS

10.1 None.

**APPENDIX 1**

**Inverclyde Integration Joint Board Membership as at 26 June 2023**

<b>SECTION A. VOTING MEMBERS</b>		
		<b>Proxies (Voting Members)</b>
Inverclyde Council	Councillor Robert Moran (Chair)	Councillor Francesca Brennan
	Councillor Martin McCluskey	Councillor Paul Cassidy
	Councillor Sandra Reynolds	Councillor Elizabeth Robertson
	Councillor Lynne Quinn	Councillor Drew McKenzie
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice- Chair)*  Mr Simon Carr  Ms Ann Cameron-Burns  Mr David Gould  <b>*subject to NHS Board approval</b>	
<b>SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS</b>		
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	

<b>SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS</b>		
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 – Donald McQuade
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis
<b>SECTION D. ADDITIONAL NON-VOTING MEMBERS</b>		
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/062/23</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board Audit Committee – Terms of Reference, Membership, Chair and Vice-Chair Appointments</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to agree revised membership arrangements and Chair and Vice-Chair appointments for the Inverclyde Integration Joint Board Audit Committee (“IJB Audit Committee”). The report also seeks approval to a proposed change to the IJB Audit Committee’s Terms of Reference

1.3 The IJB has previously agreed the powers, remit and membership of the IJB Audit Committee. As a result of changes to the Chair and Vice-Chair arrangements for the IJB, it is necessary to change the membership and appoint a new Chair and Vice-Chair of the IJB Audit Committee.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Inverclyde Integration Joint Board approves the amended Terms of Reference of the Inverclyde Integration Joint Board Audit Committee as detailed in Appendix 1 of this report.

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

1. Appoints one Inverclyde Council voting member to serve on the Inverclyde Integration Joint Board Audit Committee; and
2. appoints a Chair and a Vice-Chair to the Inverclyde Integration Joint Board Audit Committee, having due regard to the requirements set out in Paragraph 3.1 of the Inverclyde Integration Joint Board Audit Committee Terms of Reference

with nominations and appointments being made at the meeting;

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

### 3.0 BACKGROUND AND CONTEXT

3.1 The IJB has previously agreed the powers, remit and membership of the IJB Audit Committee. As a result of changes to the Chair and Vice-Chair arrangements and voting membership for the IJB, there is a voting member vacancy and the Chair and Vice-Chair appointments on the IJB Audit Committee require to be filled by voting members of the IJB.

### 4.0 TERMS OF REFERENCE

4.1 The IJB Audit Committee's Terms of Reference have recently been reviewed as part of proposals to improve and strengthen assurance around performance of the IJB. It is within the powers of the IJB Audit Committee to provide additional assurance when sought by the IJB and the IJB can ask the IJB Audit Committee to take further reports where areas of performance concern the IJB for assurance purposes.

4.2 The Terms of Reference have been reviewed to ensure that they remain fit for this purpose and a minor amendment is proposed to paragraph 8.1.5 of the Terms of Reference. The proposed changes are shown in the copy of the Terms of Reference attached at Appendix 1. Additions are shown in bold italics and underlined.

### 5.0 AUDIT COMMITTEE – MEMBERSHIP AND CHAIR AND VICE-CHAIR APPOINTMENTS

5.1 The current membership of the IJB Audit Committee is set out at Appendix 2.

5.2 As Councillor Elizabeth Robertson is stepping down as a member of the IJB, it is therefore required to appoint one new Inverclyde Council voting member to the IJB Audit Committee.

5.3 The IJB also requires to appoint the Chair (from the NHS Board voting members) and Vice-Chair (from the Inverclyde Council voting members) of the IJB Audit Committee.

5.4 In terms of paragraph 3.1 of the IJB Audit Committee's Terms of Reference (attached at Appendix 1), the Chair of the IJB should not be a member of the IJB Audit Committee and this will require to be taken into account when agreeing the new Chair and Vice-Chair appointments.

### 6.0 PROPOSALS

6.1 It is proposed that the IJB agrees the proposed amendments to the Terms of Reference and the revised membership and the Chair and Vice-Chair appointments of the IJB Audit Committee.

### 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
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## 7.2 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

Annually Recurring Costs/ (Savings)

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

## 7.3 Legal/Risk

Standing Order 13 of the IJB's Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

## 7.4 Human Resources

There are no Human Resource implications arising from this report

## 7.5 Strategic Plan Priorities

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

## 7.6 Equalities

There are no equality issues within this report.

### (a) Equalities

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

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



(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

7.7 **Clinical or Care Governance**

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

7.8 **National Wellbeing Outcomes**

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

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

## 7.9 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.

## 7.10 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.

## 7.11 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.

## 8.0 DIRECTIONS

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

## 9.0 CONSULTATION

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

## 10.0 BACKGROUND PAPERS

10.1 None.



**INVERCLYDE INTEGRATION JOINT BOARD  
AUDIT COMMITTEE  
TERMS OF REFERENCE**

<b>1</b>	<b>Introduction</b>
1.1	The Audit Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.2	The Committee will be known as the Audit Committee of the IJB and will be a Standing Committee of the IJB.
<b>2</b>	<b>Constitution</b>
2.1	The IJB shall appoint the Committee. Membership must comprise an equal number of voting members from both NHS GCC and the Council. The Audit Committee shall comprise 2 voting members from NHS GGC, 2 voting members from the Council and 2 non-voting members from the IJB (excluding professional advisers).
2.2	The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to code of conduct and declaration of interest will be those which apply to the IJB.
<b>3</b>	<b>Chair</b>
3.1	The Chair and Vice Chair of the Audit Committee will be voting members nominated by the IJB but will not be the Chair of the IJB. The Chair and Vice Chair of the Audit Committee should be selected from the voting members nominated by the organisation which does not currently chair the IJB. For example, if the Chair of the IJB is a voting member nominated by the Council then the Chair of the Audit Committee should be a voting member nominated by NHS GCC and vice versa.
<b>4</b>	<b>Quorum</b>
4.1	Three Members of the Audit Committee will constitute a quorum. At least two members present at a meeting of the Audit Committee shall be IJB voting members.
<b>5</b>	<b>Attendance at meetings</b>
5.1	In addition to Audit Committee members the Chief Officer, Chief Financial Officer, Chief Internal Auditor and other professional advisors and senior officers will attend as required as a matter of course. External audit or other persons shall attend meetings at the invitation of the Audit Committee.

5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Audit Committee may co-opt additional advisors as required.
<b>6</b>	<b>Meeting Frequency</b>
6.1	The Audit Committee will meet at least three times each financial year. There should be at least one meeting a year, or part thereof, where the Audit Committee meets the external and Chief Internal Auditor without other senior officers present.
<b>7</b>	<b>Authority</b>
7.1	The Audit Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
<b>8</b>	<b>Duties</b>
8.1	The Audit Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. Acting as a focus for value for money and service quality initiatives;
	2. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	3. Monitoring the annual work programme of Internal Audit;
	4. To consider matters arising from Internal and External Audit reports;
	5. Review on a regular basis action planned by management to remedy <b><i>performance</i></b> weaknesses or other criticisms made by Internal or External Audit <b><i>or the IJB, making full use of the Audit Committee.</i></b>
	6. Review risk management arrangements, receive annual Risk Management updates and reports.
	7. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	8. To consider annual financial accounts and related matters before submission to and approval by the IJB;
	9. To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;

10.	The Audit Committee may at its discretion set up short term working groups for review work. Membership of which will be open to anyone whom the Audit Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;
11.	Promoting the highest standards of conduct by Board Members;
12.	Monitoring and keeping under review the Codes of Conduct maintained by the IJB, and.
13.	Will have oversight of Information Governance arrangements as part of the performance and audit process.
14.	Monitoring progress on the delivery of Directions on a six monthly basis and escalating key delivery issues to the IJB.
<b>9</b>	<b>Conduct of Meetings</b>
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.

Classification : Official

**Inverclyde Integration Joint Board  
Audit Committee Membership – as at 26 June 2023**

<b>SECTION A. VOTING MEMBERS</b>		
		Proxies (Voting Members)
Inverclyde Council	<b>Vacancy*</b> Councillor Lynne Quinn <b>*Vice Chair is also vacant</b>	### Councillor Drew McKenzie
Greater Glasgow and Clyde NHS Board	Mr David Gould (Chair)** Mr Simon Carr <b>**Chair tbc on 26 June 2023</b>	
<b>SECTION B. NON-VOTING MEMBERS</b>		
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott	

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/063/23</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Future Delivery of IJB Meetings and IJB Report Format</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) with proposals around the future deliver of formal IJB meetings, with a specific recommendation that future meetings are held on a hybrid basis.
- 1.3 The report also advises of an update to the existing IJB report template.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that the Inverclyde Integration Joint Board agrees:-
1. that meetings of the Inverclyde Integration Joint Board and Inverclyde Integration Joint Board Audit Committee are all held on a hybrid basis from the start of the 2023/2024 timetable of meetings; and
  2. that the hybrid meeting protocol set out at Appendix 1 is approved.
- 2.2 It is recommended that the Inverclyde Integration Joint Board notes:-
1. the updated IJB report template set out at Appendix 2 of this report; and
  2. that the revised template will be used from the next meeting of the IJB in September 2023.

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



### **3.0 BACKGROUND AND CONTEXT**

- 3.1 IJB members will be aware that temporary meeting arrangements were put in place in May/June 2020 to enable the essential and critical business of the IJB to continue during the Covid-19 pandemic. These arrangements have been subject to ongoing review.
- 3.2 At its meeting on 7 November 2022, the IJB agreed that meetings of the IJB and IJB Audit Committee would continue to be held on a fully remote basis for the remainder of the 2022/23 timetable of meetings. It was also agreed that arrangements would be made for the live streaming of meetings on YouTube. These arrangements were put in place from the 28 November 2022 meeting of the IJB and have been working well. At the 7 November 2022 meeting, IJB members expressed a preference for future meetings to be held on a hybrid basis and it was agreed that officers would bring back proposals to the June 2023 IJB meeting to agree meeting arrangements for the 2023/2024 cycle of meetings.

### **4.0 HYBRID MEETINGS**

- 4.1 IJB members will be aware that Inverclyde Council provides all administrative support for IJB and IJB Audit Committee meetings, including the use of the Council's ICT system. The Council has been holding all of its meetings on a hybrid basis (i.e. part remote and part in-person) since March 2022 at the Council's buildings, in accordance with approved remote and hybrid meeting protocols. The infrastructure is therefore in place within the Council buildings to allow the IJB to hold hybrid meetings.
- 4.2 It is proposed that these hybrid meeting arrangements are now implemented for meetings of the IJB and IJB Audit Committee. Public attendance will be facilitated by permitting physical attendance and the continuation of the live streaming of meetings onto YouTube.
- 4.3 Officers will support IJB with these new arrangements through the adoption of a hybrid meeting protocol, which can be found at Appendix 1.

### **5.0 UPDATED IJB REPORT FORMAT**

- 5.1 At its meeting on 26 September 2022, the IJB noted that a revised IJB report template was being introduced from November 2022. The template has recently been reviewed and the updated version, with tracked changes, is attached at Appendix 2.
- 5.2 The only changes to the template relate to how potential implications are identified. A Fairer Scotland Duty implication has been added. Report officers are often unclear whether to state that an implication which does not apply to a report, for example matters related to Equalities or Data Protection, should be stipulated at paragraph 5.1 of the template as "No" or "Not Applicable". This confusion results in inconsistent reporting and a lack of clarity for IJB members and the public. For this reason that "Not Applicable" column in 5.1 of the template has been removed, so that implications are either applicable or they are not. It would also assist officers for the Equalities, Fairer Scotland Duty and Children & Young People implications to all be considered together at paragraphs 5.1 and 5.6, given their alignment and similar nature.

## 6.0 IMPLICATIONS

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

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

## 6.2 Finance

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## 6.3 Legal/Risk

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

## 6.4 Human Resources

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

## 6.5 Strategic Plan Priorities

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

## 6.6 Equalities

Implementing a hybrid format for IJB meetings would have a positive impact on all who participate in meetings by providing the option to attend in person or remotely and supporting their personal choice.

### (a) Equalities

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

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

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

## 6.7 Clinical or Care Governance

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

## 6.8 National Wellbeing Outcomes

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

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

## 6.9 Children and Young People

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

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

## 6.10 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

## 6.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 7.0 DIRECTIONS

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

## 8.0 CONSULTATION

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

## 9.0 BACKGROUND PAPERS

9.1 None.

Classification : Official

**INVERCLYDE INTEGRATION JOINT BOARD  
HYBRID MEETING PROTOCOL**

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## **INVERCLYDE INTEGRATION JOINT BOARD**

### **HYBRID MEETING PROTOCOL**

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

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

#### **1. Advance Questions**

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

#### **2. IJB Meeting Management**

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

- a. At their discretion, members can choose a neutral background for the meeting, but members should note this may affect their connectivity.
- b. All members will receive a Webex or other electronic invitation prior to each meeting. Members should contact the Committee Section at least 24 hours prior to the commencement of a meeting in order to indicate if they wish to attend remotely or if they wish to attend in person.
- c. To support the remote element of the meeting, the Senior Committee Officer's role will be to issue Webex or such other electronic invites, to host the meeting, to manage declarations of interest by moving remotely connected members to the lobby and re-admitting them to the meeting at the appropriate time and expelling the public and press from the meeting at the appropriate juncture. It will also be the Senior Committee Officer's role to make contact with any member who loses connectivity by sending a text message to that member with a number which will permit that member to re-join the meeting by phone if they are unable to reconnect by video. A note of the number will also be provided on the hard copy of the agenda/papers issued to members.
- d. The Chair will, at the beginning of the meeting, briefly recap the protocol for participation in the meeting. A roll call of attendees will then be taken by the Senior Committee Officer and declarations of interest will be requested. If a member joins

the meeting remotely after the roll call, he/she is requested to use the chat function to notify everyone.

- e. The normal quorum requirements for meetings as set out in the IJB's Standing Orders shall apply to hybrid meetings.
- f. Members should not leave the meeting during any item of business. Failure of the remote meeting connection is dealt with later in this note.
- g. It will be necessary for the Chair of each hybrid meeting to physically attend the meeting in person. In the event the Chair is unable to physically attend the Vice-Chair will preside, failing which it will be necessary to hold a fully remote meeting. In the event the Chair or Vice-Chair are only able to attend remotely they should, where possible, provide the Committee Section with 48 hours' notice in order that suitable arrangements can be made to hold a fully remote meeting.

### **3. Meeting Procedure**

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

For all members, when referring to a specific report, page or paragraph, please mention the report, page or paragraph so that all members have a clear understanding about what is being discussed at all times.

- a. Members attending remotely
  - The meeting link will be opened 15 minutes prior to its commencement and members are asked to join the meeting as early as possible prior to the stated commencement time.
  - All members attending remotely should ensure their automatic Webex or other service identifier clearly states their name.
  - Members must not allow exempt or confidential papers to be seen in the video feed.
  - All members attending remotely should have their microphones muted when not talking.
  - Members attending remotely should use the chat facility on Webex to indicate to the Chair that they wish to speak. This can be facilitated by sending a message to all participants. The chat facility "to everyone" is part of the public record.
  - Members should only unmute their microphone when the Chair invites them to speak.
  - Only one person may speak at any one time.
  - If a remotely connected member requires to leave the hybrid meeting temporarily for any reason other than connection failure, the member must send a message through the chat to everyone facility to ensure their temporary absence can be noted and the member must send a similar



message when returning to the meeting to ensure this is recorded in the minute.

- If a member participating remotely requires to leave the hybrid meeting early, the member must send a message through the chat to everyone facility to ensure this is recorded in the minute.
- Any Officer who leaves the meeting must advise the IJB of their departure by using the chat to everyone facility.

b. Members participating by phone

- Members participating by phone should, if possible, mute their telephone microphone when not speaking.
- Any member participating by phone who requires to leave the hybrid meeting temporarily must state this when departing from and re-joining the meeting.
- Any member participating by phone who requires to leave the hybrid meeting early must state this when departing from the meeting.
- Members participating by phone should only speak when invited to do so by the Chair.

c. Members attending in person (Council Chambers)

- Members attending in person must indicate that they wish to speak by pressing their light.
- A Member must wait to be invited to speak by the Chair.
- All Members in the Chambers will require to project their voice and speak clearly.
- Only the Chair may attend the Chambers with their laptop for the purpose of monitoring the chat function.

b. Officers attending remotely or in person will also require to comply with the above protocol.

#### **4. Discussion**

- a. The Chair will introduce each item on the agenda and manage the business on the agenda.
- b. Normal procedures will be followed in terms of questions, discussions, motions, amendments etc. As stated above, members attending remotely must use the chat facility on Webex or such other electronic system to indicate to the Chair that they wish to speak. The Chair will regularly monitor the chat function to ensure that members are engaged. This function will not be available to members who are not on the video feed. The Chair will therefore ask those members individually at each item if they wish to speak.

- c. Members who wish privacy for any reason can choose to disable temporarily, or for the whole duration of the meeting, their own video function but in this situation the chat function remains available to them for their participation in the progress of the meeting. If members disable their video function temporarily to retrieve papers or to relocate their seating/access location this will not constitute leaving the meeting unless they are not able to hear meeting progress or participate in the meeting in which case, they should instead notify everyone they are temporarily leaving the meeting as noted above.
- d. When the Chair is satisfied that there has been sufficient debate, the Chair will progress to making a decision.
- e. Every effort shall be made by Voting Members of the IJB to ensure that as many decisions as possible are made by consensus. However, if there is a vote on an agenda item, the vote will be taken by roll call and the number of votes for or against the motion or abstaining from voting will be recorded.
- f. The Legal Adviser to the IJB will call out the name of each Voting Member present with:
  - Voting Members stating “motion” or “amendment” to indicate their vote when their name is called or otherwise to “abstain”;
  - the Legal Adviser to the IJB will clearly state the result of the vote and the Chair will then move onto the next agenda item.
- g. In the case of equality of votes, the Chair shall not have a second or casting vote.
- h. Where there is an equality of votes, if the members still wish to pursue the issue voted on the Chair may either adjourn consideration of the matter to the next meeting of the IJB or to a special meeting of the IJB to consider the matter further or refer the matter to dispute resolution as provided for in the Integration Scheme. Otherwise, the matter shall fall.

## **5. Declarations of Interest**

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

## **6. Exclusion of Public and Press**

- a. Where a confidential or “exempt” item is under consideration, the Senior Committee Officer and Legal Adviser to the IJB will ensure that there are no members of the public or press in physical attendance or remotely accessing the meeting and able to hear or see the proceedings once the exclusion has been agreed by the meeting. The Legal

Adviser to the IJB will confirm this to the Chair prior to any private business being conducted.

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

## **7. Connection Failure**

- a. If any member who is attending the meeting remotely loses connection, they should try to re-join the meeting. If unsuccessful, members should call the join by phone number provided in the electronic meeting invitation. The Senior Committee Officer, immediately upon becoming aware that a member has lost connectivity, will notify the Chair and will attempt to contact the member with a note of the phone number to enable the member to re-join the meeting by audio. A note of the phone number will also be provided to members on the hard copy of the agenda and papers issued.
- b. When it appears there has been a remote meeting connection failure affecting a member or members, the Chair should immediately determine if the meeting is still quorate:
  - If it is, then at the discretion of the Chair, having regard to the nature of the item of business either:
    - (i) the business of the meeting may continue; or
    - (ii) the meeting will be paused for a maximum period of 5 minutes to allow reconnection of the member or members affected, during which time no business will be considered or transacted, the presumption being that when either the affected members have reconnected or 5 minutes have expired the meeting will continue to deal with business, provided it remains quorate.
  - If there is no quorum, then:
    - (i) the meeting will be paused for a maximum period of 5 minutes to allow reconnection of the member or members affected, during which time no business will be considered or transacted;
    - (ii) if the affected member or members reconnect to the meeting and the meeting is once again quorate, the meeting will continue to deal with the business;
    - (iii) if after 5 minutes the meeting is still not quorate, the meeting shall adjourn for a further period specified by the Chair, expected to be no more than 15 minutes to allow the reconnection to be re-established; and
    - (iv) if, after such an adjournment, the meeting is still not quorate then the meeting shall be further adjourned to an appropriate date and time.

Classification : Official

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

- c. If the connection is successfully re-established, then the remote member(s) will be deemed to have returned at the point of re-establishment.
- d. If a remote member has a connection failure and is able to re-join the meeting, the member must use the chat to everyone facility to advise the IJB and to indicate the items for which they were not present.
- e. In the event of a fully remote meeting, If the connection to the Chair is lost, the Vice-Chair will exercise discretion in terms above. If the Vice-Chair is not present (or connection is lost), the remaining members will elect a replacement Chair for the purpose only of exercising the Chair's discretion in terms above.

## **8. Attendance of the Public**

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

Classification : Official



AGENDA ITEM NO:

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**Report To:**

**Date:**

**Report By:**

**Report No:**

**Contact Officer:**

**Contact No:**

**Subject:**

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**1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2

**2.0 RECOMMENDATIONS**

2.1

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

Classification : Official

### 3.0 BACKGROUND AND CONTEXT

3.1

### 4.0 PROPOSALS

4.1

### 5.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		
Legal/Risk		
Human Resources		
Strategic Plan Priorities		
Equalities, <del>Fairer Scotland Duty &amp; Children and Young People</del>		
Clinical or Care Governance		
National Wellbeing Outcomes		
<del>Children &amp; Young People's Rights &amp; Wellbeing</del>		
Environmental & Sustainability		
Data Protection		

Commented [VP1]: Previous N/A column deleted.

### 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

### 5.4 Human Resources

Classification : Official

## 5.5 Strategic Plan Priorities

### 5.6 Equalities

#### (a) Equalities

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

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

#### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

#### (c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

<input type="checkbox"/>	<u>YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.</u>
<input type="checkbox"/>	<u>NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.</u>

Classification : Official

**(d) 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.

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.

**5.7 Clinical or Care Governance**

**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.	
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care services.	

**5.9 Children and Young People**

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

YES – Assessed as relevant and a CRWIA is required.

Commented [VP2]: Moved to 5.6 c



Classification : Official

~~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.~~

### 5.9 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.

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.

### 5.10 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.

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

### 6.0 DIRECTIONS

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

### 7.0 CONSULTATION

7.1

### 8.0 BACKGROUND PAPERS

8.1

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/36/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>2022/23 DRAFT ANNUAL ACCOUNTS</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to set out the proposed approach of the Inverclyde Integration Joint Board (IJB) to comply with its statutory requirements in respect of its annual accounts and to present the draft 2022/23 Annual Accounts and Annual Governance Statement.
- 1.3 IJBs are specified as 'section 106' bodies in terms of the Local Government (Scotland) Act 1973, and consequently are expected to prepare their financial statements in compliance with the Local Authority Accounts (Scotland) Regulations 2014 (the regulations) and the Code of Practice on Accounting For Local Authorities in the United Kingdom.
- 1.4 The Scottish Government introduced the regulations to update the governance arrangements relating to the authorisation and approval of a section 106 body's annual accounts. This report outlines the IJB's approach to comply with the regulations and presents the draft 2022/23 accounts.
- 1.5 The regulations require the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance and require that unaudited accounts are submitted to the auditor no later than 30 June immediately following the financial year to which they relate.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Integration Joint Board:

1. Notes the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014;
2. Approves the Annual Governance Statement included within the Accounts; and
3. Agrees that the unaudited accounts for 2022/23 be submitted to the auditor.
4. Approves the transfer to Earmarked Reserves identified in Page 9 of the Draft Annual Accounts.

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

### 3.0 BACKGROUND AND CONTEXT

- 3.1 On 10 October 2014 the Local Authority Accounts (Scotland) Regulations 2014 came into force. The Scottish Government also provided additional guidance on the application of these regulations.
- 3.2 These regulations superseded the 1985 regulations and provide clearer definitions of the roles and responsibilities of Board Members and Officers in respect of the authorisation and approval of a section 106 body's annual accounts.
- 3.3 These regulations apply to any annual accounts with a financial year that begins from 1 April 2014 and therefore govern the preparation of the IJB's 2022/23 annual accounts.
- 3.4 The regulations require the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance following an assessment of both the effectiveness of the internal audit function and the internal control procedures of the IJB.
- 3.5 The Audit Committee has considered the performance of internal audit and internal control procedures throughout the year.
- 3.6 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.
- 3.7 In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.
- 3.8 The IJB has adopted governance arrangements consistent where appropriate with the principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". This statement explains how the IJB has complied with the Local Code and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.
- 3.9 The Board of the IJB comprises 8 voting members, including the Chair and Vice Chair; four voting members are Council Members nominated by Inverclyde Council and four are Board members of NHS Greater Glasgow and Clyde. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies and service users. Professional members include the Chief Officer, Chief Finance Officer and Chief Social Worker. The IJB, via a process of delegation from NHS Greater Glasgow and Clyde and Inverclyde Council, and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area.
- 3.10 A Local Code of Good Governance has been approved by the Audit Committee and based on this an assurance assessment template was completed.
- 3.11 The IJB Chief Internal Auditor has confirmed that there are no additional significant governance issues that require to be reported specific to the IJB.

- 3.12 Based on the audit work undertaken, the assurances provided by Directors (of Inverclyde Council) and the Senior Management Teams (of services within NHS Greater Glasgow and Clyde) it is the Chief Internal Auditor's interim opinion (subject to receipt of the final NHSGG&C Internal Audit Annual Report for the year) that reasonable assurance can be placed upon the adequacy and effectiveness of the governance and control environment which operated during the reporting period of 2022/23.
- 3.13 Subject to the above, and on the basis of the assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment.
- 3.14 The IJB is asked to approve the Annual Governance Statement. The draft statement is enclosed on pages 19-21 of the draft annual accounts.
- 3.15 The regulations require that the unaudited accounts are submitted to the auditor no later than the 30 June immediately following the financial year to which they relate.
- 3.16 The regulations state IJB or committee whose remit includes audit and governance, for Inverclyde this is the IJB Audit Committee, must meet to consider the unaudited annual accounts as submitted to the external auditor no later than 30 June immediately following the financial year to which the annual accounts relate. The unaudited accounts are appended to this report for IJB consideration.
- 3.17 Scottish Government guidance states that best practice would reflect that the IJB or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.
- 3.18 The right to inspect and object to the accounts remains unchanged through these regulations. The timetable for the public notice and period of inspection is standardised, with the inspection period starting no later than 1 July in the year the notice is published.
- 3.19 The regulations require that the audited annual accounts should be considered and approved by the IJB or Audit Committee having regard to any report made on the audited annual accounts by the proper officer<sup>1</sup> or external auditor by 30 September immediately following the financial year to which the accounts relate.
- 3.20 The Audit Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the IJB for approval and referred to the Audit Committee for monitoring of any related action plan.
- 3.21 In order to comply with the regulations, it is proposed that the ISA260 and Board Members Report, together with a copy of the audited annual accounts, is considered by the Audit Committee and thereafter referred to the IJB for approval prior to the 30 November in the year immediately following the financial year to which they relate.
- 3.22 The regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years together with any further reports provided by the external auditor that relate to the audited accounts.

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<sup>1</sup> The Proper Officer is set out in Section 95 of the Local Government (Scotland) Act 1973. In Inverclyde IJB this role is fulfilled by the Chief Financial Officer.

3.23 The table below summarises the key required and proposed dates for the 2022/23 annual accounts on the basis of the Audit Scotland advice.

	Required Date	Proposed Date
IJB or Audit Committee to approve Annual Governance Statement	30 June	26 June
Unaudited Annual Accounts to be submitted to external audit	30 June	By 30 June
Publication of Draft Accounts inspection period	1 July	By 26 June
Draft Accounts inspection period	2-20 July	27 June -20 July
IJB or Audit Committee to consider unaudited Annual Accounts	30 June	26 June
IJB or Audit Committee to consider any reports made by the Chief Financial Officer or External Auditor	30 Sep	tbc Sep
IJB to consider and approve the audited annual accounts	30 Sep	Tbc Sep
Audited Annual Accounts to be published	Tbc	Following the Sep IJB
Any further reports by the external auditor to be published	Following the Sep IJB	Following the Sep IJB

3.24 The draft Accounts are being prepared in line with guidance issued by CIPFA and provide an overview of the financial performance of the IJB through the following statements:

- Management Commentary
- Statement of Responsibilities
- Annual Governance Statement
- Remuneration Report
- The Financial Statements
- Notes to the Financial Statements

## 4.0 PROPOSALS

4.1 It is recommended that the Integration Joint Board:

1. Notes the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014;
2. Approves the Annual Governance Statement included within the Accounts; and
3. Agrees that the unaudited accounts for 2022/23 be submitted to the auditor.
4. Approves the transfer to Earmarked Reserves identified in Page 9 of the Draft Annual Accounts

## 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 direct financial implications within this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### 5.3 Legal/Risk

There are no specific legal implications arising from this report.

### 5.4 Human Resources

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

### 5.5 Strategic Plan Priorities

The finances of the IJB is key to the strategic plan objectives

## 5.6 Equalities

### (a) Equalities

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

There are no equality issues within this report.

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

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

## 5.7 Clinical or Care Governance

There are no governance issues within this report.

## 5.8 National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.



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

### 5.9 Children and Young People

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

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

### 5.10 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

### 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 This report has been prepared by the IJB Interim Chief Financial Officer. The Chief Officer and the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

## 8.0 BACKGROUND PAPERS

8.1 None

# Inverclyde Integration Joint Board Unaudited Annual Accounts 2022/23





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# Management Commentary

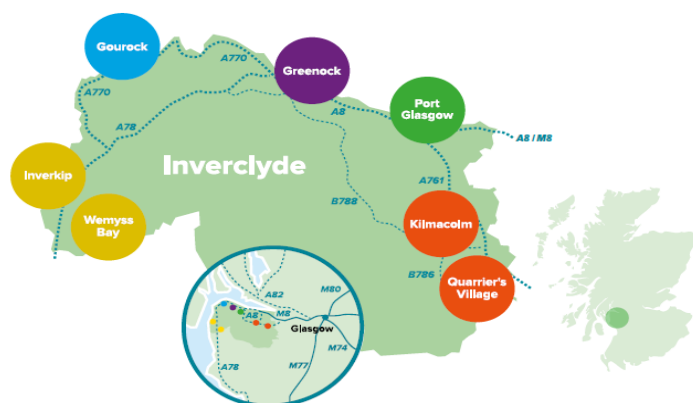
## Introduction

This publication contains the financial statements for the Inverclyde Integration Joint Board (IJB) for the year ended 31 March 2023.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2022/23 and how this has supported delivery of the IJB's core objectives. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks which we will face as we strive to meet the needs of the people of Inverclyde.

## Inverclyde IJB

Inverclyde is located in West Central Scotland along the south bank of the River Clyde. It is one of the smallest local authority areas in Scotland. Inverclyde has a total population of 76,700, making up 1.4% of Scotland's total. The population has decreased over the last decade, with projections showing this will continue. The gender split in Inverclyde is 1 male to every 1.09 females, which is a higher proportion of females than Scotland has (1.05). 21.8% of Inverclyde's population is aged over 65 years, compared to 19.6% for Scotland. Over time this is expected to increase in Inverclyde, with the projected dependency ratio set to increase from 58.6% in 2023 to 72.6% in 2043, widening the gap to Scotland.



### POPULATION ESTIMATES FOR 2021

**76,700** (1.4% of total Scottish population)

- 15.9% aged under 16 (in 2021)
- 14.2% aged 16 to 29 years (**Scotland = 16.9%**)
- 39.2% aged 30 to 59 year
- 29.5% aged 60 and over (**Scotland = 26.2%**)

Source: NRS population projections for Scottish Areas June 2021

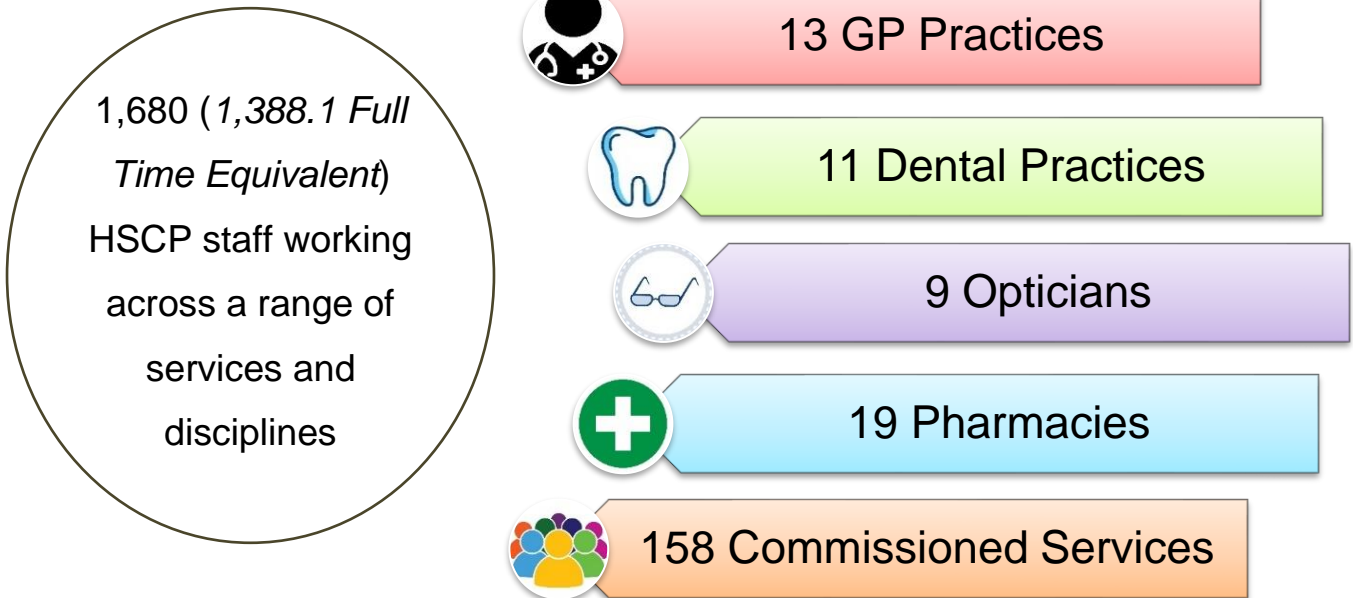
The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. From 1st April 2016, the IJB took formal delegated responsibility from the NHS Greater Glasgow and Clyde and Inverclyde Council for the delivery and/or planning of local health and social care services.

For some services this delegation of responsibility means the IJB taking full responsibility for planning, management, and delivery of service provision, while for others, notably hospital based services, this means planning with partners who continue to manage and deliver the services as part of wider structures (e.g., the Greater Glasgow & Clyde Acute Sector).

The Inverclyde IJB has responsibility for the strategic commissioning (either planning or direct service delivery, or both) of the full range of health and social care services; population health and wellbeing, statutory health and social work/ social care services for children, adults, older people, homelessness and people in the community justice system. The IJB discharges this responsibility through its operational delivery arm, which is the Inverclyde Health and Social Care Partnership (HSCP).

## Our resources

The HSCP has responsibility for, and delivers, an extensive range of services across primary care, health and social care and through a number of commissioned services.



Interim governance structures developed in 2020/21 were continued through 2021/22 and into 2022/23 as we moved through the pandemic. Throughout this time the HSCP continued to work to put people at the centre of all that we do and ensure that essential services are delivered safely and effectively and in line with our Strategic Plan. The Strategic Plan which had previously been reprioritised to focus on Covid recovery was refreshed through 2022/23. The refreshed plan along with an Outcomes Framework was formally approved at the March 2023 IJB.

The IJB Strategic Plan is supported by a variety of service strategies, investment and management plans which aid day to day service delivery. These plans and strategies identify what the IJB wants to achieve, how it will deliver it and the resources required to secure the desired outcomes. The Strategic Plan also works in support of the Inverclyde Community Planning Partnership's Local Outcome Improvement Plan and the Greater Glasgow & Clyde Health Board Local Delivery Plan. It is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our objectives.

The Strategic Plan and other key documents can be accessed online at:

<https://www.inverclyde.gov.uk/health-and-social-care>

The operational HSCP Structure responsible for delivering services in 2022/23 is illustrated below.

### HSCP Operational Structure



### The Annual Accounts 2022/23

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB’s vision and its core objectives. The requirements governing the format and content of local authorities’ annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2022/23 Accounts have been prepared in accordance with this Code.

### The Financial Plan

IJBs need to account for spending and income in a way which complies with our legislative responsibilities.

Covid recovery continued to have an impact on IJB expenditure. Earmarked reserves of £8.164m were held at 1 April 2022 for the continuation of funding any related costs. Use of these funds was maximised throughout the financial year, with a final recorded spend of £3.394m (£3.106m Social Care and £0.288m Health). The remaining reserves were returned to the Scottish Government via a reduction in their funding allocation to Health. This reduction is reflected in the taxation and non-specific grant income in the Comprehensive Income and Expenditure Statement.

As per the Revised Budget reported at period 11, the IJB budgeted to deliver Partnership Services at a cost of £196.554m, including £34.704m of notional budget for Set Aside and £8.391m of spend was anticipated through Earmarked Reserves. Subsequently, funding adjustments, reductions in spend and an increase in the Set Aside resulted in actual spend of £204.013m, including Set Aside of £36.036m. Funding moved from a budgeted £196.554m at Period 11 to a year end position of £199.950m. This movement related mainly to additional funding in relation to Health pay awards of £1.6m and a final year end adjustment of Set Aside budget of £1.3m. The final position generated a deficit for the year of £4.063m, which has been reflected in IJB reserves in line with its reserves policy. The movement in projection at Period 11 vs actual and analysis of the deficit are shown in the tables on pages 11-12.

The IJB agreed the 2023/24 financial year balanced budget on 20 March 2023, utilising one off funds from pay contingency (£0.199m) and general reserves (£0.603m). The updated 5-year financial plan is being reported to the June 2023 IJB for consideration, taking account of forecast demand for services, inflationary pressures, pay awards and assumptions on funding from partners.



## **Performance**

The IJB and HSCP tracks change in need and demand, and delivery of the National Wellbeing Outcomes through its performance management arrangements. Every service usually undergoes a quarterly service review (QSR), chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service's key objectives and delivery of outcomes. Any divergence from the agreed strategic direction is quickly identified and steps are put in place to get the service back on track. In 2021/22 this process was halted due to the pandemic, however in 2022/23 we re-established some of the QSRs and will aim to have all in place throughout 2023. Performance is still reviewed regularly within each service and where there are notable differences between the service's performance and what has been planned for, then these differences are reported to the Senior Management Team along with an outline of the planned remedial action in cases where the divergence is negative.

## **National Integration Indicators**

The legislation requires that IJBs follow a prescribed format of annual performance reporting against the nine outcomes, based on 23 national indicators and a requirement to publish an annual performance report by the 31<sup>st</sup> July each year. There are 23 National Integration Indicators against which the performance of all HSCPs in Scotland is measured, the data for these is provided by Public Health Scotland (PHS) on behalf of the Scottish Government. These indicators are grouped into two types of complementary measures: outcome indicators based on survey feedback, and indicators derived from organisational or system data.

Inverclyde's summary 2022/23 will be published in line with agreed national revised timelines and approved at the September 2023 IJB meeting.







The IJB's 2021/22 Performance against the 23 National Indicators is shown below where it is available. Numbers 1 to 9 are taken from the 2020/21 biennial Health and Care Experience Survey.

Of the 19 currently reported measures we are at or better than the Scottish average in 10 (green), just below in 5 (amber) and behind in 4 (red).

In 6 measures we have seen an improving trend (green arrow), maintaining our performance in 5 (amber arrows) and reducing performance in 8 (red arrow). This trend analysis is based upon the 5 most recent reporting years.

Inverclyde is an area of social-economic deprivation which directly correlates to long term chronic disease and risk factors e.g. diet, tobacco, alcohol and drug use, obesity. This results in higher premature mortality rates, higher emergency admissions and longer term bed use in the acute system, which is indicated at measures 11, 12 and 13.

The convention for comparing performance in relation to the Scottish average are as follows:

Green	Performance is equal or better than the Scottish average	 	Trend is improving (moving in the right direction)
Amber	Performance is close to the Scottish average	 	Trend is static – no significant change
Red	Performance is below the Scottish average	 	Trend is declining (moving in the wrong direction)

PHS are still developing 4 of the 23 National Integration Indicators so these have not been included in the report. These are:-

10	Percentage of staff who say they would recommend their workplace as a good place to work
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
22	Percentage of people who are discharged from hospital within 72 hours of being ready
23	Expenditure on end of life care, cost in last 6 months per death

### Outcome Indicators

The Health and Care Experience survey is sent to a random sample of patients who are registered with a GP practice in Scotland. Questionnaires were sent out in November 2021 asking about people's experiences during the previous 12 months. The results for 2021/22 were published on 10 May 2022 with local level results available via interactive dashboards on the PHS website.

National Integration Indicator	Time Period	Inverclyde HSCP	Scottish Average	Change from previous period	Inverclyde Long-term Trend	Scottish Long-term Trend
1 Percentage of adults able to look after their health very well or quite well	2021/22	90.1%	90.9%	→←	→←	↓
2 Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2021/22	82.9%	78.8%	↓	→←	↓
3 Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2021/22	66.7%	70.6%	↓	↓	↓
4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2021/22	68.6%	66.4%	↓	↓	↓
5 Total % of adults receiving any care or support who rated it as excellent or good	2021/22	81.3%	75.3%	↓	↓	↓
6 Percentage of people with positive experience of the care provided by their GP practice	2021/22	58.7%	66.5%	↓	↓	↓

7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2021/22	79.6%	78.1%	↓	↓	↓
8	Total combined percentage of carers who feel supported to continue in their caring role	2021/22	28.7%	29.7%	↓	↓	↓
9	Percentage of adults supported at home who agreed they felt safe	2021/22	81.9%	79.7%	↓	↔	↓

## Data indicators

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. The data presented here is the most up to date provided by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships. The figures will be subject to review and data completeness and, therefore, likely to change in subsequent releases. PHS recommend that Integration Authorities do not report any time period for indicator 20 beyond 2019/2020 within their 2021/2022 APRs as NHS Boards were not able to provide detailed cost information for 2020/2021 due to changes in service delivery during the pandemic.

	National Integration Indicator	Time Period	Inverclyde HSCP	Scottish Average	Change from previous period	Inverclyde Long-term Trend	Scottish Long-term Trend
11	Premature mortality rate per 100,000 persons	2021	508.7	465.9	↓	↑	↔
12	Emergency admission rate (per 100,000 population)	2021/22	12887	11474.9	↔	↓	↔
13	Emergency bed day rate (per 100,000 population)	2021/22	136305.9	105956.6	↔	↓	↓
14	Readmission to hospital within 28 days (per 1,000 population)	2021/22	87	102.8	↓	↓	↔
15	Proportion of last 6 months of life spent at home or in a community setting	2021/22	88.7%	90%	↔	↑	↑
16	Falls rate per 1,000 population aged 65+	2021/22	21	22.4	↔	↓	↔
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2019/20	85.1%	75.8%	↔	↔	↓
18	Percentage of adults with intensive care needs receiving care at home	2021	68.1%	64.9%	↑	↑	↑
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2021/22	296.4	761.4	↑	↔	↓
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019/20	21.9%	21.0%	↓	↑	↔

The Covid recovery has meant that 2022/23 has continued to be a challenging year, especially for Health and Social Care providers. Despite this the HSCP achieved a number of successes in year, including:

- We developed a refreshed Strategic Plan for the remaining period of the original 5 year Strategic Plan (2019-24) and developed an Outcomes Framework to show progress against both our national and local indicators.
- We have continued to support the delivery of the flu and Covid 19 vaccine programmes across all the Inverclyde communities. We have continued our specific focus on ensuring our most vulnerable in care homes and those who are housebound received their vaccines as early as possible.
- Through anti poverty funding we implemented the RISE project to support vulnerable young men affected by drugs and alcohol into employment. As at March 2023, 4 people are actively engaged in employment and work is progressing with an additional 14 young men.
- We commenced our Care at Home Review and established the Project Board to oversee a range of workstreams.
- We reinvigorated our approach to Unscheduled Care (UC) across Inverclyde and worked closely with our NHSGGC partners to implement to UC action plan
- We have continued our development of the new Learning Disability Community Hub with construction expected to commence September 2023.
- We have continued to work with the Alcohol and Drug partnership to implement the Medication Assisted Treatment Standards (MAT) and commissioned our Recovery network in Inverclyde
- We commenced the redesign of Homelessness Services with a Housing First approach being central to the new model of delivery.
- We established our #The Promise team and are continuing to work closely with our children, families and young people in Inverclyde to deliver the key priority areas
- Through the Whole Family Wellbeing Funding we commenced the redesign of Children's Social Work Services with the introduction of new models of 'front door' support and intensive family support.
- We commenced the roll out of trauma informed training and awareness across our workforce
- We continued our development of the replacement Social Work case management system
- We refreshed our approach to locality planning with two locality planning groups being established to support service planning across Inverclyde
- Support was given for the cost of living crisis to local residents via a specific fund set up during the financial year

## **Financial Performance**

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2022/23.

### ***(a) Partnership Revenue Expenditure 2022/23***

Covid again had an impact on spend across the Partnership in the year. In total £3.394m was spent in year on a variety of areas, including a small residual amount of £0.034m of Covid shielding funds. The costs were met in full by Scottish Government through reserves already held by the IJB. The core Covid grant funds of £8.130m held were used to fund expenditure of £3.358m, and the remaining funds were returned via a reduction in Scottish Government Health funding allocations.

The table below sets out the Covid position for the year including earmarked reserves held as at 31 March 2023.

Category of spend (core Covid funds)	Social Care £000	Health £000	Total £000
Public Health	0	(3)	(3)
Vaccinations	6	118	124
Workforce and Capacity	192	172	364
PPE, Equipment and IPC	104	7	111
Social Care and Community Capacity	2,587	0	2,587
Primary Care	0	(13)	(13)
Miscellaneous	181	7	188
<b>Total Covid related spend 2022/23</b>	<b>3,070</b>	<b>288</b>	<b>3,358</b>
<b>Covid reserves position</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
carried forward from 21/22	7,951	213	8,164
Actual Spend at 31/03/2023 (incl final shielding spend)	3,106	288	3,394
Health spend funded from reserve	75	(75)	0
Returned to Scottish Government (unused funds)	4,770	0	4,770
<b>REMAINING FUNDS IN COVID EMR AT 31/3/23</b>	<b>0</b>	<b>0</b>	<b>0</b>

During the financial year, recruitment and retention was a factor both in house and for external providers, resulting in underspends throughout services, with in house employee costs underspends of £1.9m recorded overall, along with underspends on client commitments mainly related to external care at home services and Health supplies budgets. An overspend of £1.1m was recorded against prescribing budgets.

A total of £1.881m has been added to smoothing reserves during the year to facilitate managing services of a volatile nature, including the creation of a specific reserve to deal with any demographic pressures on client care packages during 2023/24. In addition, a specific smoothing reserve of £1.085m is held again this financial year to manage any additional implications from the 2023/24 pay award negotiations for Social Care.

During this financial year the Scottish Government intimated that reserves held were to be utilised in the first instance for specific areas including Alcohol and Drug Partnership (ADP), Primary Care Improvement Programme (PCIP) and Multi-Disciplinary Teams winter planning spend, prior to 2022/23 funding allocations being distributed. The partnership was able to maximise the use of these reserves by advancing planned expenditure where possible to minimise the reduction of in year funding.

The IJB continues to hold a Transformation Fund for the purposes of funding projects and activities which will realise future efficiencies for the Partnership. In 2022/23 an opening balance of £1.975m was held, £0.336m of expenditure was incurred in year with a further £1.034m committed. Additional funds of £0.100m have been added to the fund to allow continuation of further projects during next financial year.

Reserves are held for Winter Pressures/Planning amounting to £1.735m across various workstreams. Plans have been agreed for use of the majority of these funds in 2023/24 financial year, with the remainder to be utilised to ease pressure on care services as required during the year.

£0.784m has been earmarked for use next financial year in relation to Mental Health Recovery and Renewal work streams including CAMHS services, dementia work and Workforce Wellbeing.

Reserves of £1.077m were held as at 1 April 2022 in relation to refugee income received to fund future years expenditure. During 2022/23, grant income was received in relation to both New Scots Ukraine arrivals and some previous scheme ongoing commitments. After funding in year spend, the remaining balance was added to reserves giving a final earmarked reserve of £2.190m held to fund future years expenditure including

New Scots team employee costs, Health and Social care staff pressures, third party support and support for ongoing accommodation costs.

Overall opening reserves of £28.325m were held at 1 April 2022. During the year £14.362m of Earmarked Reserves were used to fund specific spend and projects including Covid related spend, and to facilitate the return of unused Covid funds to Scottish Government. An additional £9.626m was added to Earmarked Reserves, with no funds being drawn down from the General Reserve. A final balance of £0.673m was added to the general reserve, leading to a final net deficit of £4.063m, with total reserves of £24.262m held at year end. As is usual during budget monitoring processes, a number of areas of specific underspend have been added to earmarked reserves for use in future years, and approval has been requested as part of the annual accounts covering report. These specific areas totalling £1.420m are as follows:-

<b>Transfer of in year underspends to earmarked reserves requested</b>	<b>£000s</b>
Winter planning - Care at Home	106
Digital Strategy - CM2000 in year underspend	70
Residential/Nursing placements smoothing reserve	283
Client commitments - general /Underspend on client commitments	74
Carers - final underspend	20
Mental Health recovery and renewal - in year underspend	50
SWIFT replacement - in year maintenance underspend	76
Tier 2 School counselling - in year underspend	16
Refugees - final in year balance to reserve for future years planned spend	460
Wellbeing project	15
Temporary staffing - I promise team	30
Share of GP IT system (Board wide initiative)	146
Health Visiting students	74
<b>Total earmarking request</b>	<b>1,420</b>

Following earmarking of these specific items, a revenue underspend of £2.449m remains. £1.3m of this underspend has already been approved to be allocated to smoothing, training and general reserves as part of the IJB 2023/24 budget paper. A further request has been made as part of the annual accounts covering report to allocate the remaining underspend across various reserves, in line with the IJB reserves strategy as follows:-

<b>Allocation of final underspend</b>	<b>£000s</b>
Allocation of projected year end underspend agreed as part of 2023/24 budget setting	<b>1,300</b>
<b>Final allocation of remaining underspend:-</b>	
Staff Learning & Development Fund	100
Temporary Staffing	250
Transformation Fund	100
Children and Families residential/fostering/adoption	325
Prescribing	200
General reserves (£0.499m already agreed)	174
<b>Total</b>	<b>2,449</b>

An analysis of all earmarked reserves is set out in Note 8 to the Financial Statements on Page 33.

Total net expenditure for the year was £204.013m against the overall funding received of £199.950m, generating a revenue deficit of £4.063m. This was made up as follows:

### **Analysis of Deficit on Provision on Services**

At year end the overall deficit was comprised of:

- an underspend on Health services of £0.042m, added to general reserves
- an underspend of £2.407m on Social Care Services, added to earmarked and general reserves
- Covid spend of £3.394m during the financial year
- Covid funds returned to Scottish Government of £4.770m
- New and net increased reserves of £4.732m as agreed by the IJB
- Further use of reserves of £3.080m being planned spend during the year against balances held

Further analysis of the movements forming the overall deficit are shown in the following table:

<b>Detail of in year movement</b>	<b>£000</b>
<b><i>Movements in reserves</i></b>	
Carers funding set aside for specific spend	304
Temporary Posts for utilisation over future years	425
ADRS fixed term posts	109
Cost of Living Fund - remaining funds	265
Client Commitments - general	605
Whole Family Wellbeing	422
Increase to reserve for New Scots and refugees	1,113
Winter Pressures - care at home	347
Winter Pressures - Health care support workers	125
Primary Care Support	231
Homelessness redesign additional funds	100
Increases to other smoothing reserves	911
Further overall increases - various	442
Covid spend in year	(3,394)
Return of unused Covid funding to Scottish Government	(4,770)
Use of Primary Care Improvement reserve	(1,371)
Use of pay contingency reserve for 22/23 pay award	(667)
Mental Health Action 15	(215)
SWIFT replacement project	(132)
Fixed term staffing - no longer required	(200)
Transformation Fund	(336)
Mental Health Transformation	(113)
Other movements in existing reserves during 2022/23 - various	(713)
<b><i>Revenue variances</i></b>	
Underspend in Council Employee Costs	1,207
Underspend in Health Employee Costs net of overspend on bank and agency staff	667
Overspend in prescribing due to inflationary pressures, volumes and availability	(1,082)
Health supplies and services underspend	692
External care at home underspend	615
Children and Families residential placements overspend	(305)
Client Commitments - overall underspend	199
Corporate director - inflationary/contingency budgets underspend	534
Homelessness under recovery arrears income	(254)
Smaller over/underspends throughout services	176
<b>Deficit on Provision of Services</b>	<b>(4,063)</b>

The period 11 budget monitoring report projected an underspend of £2.012m in Social Care core budgets. The main projected variances were linked to overspends in Children's residential placements and client commitments for both Children's and Learning Disability, and a projected overspend on employee costs for Children and Families residential units. These overspends were offset by underspends in employee costs throughout other services, care at home packages, budgets held for inflationary purposes and other client



commitments. The final underspend reported is £2.407m, with the main movements since Period 11 in relation to reduced employee costs and some additional income offset by an under recovery in homelessness rental income.

The projected outturn for Health services at period 11 was reported as an underspend of £0.077m due to underspends on employee costs throughout services offset by an overspend on bank and agency staff within Mental Health Inpatients, along with underspends on supplies throughout services. A year end overspend of £1.1m was also projected on prescribing due to various factors including drug prices, volumes and availability. The position projected at Period 11 was largely unchanged at year end with a final underspend of £0.042m.

### Period 11 vs Final Outturn

Revised Budget	IJB	Projected Outturn @ P11	Outturn	P11 vs Actual Outturn
78,505	Health Funding	76,436	78,504	2,068
78,505	Health Spend	76,359	78,462	2,103
<b>0</b>	<b>Contribution</b>	<b>77</b>	<b>42</b>	<b>(35)</b>
63,200	Social Care Funding	66,821	66,817	(4)
63,200	Social Care Spend	64,809	64,410	(399)
<b>0</b>	<b>Contribution</b>	<b>2,012</b>	<b>2,407</b>	<b>395</b>
18,593	Resource Transfer Funding	18,593	18,593	(0)
18,593	Resource Transfer Spend	18,593	18,593	(0)
<b>0</b>	<b>Contribution</b>	<b>0</b>	<b>0</b>	<b>0</b>
36,036	Set Aside Funding	34,704	36,036	1,332
36,036	Set Aside Spend	34,704	36,036	1,332
<b>0</b>	<b>Contribution</b>	<b>0</b>	<b>0</b>	<b>0</b>
0	Movement in Reserves	(8,391)	(6,512)	1,879
<b>0</b>	<b>Surplus/(Deficit) on Provision of Operating Services</b>	<b>(6,302)</b>	<b>(4,063)</b>	<b>2,239</b>

Revised Budget		Projected Outturn @ P11	Outturn	P11 vs Actual Outturn
196,334	IJB Funding	196,554	199,950	3,396
196,334	IJB Expenditure	194,465	197,501	3,036
0	Movement on Earmarked Reserves (Decrease)/Increase	(8,391)	(6,512)	1,879
<b>0</b>		<b>(6,302)</b>	<b>(4,063)</b>	<b>2,239</b>

### (b) The Balance Sheet

The Balance Sheet summarises the IJB's assets and liabilities as at 31 March 2023, with explanatory notes provided in the financial statements.

### Financial Outlook, Risks and Plans for the Future

The Inverclyde IJB has responsibility for social care and a range of health services. The IJB is responsible for financial and strategic oversight of these services.

Further reductions to public sector funding at a UK and Scottish level are predicted. This in turn is likely to have a direct effect on the funding available to HSCP's from the partner organisations for integrated services. In addition to economic performance, other factors influence the availability of funding for the public sector including demographic challenges that Inverclyde is facing.

The UK economy is still in a period of volatility at present due to the effect of the UK's exit from the European Union, the ongoing implications of the Covid 19 recovery and the current conflict in Ukraine. The Office for Budget Responsibility (OBR) forecasts the economy will avoid recession and that government decisions are expected to help inflation fall more quickly this year. Inflation has peaked and is starting to come down but remains high overall and is expected to be high for the short term but then reduce in the medium term.

The HSCP workforce plan was approved at the November 2022 IJB, and an implementation plan has now been developed.

Inverclyde IJB's current reserves position including various smoothing reserves puts the IJB in a strong position to be able to address the effect of these global and local risks. Robust budget monitoring and financial planning will ensure that we are able to continue to take decisions as required to address any emerging issues.

The HSCP is still adapting to and learning from the changes to services which occurred during the Covid 19 pandemic. A series of reviews including but not restricted to Care at Home, Children and Families, Day Services and Homelessness have been and continue to be carried out to adapt to service user needs whilst continuing the recovery.

In March 2023 the IJB agreed a balanced budget for 2023/24, which included efficiency measures of £1.301m including reductions to care home places, different ways of working for transport costs reductions, additional payroll management targets for both Health and Social Care and continuing the previous efficient practices of better ways of delivering sleepover packages. A medium-term financial plan to the period 2027/28 is being presented to the IJB in June 2023, taking account of forecast demand for services, inflationary pressures, pay awards and assumptions on funding from partners.

We have well established plans for the future, and the refreshed IJB Strategic Plan for 2023/24 along with the associated Outcomes Framework was approved in March 2023.



We are still committed to “Improving Lives”, and our vision is underpinned by the “Big Actions” and the following values based on the human rights and wellbeing of:

- **Dignity and Respect**
- **Responsive Care and Support**
- **Compassion**
- **Wellbeing**
- **Be Included**
- **Accountability**

## **6 Big Actions**

<b>Big Action 1:</b> Reducing Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health	<b>Big Action 2:</b> A Nurturing Inverclyde will give our Children & Young People the Best Start in Life	<b>Big Action 3:</b> Together we will Protect Our Population
<b>Big Action 4:</b> We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living	<b>Big Action 5:</b> Together we will reduce the use of, and harm from alcohol, tobacco and drugs	<b>Big Action 6:</b> We will build on the strengths of our people and our community

## **Conclusion**

2022/23 continued to be a challenging operating environment, in which the IJB successfully oversaw the refresh of its Strategic Plan objectives and the delivery of core services. During this time period, the IJB continued to review its change programme designed to provide a more person-centred model of care, deliver on early intervention and prevention ambitions. During last financial year, services have continued to adapt to address ongoing implications of changing legislation in relation to Covid and the recovery from the pandemic.

Additional funding and in year under spends have allowed us to create and maintain a number of reserves to target key areas of pressure, development and to allow further transformation within our services.

The refreshed Strategic Plan and associated Implementation Plan will lead the IJB forward for 2023/24 and plans are already under way for the next Strategic Plan.

## **Where to Find More Information**

If you would like more information, please visit our IJB website at:  
<https://www.inverclyde.gov.uk/health-and-social-care>

### **Kate Rocks**

Chief Officer

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**Date:** tbc 2023

### **Craig Given**

Chief Financial Officer

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**Date:** tbc 2023

### **Alan Cowan**

IJB Chair

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**Date:** tbc 2023

# Statement of Responsibilities

## Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has the responsibility for the administration of those affairs. In this IJB, the proper officer is the Chief Financial Officer;
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and the Coronavirus (Scotland) Act 2020, and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003)
- Approve the Annual Statement of Accounts.

I confirm that the audited Annual Accounts were approved for signature at a meeting of the IJB on (date to be confirmed) 2023.

Signed on behalf of the Inverclyde IJB

**Alan Cowan**

IJB Chair

**Date:** tbc 2023

## Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and then applied them consistently;
- Made judgements and estimates that were reasonable and prudent;
- Complied with legislation;
- Complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- Kept proper accounting records which were up to date;
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of Inverclyde IJB as at 31 March 2023 and the transactions for the year then ended.

**Craig Given**

Chief Financial Officer

**Date:** tbc 2023

# Remuneration Report

## Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

### 1 Integration Joint Board

The voting members of the IJB were appointed through nomination by the Health Board and Council.

### 2 Senior officers

The IJB does not directly employ any staff in its own right. All HSCP officers are employed through either the Health Board or Council and remuneration for senior staff is reported through those bodies. Specific post-holding officers are non-voting members of the Board

#### Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. During 2022/23 the Interim Chief Officer, Allen Stevenson left the post on 29<sup>th</sup> August 2022 to return to his substantive role. The new Chief Officer, Kate Rocks was appointed on 16<sup>th</sup> August 2022, and is employed by Inverclyde Council and seconded to the IJB. The statutory responsibility for employer pension liabilities sits with Inverclyde Council as the employing partner organisation. There is therefore no pension liability reflected on the Inverclyde IJB balance sheet for the IJB's Chief Officer. The remuneration terms of the Chief Officer's employment are approved by the IJB.

#### Chief Financial Officer

Craig Given is the Chief Financial Officer of the IJB. He is employed by NHS and the Council and Health Board share his salary cost and those of all other senior officer remunerations.

#### Other officers

No other staff are appointed by the IJB under a similar legal regime. There are no other non-voting board members who meet the criteria for disclosure and require to be included in the disclosure below.

Salary, Fees & Allowances 2021/22 £	Name and Post Title	Salary, Fees & Allowances 2022/23 £
55,113 (FYE £116,030)	Louise Long Chief Officer (until 17/09/21)	-
-	Kate Rocks Chief Officer (from 16/08/22)	77,325 (FYE £122,320)
69,409 (FYE £116,030)	Allen Stevenson Interim Chief Officer (until 29/08/22)	48,731 (FYE £122,320)
27,887	Lisa Branter/Owl Consulting (from 8 Apr 2021 until 28 Jul 2021) Chief Financial Officer (self employed)	-
63,675 (FYE £88,385)	Craig Given Chief Financial Officer	90,587

There were no exit packages paid in either financial year.

### 3 Remuneration: IJB Chair, Vice Chair and Voting Members

The voting members of the IJB are appointed through nomination by Inverclyde Council and Greater Glasgow & Clyde Health Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair, Vice Chair and other IJB voting member appointments and any taxable expenses paid by the IJB are shown below.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for voting members.

#### **Voting IJB Members Remuneration Table**

<b>Name</b>	<b>Post(s) Held</b>	<b>Nominated By</b>
Councillor Jim Clocherty	IJB Member (until 5/5/22), IJB Vice-Chair (until 5/5/22)	Inverclyde Council
Alan Cowan	IJB Member IJB Chair	NHS GG&C
Simon Carr	IJB Member Audit Committee Member (until 27/6/22) Audit Committee Vice-Chair (until 27/6/22)	NHS GG&C
Councillor Lynne Quinn	IJB Member IJB Audit Committee Member (from 27/6/22)	Inverclyde Council
Councillor Elizabeth Robertson	IJB Member Audit Committee Member Audit Committee Chair	Inverclyde Council
Councillor Ciano Rebecchi	IJB Member (until 5/5/22) Audit Committee Member (until 5/5/22)	Inverclyde Council
Councillor Robert Moran	IJB Member (from 19/5/22) IJB Vice-Chair (from 19/5/22)	Inverclyde Council
Councillor Martin McCluskey	IJB Member (from 19/5/22)	Inverclyde Council
Ann Cameron-Burns	IJB Member	NHS GG&C
David Gould	IJB Member Audit Committee Member Audit Committee Vice Chair (from 27/6/22)	NHS GG&C

There were no Inverclyde IJB specific expenses recorded for voting members of the IJB during 2022/23. Any expenses claimed by voting members are paid through the relevant IJB partner organisation.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/22 £	For Year to 31/03/23 £		Difference from 31/03/22 £000s	As at 31/03/23 £000s
Louise Long Chief Officer	10,637	-	Pension	-	-
			Lump Sum	-	-
Kate Rocks Chief Officer	-	14,924	Pension	2	2
			Lump Sum	0	0
Allen Stevenson Interim Chief Officer	13,396	21,158	Pension	9	50
			Lump Sum	12	63
Craig Given Chief Financial Officer	13,308	18,933	Pension	6	7
			Lump Sum	6	6

### Disclosure by Pay Bands

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

**Kate Rocks**

Chief Officer

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**Date:** tbc 2023

**Alan Cowan**

IJB Chair

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**Date:** tbc 2023

# Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

## Scope of Responsibility

The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. The integration scheme is currently being reviewed by all the Greater Glasgow IJB's and will be approved in due course. The timeline for the completion of this task has slipped Greater Glasgow wide due to the scale of work required in its completion and the requirement for consultation with the Health Board and each Local Authority. Inverclyde IJB is a body corporate, a legal entity in its own right but it relies on support from officers employed by Inverclyde Council and Greater Glasgow & Clyde NHS Board in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland. The main features of the IJB's governance arrangements are described in the Local Code but are summarised below.

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the Inverclyde Council and Greater Glasgow & Clyde Health Board systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

The system can only provide reasonable and not absolute assurance of effectiveness.

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

The Chief Finance Officer has taken reasonable steps for the prevention of fraud and other irregularities.

## The Governance Framework and Internal Control System

The Board of the IJB comprises voting members, nominated by either Inverclyde Council or Greater Glasgow & Clyde Health Board, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the IJB's governance arrangements are described in the Local Code but are summarised below:

- The IJB is the key decision making body. The IJB's membership (voting and non-voting), as set by statutory instrument, is fully established. An Audit Committee with detailed remit and powers and clearly defined membership considers all matters in relation to Internal and External Audit and Risk Management.
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, Standing Orders, and Financial Regulations.
- The IJB's purpose and vision are outlined in the IJB refreshed Strategic Plan which was approved and published in March 2023 and which links closely to the vision of the Inverclyde Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and national statutory performance indicators.



- The HSCP has recently commissioned a new performance management system which will be utilised for all planning actions, key performance indicators and risk management. This will support the culture of performance management and delivery of improved outcomes. The Annual performance Report is submitted to the IJB annually and from 2022/23, formal six monthly reporting will also be implemented.
- The IJB has a Code of Conduct based on the Model Code of Conduct for Integration Joint Boards. The code of conduct was revised and updated during 2021/22. A register of members' interests is published and made available for inspection.
- Two Locality Planning Groups for Inverclyde HSCP have now been established (East and West) with representation including a range of key partners and community representatives from the Inverclyde Community Planning, Communication and Engagement Groups and will be central to future planning and delivery of services.
- Inverclyde IJB were found by the Equality and Human Rights Commission (EHRC) to not be fully compliant with the Public Sector Equality Duty. New interim Equality outcomes have been developed and an Improvement Plan is now in place to ensure compliance going forward.

The governance framework set out was in place throughout 2022/23.

### **The System of Internal Financial Control**

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of the Health and Social Care Partnership. During 2022/23 this included the following:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against budget and forecasts;
- Monthly submission of Local Mobilisation Plans for Covid spend through NHS GG&C to Scottish Government
- Setting targets to measure financial and other performance;
- Clearly defined capital expenditure guidelines;
- Formal project management disciplines.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). The Chief Internal Auditor reports directly to the IJB Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit Committee.

With regard to the entries taken from the Health Board and Council Accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Annual Governance Statements where appropriate.

### **Review of Effectiveness**

Inverclyde IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Internal Audit functions of the Council and Health Board have independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2022/23, these services operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditors prepared annual reports to the relevant Audit Committees, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

### **Significant Governance Issues during 2022/23**

The Internal Audit Annual Reports 2022/23 for the Council and Health Board identify no significant control issues. Some actions have been agreed within the Council and Health Board Annual Governance statements to further enhance those internal control environments. None of these are considered material enough to have a significant impact on the overall control environment.

The Internal Audit Annual Report and Assurance Statement for 2022/23 concludes: “On the basis of Internal Audit work carried out in 2022/2023, the majority of the IJB’s established internal control procedures appeared to operate as intended to meet management’s requirements for the individual systems reviewed by Internal Audit. On the basis of selective testing of key controls, it can be concluded that, in the main, controls were generally operating as expected during the period under review, although it does need to be recognised that some recommendations were made by Internal Audit to improve controls. The overall opinion is Satisfactory.”

Summaries of the issues arising in relation to each system or activity covered by Internal Audit work in 2022/2023 are reported separately to the Audit Committee. Appropriate responses to the recommendations made in internal audit reports have been obtained. When actioned, the recommendations made in the Internal Audit reports should provide management with additional comfort that the system of control operates as intended. It is therefore imperative that the agreed actions are implemented by management.

A follow up process is in place which ensures that all actions arising from internal audit reviews are captured within a follow up database and are subject to follow up and validation by the Internal Audit on a regular basis, with reporting on progress to the Audit Committee.

### **Conclusion and Opinion on Assurance**

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB’s governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB’s principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

**Kate Rocks**

Chief Officer

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**Date:** tbc 2023

**Alan Cowan**

IJB Chair

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**Date:** tbc 2023

# The Financial Statements

## Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

2021/22			2022/23			
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
2,885	(1,004)	1,881	Strategy & Support Services	4,137	(2,386)	1,751
32,295	(1,281)	31,014	Older Persons	35,375	(893)	34,482
13,567	(281)	13,286	Learning Disabilities	14,787	(360)	14,427
8,293	(486)	7,807	Mental Health – Communities	7,948	(656)	7,292
11,032	(343)	10,689	Mental Health – Inpatients	12,445	(601)	11,844
18,203	(1,632)	16,571	Children & Families	18,769	(1,617)	17,152
3,334	(168)	3,166	Physical & Sensory	4,104	(606)	3,498
4,392	(585)	3,807	Addiction/Substance Misuse	5,613	(1,467)	4,146
13,676	(621)	13,055	Assessment & Care Management / Health & Community Care	15,264	(2,660)	12,604
7,805	(5,314)	2,491	Support / Management / Admin	10,530	(2,960)	7,570
2,087	(2,002)	85	Criminal Justice / Prison Service	2,271	(2,232)	39
1,782	(542)	1,240	Homelessness	1,938	(422)	1,516
26,370	(459)	25,911	Family Health Services	28,174	(843)	27,331
19,167	(1)	19,166	Prescribing	20,570	(1)	20,569
20,931	(13,643)	7,288	Covid	3,711	(323)	3,388
348	0	348	IJB Operational Costs (see note 4)	368	0	368
<b>186,167</b>	<b>(28,362)</b>	<b>157,805</b>	<b>Cost of Services Directly Managed by Inverclyde IJB</b>	<b>186,004</b>	<b>(18,027)</b>	<b>167,977</b>
35,960	0	35,960	Set Aside	36,036	0	36,036
<b>222,127</b>	<b>(28,362)</b>	<b>193,765</b>	<b>Total Cost of Services to Inverclyde IJB</b>	<b>222,040</b>	<b>(18,027)</b>	<b>204,013</b>
0	(207,158)	(207,158)	Taxation and Non-Specific Grant Income (Note 2)	0	(199,950)	(199,950)
<b>222,127</b>	<b>(235,520)</b>	<b>(13,393)</b>	<b>Surplus on Provision of Services</b>	<b>222,040</b>	<b>(217,977)</b>	<b>4,063</b>
		<b>(13,393)</b>	<b>Total Comprehensive Income and Expenditure</b>			<b>4,063</b>

There are no statutory or presentation adjustments which affect the IJB's application of funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

## Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

<b>Movements in Reserves During 2022/23</b>	<b>General Reserves £000</b>	<b>Earmarked Reserves £000</b>	<b>TOTAL Reserves £000</b>
<b>Opening Balance at 31 March 2022</b>	<b>(962)</b>	<b>(27,363)</b>	<b>(28,325)</b>
Total Comprehensive Income and Expenditure	(673)	4,736	4,063
<b>Closing Balance at 31 March 2023</b>	<b>(1,635)</b>	<b>(22,627)</b>	<b>(24,262)</b>

## Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2022 £000		Notes	31 March 2023 £000
<b>Current Assets</b>			
28,344	Short term debtors	5	24,283
<b>Current Liabilities</b>			
(19)	Short term creditors	6	(21)
<b>28,325</b>	<b>Net Assets</b>		<b>24,262</b>
28,325	Reserves	8	24,262
<b>28,325</b>	<b>Total Reserves</b>		<b>24,262</b>

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2023 and its income and expenditure for the year then ended.

The unaudited financial statements were issued on 26 June 2023 and the audited financial statements were authorised for issue by Craig Given on tbc 2023.

**Craig Given**

Chief Financial Officer \_\_\_\_\_

**Date:** tbc 2023

# Notes to the Financial Statements

## 1. Significant Accounting Policies

### 1.1 General principles

The Inverclyde Integration Joint Board is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. The Integration Scheme is a legally binding agreement between Inverclyde Council and NHS Greater Glasgow and Clyde.

Integration Joint Boards (IJB's) are specified as section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Local Authority Accounts (Scotland) Regulations 2014 and the Code of Practice on Accounting for Local Authorities in the United Kingdom, supported by International Financial Reporting Standards (IFRS). These are issued jointly by CIPFA and the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) and are designed to give a "true and fair view" of the financial performance of the IJB.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

There were additional health and social care costs incurred in NHS Greater Glasgow & Clyde and Inverclyde Council that do not form part of the income and expenditure recorded in these accounts. This follows national accounting guidance and the assessment of principal/agency arrangements in each body. It includes expenditure on PPE and testing kits.

The Annual Accounts summarise the IJB's transactions for the 2022/23 financial year and its position at the year end of 31 March 2023.

### 1.2 Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms or conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down

### 1.3 Funding

The IJB is primarily funded through funding contributions from the statutory funding partners namely Inverclyde Council and NHS Greater Glasgow and Clyde. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Inverclyde.

### 1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor in the IJB Balance Sheet.

## **1.5 Employee Benefits**

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

## **1.6 Provisions, Contingent Liabilities and Contingent Assets**

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

## **1.7 Events After the Reporting Period**

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts are adjusted to reflect such events. No material events have taken place.
- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect. No material non-adjusting events have taken place.

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

## **1.8 Exceptional items**

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the IJB's financial performance.

## **1.9 Related Party Transactions**

As parties to the Inverclyde Integration Scheme both Inverclyde Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 3 in line with the requirements of IAS 24.

### **1.10 Support services**

Support services were not delegated to the IJB through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided are mainly comprised of: provision of financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

### **1.11 Indemnity Insurance**

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. Inverclyde Council and Greater Glasgow & Clyde Health Board have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike Health Boards, the IJB does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

### **1.12 Clinical and Medical Negligence**

The IJB provides clinical services to patients under the statutory responsibility of NHS Greater Glasgow and Clyde. In connection with this it is responsible for any claims for medical negligence arising within the services it commissions, up to a certain threshold per claim. For claims in excess of this threshold the Health Board and IJB are members of CNORIS established by the Scottish Government which reimburses costs to members where negligence is established.

The IJB would make provision for claims notified by the NHS Central Legal Office according to the value of the claim and the probability of settlement. Where a claim was not provided for in full the balance would be included as a contingent liability. The corresponding recovery from CNORIS in respect of amounts provided for would be recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

### **1.13 Reserves**

Reserves are created by appropriating amounts out of revenue balances. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year so and included within the Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement. Reserves are classified as either general or earmarked reserves.

### **1.14 VAT**

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.



Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the Commissioning IJB.

## 2 Taxation and Non-Specific Grant Income

31 March 2022 £000	Taxation and Non-Specific Grant Income	31 March 2023 £000
147,529	NHS Greater Glasgow and Clyde Health Board	133,133
59,629	Inverclyde Council	66,817
<b>207,158</b>	<b>TOTAL</b>	<b>199,950</b>

### Greater Glasgow and Clyde Health Board Contribution

The funding contribution from the Health Board above includes £36.036m in respect of 'Set Aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however, has responsibility for the consumption of, and the level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

### 3 Related Party Transactions

The IJB has related party relationships with Greater Glasgow & Clyde Health Board and Inverclyde Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

31 March 2022 £000		31 March 2023 £000
	<b>Transactions with NHS Greater Glasgow &amp; Clyde</b>	
(147,530)	Funding Contributions received	(133,134)
(4,200)	Service Income received	(6,297)
133,380	Expenditure on Services Provided	125,610
<b>(18,350)</b>	<b>TOTAL</b>	<b>(13,821)</b>
	<b>Transactions with Inverclyde Council</b>	
(59,629)	Funding Contributions received	(66,817)
(24,162)	Service Income received	(11,729)
88,748	Expenditure on Services Provided	96,430
<b>4,957</b>	<b>TOTAL</b>	<b>17,884</b>

31 March 2022 £000		31 March 2023 £000
	<b>Balances with NHS Greater Glasgow &amp; Clyde</b>	
0	Debtor balances: Amounts due to the NHS	0
0	Creditor balances: Amounts due from the NHS	0
<b>0</b>	<b>Net Balance with the NHS Board</b>	<b>0</b>
	<b>Balances with Inverclyde Council</b>	
(19)	Debtor balances: Amounts due to the Council	(21)
28,344	Creditor balances: Amounts due from the Council	24,283
<b>(28,325)</b>	<b>Net Balance with the Council</b>	<b>(24,262)</b>

Key Management Personnel: The non-voting Board members employed by the Health Board or Council and recharged to the IJB include the Chief Officer, Chief Financial Officer, representatives of primary care, nursing and non-primary services, and staff representatives. Details of remuneration for some specific post holders is provided in the Remuneration Report.

#### 4 IJB Operational Costs

31 March 2022 £000	Core and Democratic Core Services	31 March 2023 £000
277	Staff costs	290
43	Administrative costs	47
28	Audit fees	31
<b>348</b>	<b>TOTAL</b>	<b>368</b>

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Inverclyde Council. For the 2022/23 Accounts this is combined within the gross expenditure for both partners.

#### 5 Short Term Debtors

31 March 2022 £000	Short Term Debtors	31 March 2023 £000
28,344	Other local authorities	24,283
<b>28,344</b>	<b>TOTAL</b>	<b>24,283</b>

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

#### 6 Short Term Creditors

31 March 2022 £000	Short Term Creditors	31 March 2023 £000
(19)	Other local authorities	(21)
<b>(19)</b>	<b>TOTAL</b>	<b>(21)</b>

## 7. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts include:

- Some COVID-19 related costs have been excluded from the IJB's accounts in accordance with national accounting guidance. Costs associated with the provision of PPE and testing kits by NHS National Services Scotland to Inverclyde for social care services. Inverclyde Council is acting as principal and therefore Inverclyde IJB has not recognised the £0.207m expenditure and associated funding within the financial statements as they are acting as agents.
- It should be noted that the set aside budget is an estimate provided by NHS Greater Glasgow & Clyde as an estimate of costs incurred by the Inverclyde IJB as opposed to actual judgement figures.

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year and while these are provided by the Health Board which retains responsibility for managing the costs of providing the service the HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Inverclyde IJB accounts have been prepared. The services which are hosted by Inverclyde are identified in the table below. This also shows expenditure in 2022/23 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure 2022/23	Consumed by Other IJBs
Inverclyde	General Psychiatry	£7,503,417	£1,928,150
Inverclyde	Old Age Psychiatry	£4,340,936	£35,703
	<b>Total</b>	<b>£11,844,353</b>	<b>£1,963,853</b>

The services which are hosted by other IJB's on behalf of the other IJB's including Inverclyde are identified in the following table. This also shows expenditure in 2022/23 and the value consumed by Inverclyde IJB.

Host	Service	Actual Net Expenditure 2022/23	Consumed by Inverclyde IJB
East Dunbartonshire	Oral Health	£13,456,680	£892,178
	<b>Total</b>	<b>£13,456,680</b>	<b>£892,178</b>
East Renfrewshire	Learning Disability	£9,590,892	£521,159
East Renfrewshire	SCTI – Scottish centre for technology for communication impaired	£265,458	£32,038
	<b>Total</b>	<b>£9,856,350</b>	<b>£553,197</b>
Glasgow	Continence	£5,030,908	£360,786
Glasgow	Sexual Health	£11,442,272	£384,445
Glasgow	MH Central Services	£9,649,937	£861,169
Glasgow	MH Specialist Services	£14,973,252	£955,605
Glasgow	Alcohol & Drugs Hosted	£15,729,878	£506,885
Glasgow	Prison Healthcare	£8,728,924	£666,994
Glasgow	HC in Police Custody	£2,192,510	£159,834
Glasgow	Old Age Psychiatry	£16,903,443	£330
Glasgow	General Psychiatry	£53,743,513	£423,828
	<b>Total</b>	<b>£138,394,637</b>	<b>£4,319,876</b>
Renfrewshire	Podiatry	£7,312,214	£1,059,198
Renfrewshire	Primary Care Support	£4,137,852	£245,318
Renfrewshire	General Psychiatry	£10,342,321	£104,324
Renfrewshire	Old Age Psychiatry	£8,220,150	£0
	<b>Total</b>	<b>£30,012,537</b>	<b>£1,408,840</b>
West Dunbartonshire	MSK Physio	£7,374,140	£487,660
West Dunbartonshire	Retinal Screening	£846,155	£56,801
West Dunbartonshire	Old Age Psychiatry	£1,916,401	£0
	<b>Total</b>	<b>£10,136,696</b>	<b>£544,461</b>
<b>Grand Total</b>		<b>£201,856,900</b>	<b>£7,718,552</b>

## 8. Movement in reserves

The table on Page 33 shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general reserve.

2021/22		2022/23		
Balance at 31 March 2022		Transfers Out 2022/23	Transfers In 2022/23	Balance at 31 March 2023
£000		£000	£000	£000
<b>SCOTTISH GOVERNMENT FUNDING</b>				
236	Mental Health Action 15	236	21	21
843	Alcohol & Drug Partnerships	843	894	894
1,527	Primary Care Improvement Programme	1,527	156	156
8,130	Covid - 19	8,167	37	0
320	Community Living Change	28	0	292
34	Covid Shielding SC Fund	34	0	0
217	Winter planning - MDT	217	253	253
206	Winter planning - Health Care Support Worker	206	331	331
712	Winter pressures - Care at Home	29	376	1,059
0	Winter pressures - Interim Beds	0	92	92
115	Care home oversight	91	41	65
877	MH Recovery & Renenal	616	523	784
0	Learning Disability Health Checks	0	32	32
0	Carers	0	304	304
49	Covid projects - funding from Inverclyde Council	49	0	0
<b>EXISTING PROJECTS/COMMITMENTS</b>				
109	Integrated Care Fund	1	0	108
102	Delayed Discharge	17	8	93
350	Welfare	37	28	341
338	Primary Care Support	57	288	569
504	SWIFT Replacement Project	208	76	372
136	Rapid Rehousing Transition Plan (RRTP)	0	44	180
437	LD Estates	0	63	500
1,077	Refugee Scheme	74	1,187	2,190
312	Tier 2 Counselling	0	17	329
148	C&YP Mental Health & Wellbeing	148	0	0
68	CAMHS Post	68	0	0
100	CAMHS Tier 2	0	0	100
89	Dementia Friendly Inverclyde	80	0	9
1,103	Contribution to Partner Capital Projects	4	0	1,099
254	Staff Learning & Development Fund	50	200	404
200	Fixed Term Staffing	200	0	0
350	Homelessness	0	100	450
164	Autism Friendly	7	0	157
0	Whole Family Wellbeing	1	487	486
0	Temporary Posts	0	675	675
0	ADRS fixed term posts	0	109	109
0	National Trauma Training	0	50	50
0	Cost of Living	0	265	265
0	Wellbeing	0	15	15
<b>TRANSFORMATION PROJECTS</b>				
1,975	Transformation Fund	336	100	1,739
250	Addictions Review	0	42	292
88	DN Redesign	88	0	0
750	Mental Health Transformation	113	0	637
676	IJB Digital Strategy	163	70	583
<b>BUDGET SMOOTHING</b>				
800	Adoption/Fostering/Residential Childcare	0	700	1,500
425	Continuous Care	0	0	425
798	Prescribing	0	293	1,091
1,003	Residential & Nursing Placements	0	283	1,286
600	Learning Disability Client Commitments	0	0	600
0	Client commitments - general	0	605	605
891	Pay contingency	667	861	1,085
<b>27,363</b>	<b>Total Earmarked</b>	<b>14,362</b>	<b>9,626</b>	<b>22,627</b>
<b>UN-EARMARKED RESERVES</b>				
962	General	0	673	1,635
<b>962</b>	<b>Un-Earmarked Reserves</b>	<b>0</b>	<b>673</b>	<b>1,635</b>
<b>28,325</b>	<b>Total Reserves</b>	<b>14,362</b>	<b>10,299</b>	<b>24,262</b>

## 9. Expenditure and Funding Analysis

31 March 2022 £000	Inverclyde Integration Joint Board	31 March 2023 £000
<b>HEALTH SERVICES</b>		
28,455	Employee Costs	32,169
99	Property Costs	148
23,383	Supplies & Services	8,557
25,944	Family Health Service	28,170
18,989	Prescribing	20,386
35,960	Set Aside	36,036
(3,740)	Income	(6,297)
<b>SOCIAL CARE SERVICES</b>		
33,814	Employee Costs	36,012
1,612	Property Costs	1,775
1,343	Supplies & Services	1,697
207	Transport	256
830	Administration	950
50,897	Payments to Other Bodies	55,515
(24,376)	Income	(11,729)
<b>CORPORATE &amp; DEMOCRATIC CORE/IJB COSTS</b>		
277	Employee Costs	290
43	Administration	47
28	Audit Fee	31
<b>193,765</b>	<b>TOTAL NET EXPENDITURE</b>	<b>204,013</b>
(207,158)	Grant Income	(199,950)
<b>(13,393)</b>	<b>DEFICIT ON PROVISION OF SERVICES</b>	<b>4,063</b>

## 10. External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2022/23 are £31,470 (2021/22 £27,960). There were no fees paid to Audit Scotland in respect of any other services.

## 11. Post balance sheet events

These are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Statement of Accounts is authorised for issue. An adjustment is made to the financial statements where there is evidence that the event relates to the reporting period; otherwise, the financial statements are not adjusted, and where the amount is material, a disclosure is made in the notes.

The Chief Financial Officer issued the Unaudited Statement of Accounts on 26 June 2023. There have been no material events after the balance sheet date which necessitate revision of figures in the financial statements or notes thereto including contingent assets or liabilities.

## 12. Contingent assets and liabilities

There are no equal pay claims to our knowledge pending against both the Council and Health Board. Since the IJB is not the employer for any of the staff in question it is not financially liable for any amounts due.

## 13. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

# Independent Auditor's Report







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**Report To:** Inverclyde Integration Joint Board      **Date:** 26 June 2023

**Report By:** Kate Rocks  
Chief Officer      **Report No:** IJB/27/2023/CG  
Inverclyde Health & Social Care  
Partnership

**Contact Officer:** Craig Given      **Contact No:** 01475 715381

**Subject:** FINANCIAL PLAN 2023/24 TO 2027/28

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## **1.0 PURPOSE**

1.1  For Decision       For Information/Noting

1.2 The purpose of this report is to provide the Integration Joint Board (IJB) with the Health and Social Care Partnership (HSCP) medium term Financial Plan 2023/28.

## **2.0 SUMMARY**

2.1 This report covers the following key areas of financial strategy:

- Background
- Budget Strategy Assumptions
- Projected Cost Pressures 2023/24 to 2027/28
- Addressing the Financial Challenge

## **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Integration Joint Board:

1. Approve the medium term financial plan; and
2. Notes the ongoing work to continue to monitor and update the Plan.

**Kate Rocks, Chief Officer**

**Craig Given, Chief Financial Officer**

## 4.0 BACKGROUND

- 4.1 The IJB's has an indicative budget of £200.7m for 2023/24.
- 4.2 Given the scale of uncertainty and current level of identified pressures on both the delegated Health and Social Care budgets, it is important that the IJB plans for a range of potential outcomes from 2023/24 onwards. In addition, it is anticipated that moving forward beyond 2023/24 and through to 2027/27, a significant annual saving requirement is likely to continue over the medium term. In this context, the Chief Officer and Chief Finance Officer will continue to work with IJB members and the IJB Budget Working Group to advise and assist in the development of budget strategies which remain flexible, sustainable and focused on the delivery of key priorities detailed in the Strategic Plan.

## 5.0 BUDGET ASSUMPTIONS

- 5.1 The medium term financial plan recognises and acknowledges ongoing cost and demand led pressures on Social Care and Health. Expectation is for a flat cash settlement for Councils and a general 2% increase in Health for 2023/24 onwards.

## 6.0 PROJECTED COST PRESSURES TO 2027/28

- 6.1 The Financial Strategy includes a wide range of assumptions in respect of key cost pressures and demand highlighting a potential budget gap for the HSCP of circa £8.875m by 2027/28.
- 6.2 IJB Members should note that the current budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations. In addition, it does not include potential costs or income from the potential National Care Service. This will be added to the Financial Plan once more information is known.
- 6.3 In addition to securing a firmer assessment of emerging cost pressures, work is progressing with the HSCP Senior Management Team to identify opportunities to mitigate these pressures. Detailed below are the main areas of cost pressures and demand which will be subject to ongoing review as clarification of the position for each emerges:
- **Pay Inflation:** despite the anticipated reduction in resources it is expected that pay pressures will remain a recurring pressure for the public sector;
  - **Demographic and Volume:** reflects increases anticipated across social care services;
  - **Prescribing:** costs reflect current demand and cost pressures; and
  - **Inflationary Pressures:** reflect anticipated increases to payments to third parties including the National Care Home Contract (NCHC).

## 7.0 MEDIUM TERM FINANCIAL STRATEGY

- 7.1 In order to deliver the medium term financial strategy 2023/24 to 2027/28 a medium term strategy has been developed over 4 key strands.
1. Efficiency Savings
  2. Service Redesign/Transformational Change
  3. Service Reduction if not able to close budget gap with Efficiencies or Redesigns
  4. Increased Charging

It is proposed that moving forward over the medium term the IJB agrees to commit to the principles laid out in the Financial Plan. In line with these principles the Chief Officer and Chief Finance Officer will work with IJB members and the IJB Budget Working group to develop savings and efficiencies for the period to 2027/28.

## 8.0 IMPLICATIONS

8.1 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	

## 8.2 FINANCE

The financial implications are as stated in this report. Medium Term financial planning allows for improve stewardship and governance over budgets and budget planning.

One off Costs

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

Annually Recurring Costs / (Savings)

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

## LEGAL

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

## HUMAN RESOURCES

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

## EQUALITIES

8.4.1 There are no equality issues within this report.

8.4.2 Has an Equality Impact Assessment been carried out?

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

8.4.3 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

## 8.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

## 8.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

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

<b>9.0</b>	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

## 10.0 CONSULTATION

- 10.1 This report has been prepared by the Chief Financial Officer of the IJB after due consultation with the Chief Officer and input from the Director of Finance for Greater Glasgow & Clyde NHS and the Chief Finance Officer for Inverclyde Council.



# Inverclyde Integration Joint Board

Medium Term  
Financial Plan  
2023/24 to 2027/28



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## Executive Summary

This Financial Plan outlines the financial challenges and opportunities Inverclyde Health and Social Care Integration Joint Board (IJB) faces over the next 5 years and provides a framework which will support the IJB to remain financially sustainable. This plan underpins and complements the Strategic Plan, highlighting how the IJB financial planning principles support the delivery of the IJBs strategic objectives and priorities.

The Plan includes a range of key assumptions which are subject to a significant degree of uncertainty. As a consequence this strategy will be reviewed on an ongoing basis with appropriate adjustments made as more information becomes available.

This financial plan at present excludes the potential impacts of a new National Care Service. When more details of the scope and financial implications are known the plan will be updated accordingly.

Given the uncertainty and potential for variability, it is important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner over the course of this financial plan.

### Key Messages

- Moving forward beyond 2022/23 the IJB is facing significant challenges and will need to develop budget strategies which remain flexible, sustainable and focussed on the delivery of its Strategic Plan's key priorities
- This Medium Financial Plan will provide the financial context for the IJB, inform future decisions and start to identify a high level plan to bridge the financial gaps moving forward.
- Over the medium to longer term the IJB needs to plan on the basis of:
  - Flat Cash allocations from our partners
  - Rising costs, and
  - Demand pressures
- Taking into account costs, demands, estimated changes to funding and assuming nothing else changes the anticipated budget gap by 2027/28 will be circa £8.875m
- Work will continue to review and update key assumptions as more information becomes available with the IJB being informed of any significant changes
- Further areas of work have been identified to start to bridge the gap, these will be developed over the next few months.
- The Plan does not take into account the proposals for a new National Care Service as these proposals are still being developed.
- To deliver the financial plan this medium term financial strategy has been developed with the following key strands:
  1. Efficiency Savings
  2. Service Redesign/Transformational Change
  3. Service Reduction
  4. Increased Charging



## Introduction

- 1.1 The purpose of this Financial Plan is to provide an overview of the key messages in relation to the IJBs financial planning for 2023/24 to 2027/28. It also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we work to meet the health and social care needs of the people of Inverclyde.
- 1.2 In 2022 the IJB refreshed its Strategic Plan which outlined our ambitions. The updated Strategic Plan sets the key priorities and six big actions which will ensure that we deliver our core vision of “Inverclyde being a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”. The recent refresh now provides a clear outcomes framework against each of the 6 big actions. The IJB will shortly commence its work into a new longer term Strategic Plan to which this Medium Term Financial Plan will play a significant part.
- 1.3 The Medium Term Financial Plan is key to supporting the delivery of the strategic plan. The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium Term Financial Planning is key to supporting this process and identifying the transformation which is required to provide sustainable services to the local community over the medium term.

### Key Messages

- 1.4 Inverclyde Health and Social Care IJB is facing significant challenges as a result of a combination of financial pressures caused by uncertainty of funding, increased demographic pressures and the cost of implementing new legislation and policies. The IJB are aware of recent Scottish Government proposals to create a new National Care Service. At present until further plans are announced by the Scottish Government, this Financial Plan excludes any assumptions around its implementation or financials.
- 1.5 This Medium Term Financial Plan will provide the financial context for the IJB, inform current and future decisions and outline a high level plan to start to bridge the financial gaps which have been identified moving forward.
- 1.6 The indicative 2023/24 base recurrent budget is £200.735m (Social Care £68.156m, Health £132.579m and Set Aside £35.398m). A number of areas have been explored to understand the scale of the financial challenge:-
  - a detailed analysis of anticipated costs and demands
  - an assessment of anticipated increases and reductions in funding from partners

Taking into account the issues identified and assuming nothing else changes the potential funding shortfall will be circa £8.875m by 2028.

- 1.7 The IJB will need to develop plans over the medium term to bridge this financial gap. A medium term strategy to bridge the anticipated budget gap will be developed along the following main strands:-
- (i) Efficiency Savings
  - (ii) Service Redesign
  - (iii) Service Reduction
  - (iv) Increased Charging
- 1.8 Proposals have been developed to deliver a balanced budget for 2023/24 and approved by the IJB. Budget planning for future years is underway, although funding from Partners have still to be confirmed. The IJB have been actively engaged with Partners and this plan reflects the latest position.
- 1.9 A number of areas of work have been identified to bridge the financial gap and further workstreams will commence shortly. These will be developed over the coming months and will be used to refresh the Medium Term Financial Plan on a regular basis. This will form part of the annual budget setting process.

## 2. Purposes and Approach

### Key Messages

- The Medium Term Financial Plan is an important part of the strategic planning process to deliver on the vision and priorities set out in the IJB's Strategic Plan whilst ensuring as an organisation we remain financially sustainable
- The Medium Term Financial Plan will provide the financial context for the IJB, inform future decisions and a high level action plan to address the financial challenges moving forward

### Purpose of the Plan

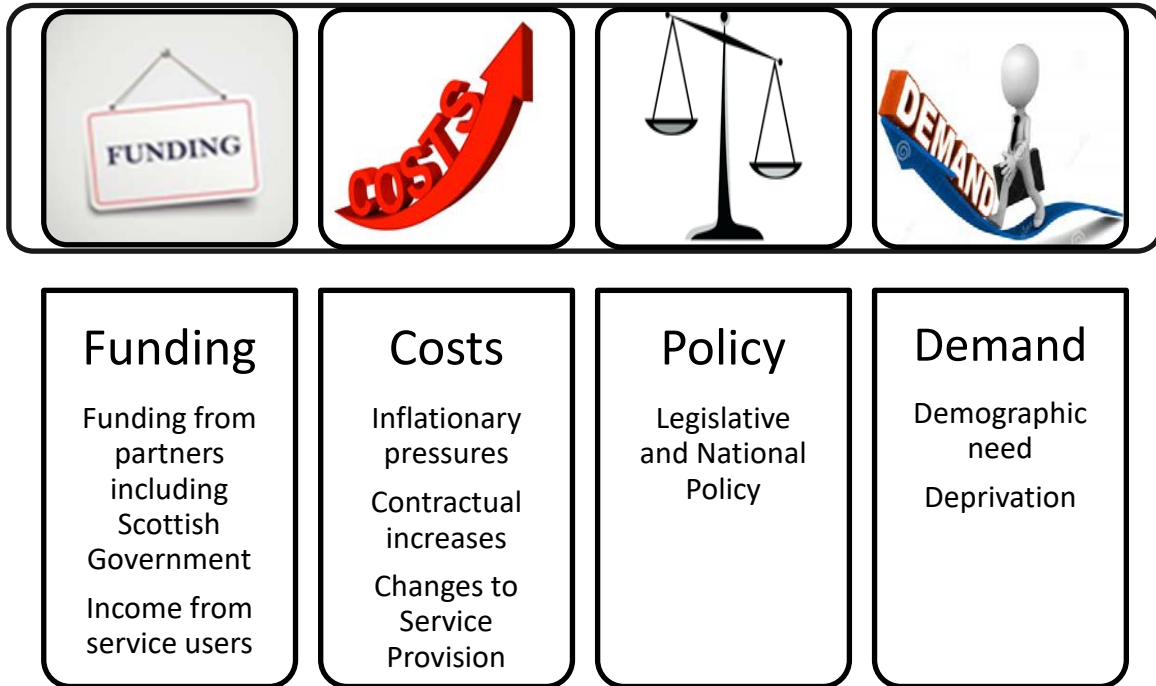
- 2.1 The Medium Term Financial Plan is an important part of the IJBs strategic planning process and is integral to the delivery of our vision and priorities as set out in the Strategic Plan whilst ensuring as an organisation that we remain financially sustainable.
- 2.2 Recent Audit Scotland reports have highlighted the significant level of challenges faced by Health and Social Care Partnerships due to a combination of financial pressures caused by a real-term reductions in funding, increased demographic pressures and the cost of implementing new legislation and policies.
- 2.3 Within this context it is essential that the IJB develops and maintains a financial plan to enable it to direct finances at the services which will deliver the greatest impact and also support a shift in the balance of care. The financial plan will also set the context for annual budgets. In preparing the plan it is essential that we understand the scale of the financial challenge and the impact that this has not only on the IJB, but also the impact on the wider system and our other Partners.
- 2.4 This will be the third Medium Term Financial Plan for the IJB and will provide key information on the financial position of the IJB over the next five years and whether spending is sustainable over this period of time. Crucially it will identify the financial challenges and potential impact of current and future decisions on its medium term financial health. It will be used to identify pressure points and inform decisions which are required to ensure the IJB remains financially sustainable.

### Approach to the Development of the Medium Term Financial Plan

- 2.5 In preparing the Medium Term Financial Plan the following approach has been adopted:-
- The indicative 2023/24 budget has been used as the basis for the Medium Term Financial Plan
  - An analysis of anticipated cost and demand pressures has been undertaken to inform future years projections
  - A review of funding assumptions has also been undertaken to determine the anticipated level of funding available for service delivery

- Scenario planning has been undertaken to identify potential favourable, adverse and probable scenarios for each assumption within the plan. The most prudent and or probable assumption has been used to generate these estimates

2.6 The pressures which the IJB will experience can be categorised into the following main headings and have been considered to provide a robust financial plan for the future.



**Benefits of the Plan**

2.7 The preparation of this Medium Term Financial Plan will secure a number of benefits for the IJB:-

- it will provide the financial context for the IJB and will inform future decision making
- it provides a document which will be used for engaging with partner bodies in relation to the securing of future funding

### **3 Financial Landscape**

#### **3.1 The Economy – UK Context**

The Covid pandemic elicited a fiscal response from the UK Government which was without precedent in peace time. The UK Government borrowed large sums of funding to support the economy, households and frontline services battling against the virus and to help protect as many jobs as possible as part of the recovery. The Autumn Budget in October 2021 set out the plans to bring the UK Budget back into some form of balance as part of the 2022/25 Spending Review

The Spring Statement in March 2023 reported a slightly improved position economically compared to previous years. However, the Spring Statement continues to highlight the significant challenges that remain in the UK economy including Inflationary pressures, initially driven by global factors and the impacts that have become widespread across the economy, weighing on household incomes and dragging on growth. Since the COVID-19 pandemic, higher interest rates, coupled with slowing economic growth have hit the public finances against a backdrop of higher levels of government debt. Furthermore structural factors – including low business investment and a decreased labour market inactivity have dragged on growth and likely pushed up inflation.

In recent years the UK Government has been through unprecedented change which caused significant turbulence in the Financial Markets. The UK Government issued a new key Budget Statement on 17 November supported by appropriate OBR analysis.

The Spring 2023 budget aimed to address these challenges by striking a balance between providing necessary help to households, businesses and the economy and support the Bank of England to reduce inflation. The OBR forecasts the economy will avoid recession and that government decisions are expected to help inflation fall more quickly this year. Inflation has peaked and is starting to come down but remains high overall and is expected to be high for the short term but then reduce in the medium term.

Interest rates are expected to peak this year and then begin to reduce into the medium term.

#### **3.2 UK and Scottish Legislative and Policy Changes**

UK and Scottish Government legislation and policies and how these are funded can have implications for the IJB and its medium term financial planning. There are a number areas which could impact on the IJB over the medium term, including:

- The Proposed National Care Service
- Covid Recovery
- Carers Act (Scotland)
- Children & Young People Act
- The Promise



- Primary Care Funding Changes
- Mental Health Strategy 2017-2027
- Moving Forward Together
- Scottish Living Wage

### 3.4 **Scottish Government Funding**

#### 3.5 *Scottish Context*

After requests from Cosla for several years for greater medium term funding certainty, the Scottish Government issued the Resource Spending Review (RSR) on 31 May 2022. The RSR covered the 5 year period 2022/23 – 2026/27 from a Resource/Revenue perspective. The RSR was balanced on its “central” assumption ie: Income/Taxes matched Expenditure plans.

- 3.6 Local Government are due to receive challenging core revenue settlements over the period with Grant/NDR being the same in cash terms in 2025/26 as it is in 2022/23. The Fraser of Allander Institute reported that this represents a 7% real terms cut using the GDP deflator. This in turn has led to a flat cash settlement in Social Care services in the last year with Inverclyde HSCP only receiving its share of a net £95m increase in funding for 2023/24. This additional funding was directed to pay living wage payments to care providers. In 2023/24 Inverclyde HSCP continue to receive the relevant pay awards for staff as directed by Scottish Government. However, it should be noted that Inverclyde Council took a recurring £0.5m savings on this funding. No other significant funding was announced. In terms Social Care funding going forward this medium term strategy will assume no significant additional contributions from Scottish Government apart from living wage increases and the pay award funding.

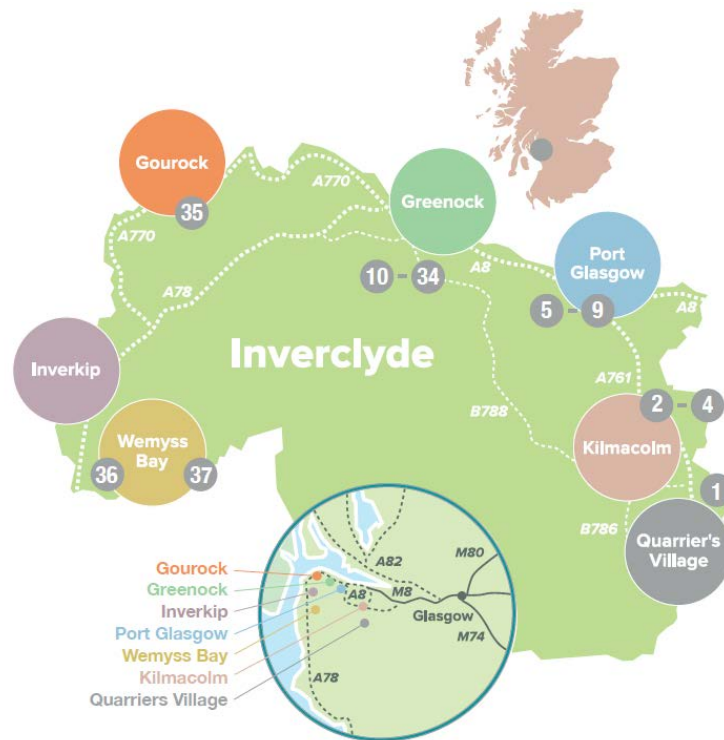
In recent years the Scottish Government have allocated 2% uplifts to all HSPC Health budgets. In addition the Scottish Government have also funded all the pay awards on the Health side. This has meant that in recent years no significant savings have been required on the Health side of the HSCP budget. This medium term strategy will assume 2% uplifts and relevant pay awards being funded going forward.

Greater Glasgow and Clyde Health Board and Inverclyde Council delegate budgets to the IJB to enable the IJB to fund the services which it commissions. Any changes to Scottish Government funding is likely to impact on the level of budgets which are delegated to the IJB and the level of savings which are required to meet demand, demographic and inflationary pressures. It should be noted that the Scottish Government intends to implement the National Care Service during this time period. At present the scope and context of the National Care Service is still under debate and as such this financial plan does not make any funding assumptions around this issue.

- 3.7 This Medium Term Financial Plan considers the main factors which will impact on the finances of the IJB over the medium term and will provide the IJB with the financial context in which it operates to support decision making.



## 4 Inverclyde Context



- 4.1 The local environment within which the IJB operates has changed significantly in recent years and will alter further in future years due to the impact of national legislation and policy, further economic turbulence, societal changes and developing customer expectations.
- 4.3 The overall strategic framework within which the IJB operates is outlined in the Strategic Planning and Performance Management Framework. The Framework includes the Inverclyde Partnership Plan (2023-33), the Health Board and Council Corporate Plans, the IJB Strategic Plan and the IJB Medium Term Financial Plan.
- 4.4 The new Strategic Plan to 2023/24 still focusses on “Improving Lives” and sets out 6 big actions for the Health and Social Care Partnership to deliver against:

<p><b>Big Action 1:</b> Reducing Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health</p>	<p><b>Big Action 2:</b> A Nurturing Inverclyde will give our Children &amp; Young People the Best Start in Life</p>	<p><b>Big Action 3:</b> Together we will Protect Our Population</p>
<p><b>Big Action 4:</b> We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living</p>	<p><b>Big Action 5:</b> Together we will reduce the use of, and harm from alcohol, tobacco and drugs</p>	<p><b>Big Action 6:</b> We will build on the strengths of our people and our community</p>

- 4.5 The **Inverclyde Partnership Plan (2023-33)** sets out the Partnership actions and projects which will contribute to the vision of Success For All – Getting It Right for Every Child, Citizen and Community
- 4.6 The focus of the Strategic Planning and Performance Management Frameworks is on addressing the main challenges facing the area, and the five high level outcomes for partners to work together on, covering the areas of :

#### **THEME 1: EMPOWERED PEOPLE**

- Communities can have their voices heard, and influence the places and services that affect them
- Gaps in outcomes linked to poverty are reduced

#### **THEME 2: WORKING PEOPLE**

- More people will be in sustained employment, with fair pay and conditions
- Poverty related gaps are addressed, so young people can have the skills for learning, life and work
- Businesses are supported and encouraged to reduce their carbon footprint and develop green jobs

#### **THEME 3: HEALTHY PEOPLE AND PLACES**

- People live longer and healthier lives
- Supportive systems are in place to prevent alcohol and drug misuse
- Our natural capital is looked after, and we are effectively adapting and mitigating the effects of climate change

#### **THEME 4: A SUPPORTIVE PLACE**

- Vulnerable adults and children are protected and supported, ensuring they can live safely and independently
- We recognise where people are affected by trauma, and respond in ways that prevent further harm and support recovery
- Public protection and community safety are improved through targeting our resources to reduce the risk of offending and harm

#### **THEME 5: A THRIVING PLACE**

- Growth in our working age population by encouraging people to stay here, and attracting new people to settle here
- Development of strong community-based services that respond to local need
- Homes are energy efficient and fuel poverty is reduced

- Increased use of active travel and sustainable transport options
- Easy access to attractive and safe public spaces, and high-quality arts and cultural opportunities

4.7 There are also a series of **wellbeing outcomes**, which the Inverclyde Alliance has adopted which have been adapted and expanded from:

- 'Getting it Right for Every Child', to help us work towards a Nurturing Inverclyde,
- 'Getting it Right for Every Child, Citizen and Community'.

The wellbeing outcomes cover the core areas of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included

### **Inverclyde Integration Joint Board (IJB)**

4.8 The IJB is ambitious about what it wants to achieve for the residents of Inverclyde. The benefits of integrated system working is already evidenced and an example of this is Inverclyde's excellent performance in relation to Delayed Discharges and reducing the pressure on unscheduled care. The IJB has also embarked on a significant change programme including development of a new Health Centre in Greenock as well as a number of Service Redesign projects.

4.9 Demand for health and social care is growing. Our population is changing and facing many challenges. Inverclyde is one of five local authorities with the highest concentration of multiple deprivation in Scotland, but there are significant variations both within and between communities.

From our Strategic needs Assessment we know that :

- We will have an increasing concentration of older people within Inverclyde's communities, with the proportion of people aged 75+ set to increase by 55.5% over the next 20 years;
- An anticipated population reduction of 5% over the next 5 years, driven by there being fewer births than deaths;
- Emergency hospital admission and alcohol related hospital admission statistics being higher than Scottish average levels;
- Annual earnings at a lower level than the Scottish average;
- Significant deprivation issues with 45% of all data zones being in the 20% most deprived in Scotland;
- and Life expectancy for males and females sitting below Scottish average levels.

4.10 There is an emerging operational and financial pressure around Continuing Care within Children & Families. Looked After Children are now potentially in care 5 years longer till they reach the age of 21. This impacts on throughput within services. There will be an incremental financial impact over the next few years which may need to be factored into future plan updates once the value is established if it is in excess of the provisions for cost pressures already included within the plan.

4.11 We have worked hard to deliver early success and some examples can be seen in our annual performance reports.

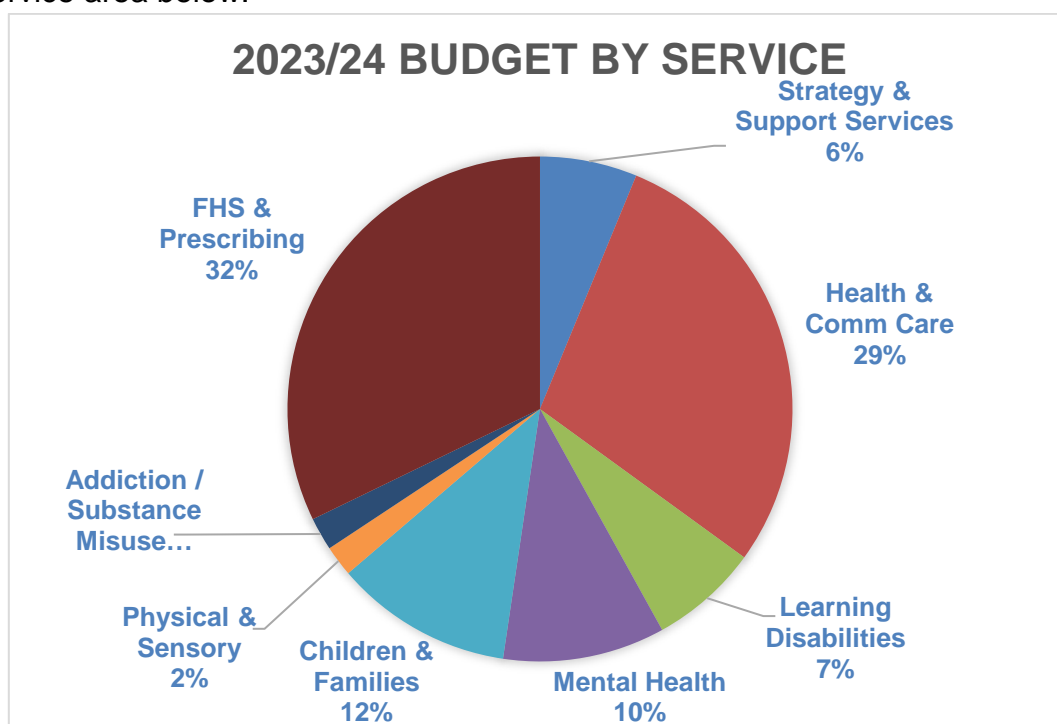
## 5 Understanding the Financial Challenge

### Key Messages

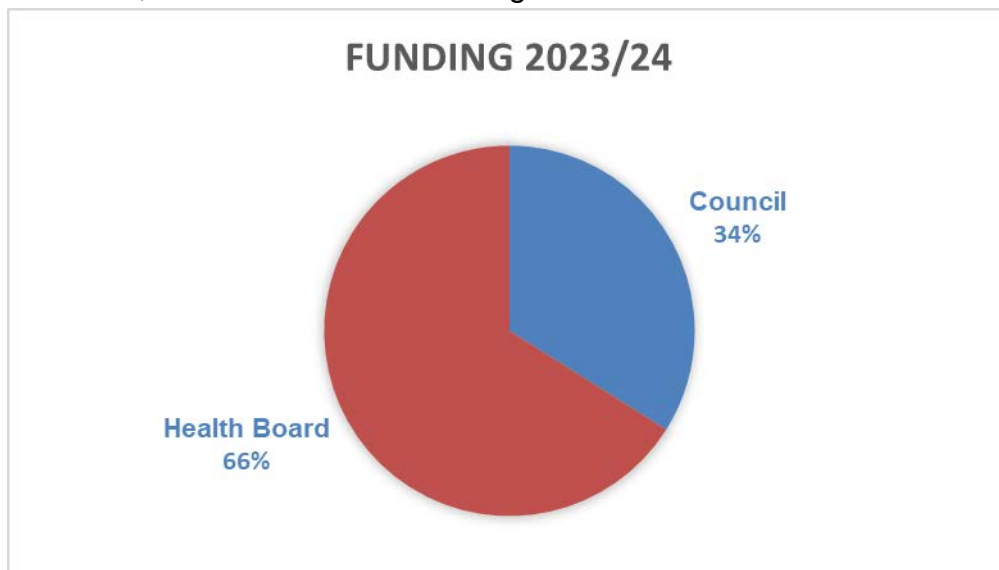
- The IJB has an indicative budget of £200.735m for 2023/24, including the notional £35.398m Set Aside budget
- Based on partner body planning assumptions it is estimated that overall funding will stay broadly level over the next 4 years although significant savings may still be required to fund some anticipated cost pressures
- Taking all of this into account and assuming no further action, the IJB will have a funding shortfall of circa £8.875m over 2023/24 to 2027/28

### Base Line Budget

- 5.3 In 2023/24 the IJB has an indicative base line budget of £200.735m (£68.156m for Social Care, £132.579m for Health and £35.398m Set Aside). This is summarised by service area below.



5.4 This is funded through budgets delegated from the Council and the Health Board as illustrated below, based on 2023/24 funding:



#### **Understanding the Gap: Costs and Demands**

5.5 A detailed analysis of costs and demands has been undertaken for the IJB. Scenario planning looking at a range of options around each assumption was carried out to establish favourable, adverse and probable outcomes. For each element the most probable scenario, based on information currently available has been used. This will be reviewed on a yearly basis via the annual budget setting process based on the most current information available. The most probable scenario is subject to possible fluctuations also.

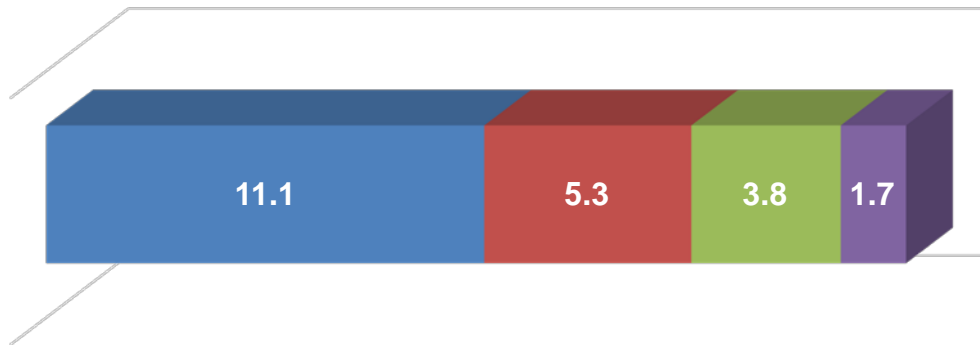
5.6 Based on this the anticipated costs and demand pressures amount to an estimated £21.9m over the next four years. Additional funding of £13m mainly around inflation will partially offset this. However, assuming nothing else changes an additional £8.9m would be required by 2027/28. Each year an updated financial forecast plan will be included as part of the budget setting exercise. These are illustrated below and detailed in Appendix 1.



## COST AND DEMAND PRESSURES 2023-2028

£M

■ Inflation ■ Pay Inflation ■ Demographic & Volume ■ Drug Inflation



5.7 The main cost pressures and demands can be summarised as:-

**a. Pay Inflation**

The assumptions for pay reflect the current inflationary assumptions of both Partner bodies. This is based on a 2% increase on both Health and Council from 2024/25 onwards. A 3% increase has been assumed in 2023/24 for the Council side and 2% Health side.

**b. Demographic and Volume**

Estimate based on current assumptions of demographic changes over the next 4-5 years. General assumptions are around a yearly increase of 1.5% across all demographic groups in line with anticipated population and demographic changes.

**c. Inflationary Pressures**

Inflationary pressures reflect anticipated annual increases to payments to third parties and in the main reflect anticipated increases to the National Care Home Contract, Provider uplifts, Utilities and Fuel.

**d. Drug Inflation**

The pressures linked to the Drug Inflation reflects the anticipated increase in drug tariffs and impact of short supply issues.

## Understanding the Gap: Funding

- 5.8 It is anticipated that, as in previous years, different approaches will be taken by the two Partner Bodies in terms of IJB funding. The Council previously funded some cost pressures but applied an offsetting funding reduction. From 2023/24 onwards the HSCP funds all its anticipated pressures and funding shortfalls on the Social Care side. The Health Board applied no funding reduction and passed across the recommended 2% overall uplift.
- 5.9 The plan assumes flat cash from the Council. This assumes we will only be passed through the relevant living wage uplift funding and pay awards. However, if new funding is announced by the Scottish Government we would expect this funding to be passported by Inverclyde Council.
- 5.10 For Health, in 2023/24 we budgeted a 2% uplift on all budgets plus further uplifts on pay costs in line with the Scottish Government Health settlement. This assumption has been used in the remaining 4 years of the plan.
- 5.11 The table below shows the overall impact of the anticipated budget pressures, funding changes and resultant additional funding or savings required to bridge the funding gap.

Partnership Spend/Funding Analysis	Indicative Budgets				
	£000s 2023/24	£000s 2024/25	£000s 2025/26	£000s 2026/27	£000s 2027/28
NHS Contribution to IJB	97,181	98,597	100,034	101,492	102,971
NHS Set Aside (notional)	35,398	36,106	36,828	37,565	38,316
Council Contribution to IJB	68,156	69,893	71,675	73,501	75,375
<b>HSCP Net Income</b>	<b>200,735</b>	<b>204,596</b>	<b>208,537</b>	<b>212,558</b>	<b>216,662</b>
Health	78,206	79,185	80,184	81,203	82,242
NHS Set aside (notional)	35,398	36,106	36,828	37,565	38,316
Social Care	87,131	91,951	96,126	100,466	104,979
<b>HSCP Net Expenditure</b>	<b>200,735</b>	<b>207,242</b>	<b>213,138</b>	<b>219,233</b>	<b>225,537</b>
<b>Cumulative Funding Gap</b>		<b>(2,646)</b>	<b>(4,601)</b>	<b>(6,675)</b>	<b>(8,875)</b>
<b>Annual Funding Gap</b>		<b>(2,646)</b>	<b>(1,956)</b>	<b>(2,074)</b>	<b>(2,199)</b>

- 5.11 Taking into account the issues identified in this section and assuming that nothing else changes the financial pressures for the IJB over 2023/24 to 2027/28 will be a circa £8.875m funding gap.

	<b>£m</b>
Inflation	11.1
Pay Inflation	5.3
Demographic & Volume	3.8
Drug Inflation	1.7
	<b>21.9</b>
Anticipated Funding Growth	<u>13.0</u>
<b>Funding Gap</b>	<b><u>8.9</u></b>

## 6 Addressing the Financial Challenge – The Medium Plan

### Key Messages

- A programme of future year savings is under development by officers and these will be brought to a future the IJB for consideration in order to bridge the anticipated gap of circa £8.875m by 2028. A key element of this will be based on anticipated funding settlements in both Health and Council. Funding assumptions, inflationary increases and demographic pressures will be reviewed each year of the plan

### 6.1 Service Redesign/Transformational Change

Despite the challenging backdrop there is a real opportunity to change things for the better. By developing our current services to be innovative and forward-thinking, making the most of new technology and supporting our people to live well for longer, we can ensure that everyone has a better experience of health and care and the opportunity to be independent for as long as possible for them. A number of reviews have already commenced with the view to deliver real change for the people of Inverclyde. These include the Care and Support at Home review, The Children and Families redesign, the Business Support Redesign and various projects through the Transformation Board.

### 6.2 Addressing the Financial Challenge

The IJB will need to develop plans over the medium term to bridge the financial gap. The HSCP now has a Budget Operating group which will work over the next number of years to develop savings and efficiency options for consideration by the IJB. The Medium Term Strategy has identified the need for the following:

- (i) Efficiency Savings
- (ii) Service Redesign/Transformational Change
- (iii) Service Reduction
- (iv) Increased Charging

### 6.3 Efficiency Savings

Delivering Services as efficiently as possible in line with Best Value principles has been achieved in previous years. On an ongoing basis officers work to identify and deliver in year and recurring efficiency savings. Examples of this includes looking at the use of transport within the services and delivering savings by finding better ways of delivering this provision. Other examples can be seen by looking at current turnover rates in the services and adjusting this based on historical trends. A review of previous year's outturn positions will be carried out to identify areas of recurring underspend. These options will always be the preference of the IJB in order to limit any service reductions to Inverclyde Citizens.

### 6.4 Service Redesign/Transformational Change

Despite the challenging backdrop there is a real opportunity to change things for the better. By developing our current system to be innovative and forward-thinking,

making the most of new technology and supporting our people to live well for longer, we can ensure that everyone has a better experience of health and care and the opportunity to be independent for as long as possible.

6.5 The IJB has a Transformation Fund within the Integration Joint Board Earmarked Reserves. This fund supports the overarching Health and Social Care Partnership Change Programme.

6.6 There are a number of local and system wide service reviews and redesigns already ongoing and others due to commence in the coming years:

- Care at Home
- Children & Families Redesign
- Homelessness
- Business Support Review
- A new Strategic Plan

#### 6.7 **Service Reduction**

As an IJB we have a requirement to set a balanced budget. Taking into account the cost and demand pressures, the level of funding which will be available and the level of savings which can be secured, we have no alternative but to also consider reductions in service if this is deemed necessary as part of the budget process. This will only be considered if all other efficiencies or service redesigns don't close the budget gap.

6.8 The next steps for finalisation of this plan and future development of the plan will be

- officers to develop proposals to bridge the anticipated funding gap from 2024/25
- HSCP Budget working group to develop these options further
- IJB development session during 2023/24 to consider proposals for future years
- Revised Medium term Financial Plan and future years budgets to Integration Joint Board for approval

#### 6.9 **Increased Charging**

In recent years the HSCP has generally followed the Council direction in terms of increasing charges to users with the same % increase across the range of services. Going forward this will be included as part of each year's budget process where the HSCP budget group will have the option to look at different charging proposals in addition to blanket % increases in line with the Council.

6.10 The assumptions within this plan will be subject to ongoing review through the in year budget monitoring process and future year budget setting process. This financial plan links to the refreshed Strategic Plan and will be reviewed and formally updated in line with any future revisions.



## 7 Risk and Sensitivity Analysis

7.1 There are risks attached to any financial model. These include:

- Impact of local and national changes which may have been under or over estimated
- Failure to accurately forecast future funding levels
- New national policies creating future cost pressures e.g. National Care Service
- Over/under estimated cost and demand pressures generally
- Impact of decisions made by Partner bodies on the IJB e.g. decisions around pay award funding
- Unexpected changes in demographic profile
- Impact of IJB decisions on the Partner bodies

7.2 As an organisation the IJB needs to be aware of these risks but should not become risk averse when developing its future plans. The IJB recognises strategic risks through the IJB Risk register. This is used to ensure significant risk is identified and effective actions implemented that reduce these risks to acceptable levels whilst securing service delivery within available resources.

7.3 Prescribing is a specific area of financial risk for the IJB. Whilst decisions to prescribe are made locally by GPs, the cost of drugs and the agreement to introduce new drugs are made nationally. It is here where cost pressures can arise in year. The IJB has consciously adopted a prudent approach to budgeting for prescribing and has a budget smoothing reserve to help deal with one off in year fluctuations.

7.4 Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if assumptions change. This effectively tests 'what if' scenarios and enables the IJB to determine the potential fluctuation which could exist within the modelling and will assist future planning.

7.5 The table below shows what could happen if some of the main funding or cost assumptions worsened:

ADVERSE SCENARIOS IMPACT	2024/25	2025/26	2026/27	2027/28	Cumulative effect £000s
	£000s	£000s	£000s	£000s	
<b>ADVERSE FUNDING SCENARIO</b>					
Health Funding decreased by 0.5%	354	359	364	370	<b>1,448</b>
Council Funding decreased by 0.5% per annum	341	349	358	368	<b>1,416</b>
<b>ADVERSE EXPENDITURE SCENARIO</b>					
Pay inflation - additional 1% per annum	639	652	665	678	<b>2,633</b>
Prescribing - additional 1% per annum	202	206	210	215	<b>834</b>
Non pay inflation - additional 1% per annum	529	585	645	711	<b>2,470</b>
Demographic pressures - additional 1% per annum	490	497	505	512	<b>2,005</b>
<b>INCREASED FUNDING GAP</b>	<b>2,555</b>	<b>2,649</b>	<b>2,748</b>	<b>2,853</b>	<b>10,806</b>

7.6 A range of potential favourable scenarios and their potential impact on this plan are summarised below:

<b>FAVOURABLE SCENARIOS IMPACT</b>	<b>2024/25</b>	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>	<b>Cumulative effect</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	
<b>FAVOURABLE FUNDING SCENARIO</b>					
Health Funding increased by 0.5% per annum	(354)	(359)	(364)	(370)	(1,448)
Council Funding increased by 1% per annum	(341)	(349)	(358)	(368)	(1,416)
<b>FAVOURABLE EXPENDITURE SCENARIO</b>					
Pay inflation - 0.5% less per annum	(319)	(326)	(332)	(339)	(1,317)
Prescribing inflation - 0.5% less per annum	(101)	(103)	(105)	(107)	(417)
Non pay inflation - 0.5% less per annum	(265)	(292)	(323)	(355)	(1,235)
Demographic pressures - 0.5% less per annum	(245)	(249)	(252)	(256)	(1,002)
<b>DECREASED FUNDING GAP</b>	<b>(1,625)</b>	<b>(1,679)</b>	<b>(1,736)</b>	<b>(1,795)</b>	<b>(6,835)</b>

7.8 The specific risks associated with the IJB budget and this financial plan are reflected in both the HSCP Senior Management Team Risk Register and the IJB Risk Register. These relate to financial sustainability and the potential impact of:

- a) Funding constraints/shortfalls
- b) Additional unfunded cost pressures and service demands
- c) Demographic Pressures

7.9 Mitigations already in place around financial sustainability include:

- Strategic Plan
- Medium Term Finance Plan
- Close working with Council and Health when preparing budgets and financial plans
- Regular Financial Monitoring reporting to the IJB
- Regular budget reports and meetings with budget holders
- Regular Heads of Service Finance meetings
- Close working with other local authority and GG&C Finance colleagues and HSCP CFOs to deliver a whole system approach to financial planning and delivery



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/28/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given Head of Service: Finance, Planning &amp; Resources</b>	<b>Contact No:</b>	<b>Contact No: 01475 715212</b>
<b>Subject:</b>	<b>INTEGRATION JOINT BOARD CATEGORY 1 RESPONDER UPDATE</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of the report is to provide the Integration Joint Board (IJB) with information about the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004, an outline of the requirements that this involves and the planning that the HSCP undertakes to deliver this duty on behalf of the IJB.

1.3 It is the intention to provide yearly updates to assure the Integration Joint Board that Business Continuity Planning is undertaken and the duty to provide a category 1 response can be discharged.

## **2.0 RECOMMENDATIONS**

2.1 The Integration Joint Board is asked to:

- a) Note the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and planned to ensure that the IJB meets its requirements under the Act;
- b) Instruct the Chief Officer, as its Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the 2004 Act; and
- c) Instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act.

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

### 3.0 BACKGROUND AND CONTEXT

- 3.1 On 15 January 2021, the Cabinet Secretary for Health and Sport wrote to confirm that following consultation, the Scottish Government had concluded that there was no clear equality, operational or strategic planning barriers to progressing and legislating for the inclusion of IJBs within the Civil Contingencies Act 2004 as Category 1 responders. The amendment to the legislation was laid before the Scottish Parliament on 18 January 2021 and came into effect on 18 March 2021.
- 3.2 By including IJBs as Category 1 responders, this ensures that where there is a risk of an emergency which will impact functions delegated to the IJB there will be formal coordinated and appropriate arrangements in place for emergency planning, information sharing and cooperation with other responders and joined up information sharing and advice for the public.
- 3.3 It is recommended that the IJB instructs the Chief Officer, as the Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the Civil Contingencies Act 2004 (the 2004 Act) and instruct the Chief Officer to provide an update on the discharge of these duties via a paper to the IJB each year.
- 3.4 The Act places duties and responsibilities on organisations. It defines an emergency as:
- an event or situation which threatens serious damage to human welfare;
  - an event or situation which threatens serious damage to the environment;
  - war, or terrorism, which threatens serious damage to the security of the UK.

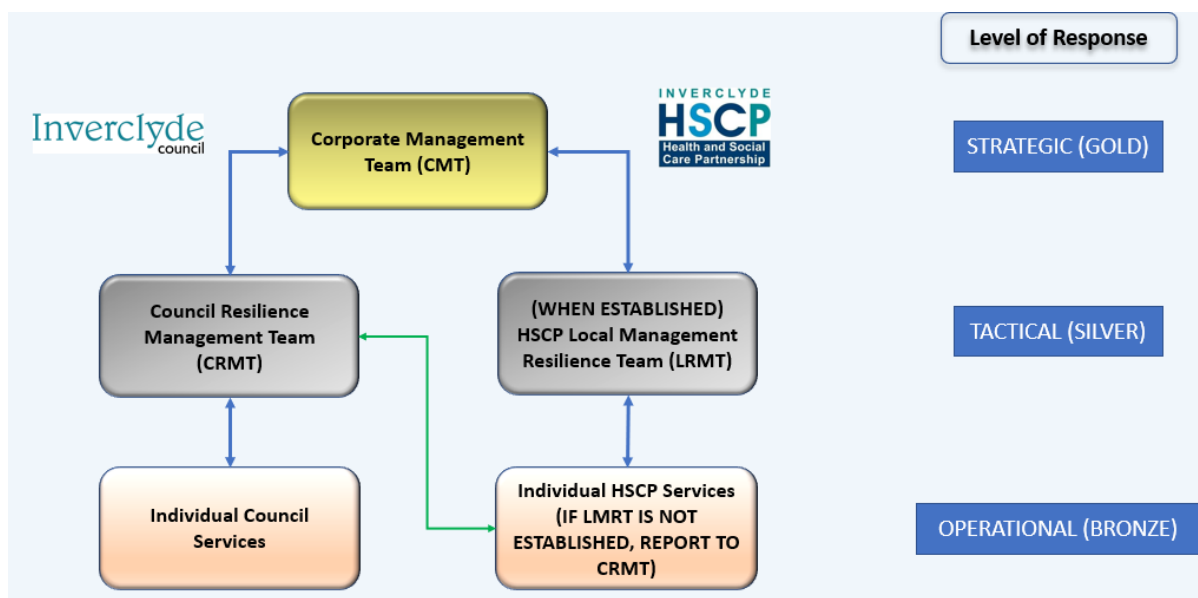
Category 1 responders are those organisations at the core of an emergency response to which IJB's were added:

- IJB's
  - Local authorities
  - Police (including British Transport Police)
  - Fire and Rescue Services
  - The Scottish Ambulance Service
  - NHS Boards
  - Scottish Environmental Protection Agency (SEPA)
  - Maritime and Coastguard Agency
- 3.5 Within the HSCP, Finance, Planning and Resources takes the lead on Business Continuity Planning and Category 1 responder duties. There are a range of risks for which planning takes place, however the most likely events in current focus include:
- Severe Weather
  - Pandemic Influenza
  - National Power Outage
  - Cyber Attacks

There is a significant amount of learning for example from the response to the Covid pandemic and the *Beast from the East*, which has contributed to our Business Continuity Planning. Service Managers are responsible for individual Business Continuity Plans and these are updated yearly, the last update being completed in March 2023.

- 3.6 The HSCP has been part of the Council Resilience Management Team (CRMT) for a number of years and is supported by the Joint Local Authority Civil Contingencies Service and the Local Civil Contingencies Officer with Business Continuity Planning. The Service Manager for Business Support is the CRMT representative and also attends the NHSGG&C HSCP Resilience Group.

The diagram below shows the local level of response should an incident occur. The CRMT meets quarterly throughout the year but can be stepped up at any time. The LRMT was last stood up to manage and coordinate the HSCP response to Covid and continued to meet from 2020 until it was stood down in 2022. The NHSGG&C HSCP Resilience Group is a planning and information sharing group which meets quarterly and recently undertook a session to explore Power Resilience Planning. The HSCP Chief Officer would also report directly to the NHSGG&C Tactical Group on local incident responses as required.



The HSCP being embedded as part of the CRMT allows a range of support from across council services to be quickly deployed should it be needed in any incident.

- 3.7 The Local Civil Contingencies Officer compiles and updates an Incident Management Contact Directory which includes Heads of Service and Service Managers across the HSCP and wider council services. A Council & HSCP Call Cascade Exercise was undertaken on the evening of 11<sup>th</sup> April 2023 with 78% of contacts either answering or returning the call within 1 hour and 93% of these stating they could attend a briefing at the Municipal Buildings later that evening. This level of response provides significant reassurance of response in an incident situation.
- 3.8 Changes in key personnel with relevant training and/or experience in incident response along with an incident which involved a fire at Bagatelle Court Sheltered Housing in 2022 prompted discussion on senior officers' awareness of incident response procedures. Following this a series of training sessions has been planned over May/June 2023. These have been offered to over 70 staff including the SMT, service managers and team leads. Two sessions have so far been undertaken and delivered to 30 staff with a further session to take place on 13<sup>th</sup> June. This took the form of an overview of Category 1 responder responsibilities and Business Continuity Planning and the exploration of 3 scenarios.

#### 4.0 PROPOSALS

- 4.1 The HSCP will develop an action plan to further develop and broaden awareness of Business Continuity Planning and Category 1 responder duties based on the experience of the Covid pandemic, learning from the response to the Bagatelle Court fire and from feedback on the three local training sessions. The Local Civil Contingencies Officer and Service Manager for Business Support will take responsibility for this and any additional training or local support identified will be put in place.

## 5.0 IMPLICATIONS

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

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

## 5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## 5.3 Legal/Risk

The amendment to the Civil Contingencies Act 2004 included IJBs as Category 1 responders which placed duties on IJBs which are detailed in this report.

## 5.4 Human Resources

None.

## 5.5 Strategic Plan Priorities

Planning and delivery of Business Continuity and incident responses are focussed on public protection.

5.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

## 5.7 Clinical or Care Governance

Business continuity plans provide the basis for ensuring governance during XXXX

## 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.	Business Continuity & Public Protection
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	Business Continuity & Public Protection
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Business Continuity & Public Protection
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Business Continuity & Public Protection
Health and social care services contribute to reducing health inequalities.	Business Continuity & Public Protection
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.	Business Continuity & Public Protection
People using health and social care services are safe from harm.	Business Continuity & Public Protection
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.	Business Continuity & Public Protection
Resources are used effectively in the provision of health and social care services.	Business Continuity & Public Protection

## 5.9 Children and Young People

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

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

## 5.10 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

## 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 This report has been prepared following and IJB Audit, feedback from staff training sessions and liaison with Civil Contingencies Officer.

## 8.0 BACKGROUND PAPERS

8.1 • Slides from local training delivery May/June 2023





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**Report To:** Inverclyde Integration Joint Board      **Date:** 26 June 2023

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/29/2023/CG

**Contact Officer:** Craig Given  
Head of Service: Finance,  
Planning & Resources      **Contact No:** 01475 715212

**Subject:** HSCP WORKFORCE PLAN 2022 -2025 - UPDATED ACTION PLAN

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision       For Information/Noting

1.2 The purpose of this report is to provide the Integration Joint Board with an updated Action Plan of the HSCP Workforce Plan as requested at the November 2022 meeting.

1.3 The plan has been updated in conjunction with the relevant leads and the HSCP Senior Management Team.

1.4 Governance of the plan will be via the HSCP Strategic Planning Group.

## **2.0 RECOMMENDATIONS**

2.1 The Integration Joint Board are asked to:

- Note the updated Action Plan and associated reporting mechanism; and
- Note that the next report to Integration Joint Board will be November 2023

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

### 3.0 BACKGROUND AND CONTEXT

- 3.1 A three year Workforce Plan 2022 - 2025 was presented and approved at the Integration Joint Board in November 2022. Members requested further development of the associated Action Plan.
- 3.2 An IJB audit of the plan was undertaken in February 2023 with the outcomes incorporated in the updated plan. This update action plan contains more detailed sub actions; responsible officer and timescales for delivery.
- 3.3 Progress has been made across a number of workstreams including ongoing service reviews, targeted training delivery, support for newly qualified Social Workers and the development of the Training Board. Updates are noted in the attached plan.

3.4 RAG status as at June 2023

Green	18
Amber	5
Red	0
Blue	1

### 4.0 PROPOSALS

- 4.1 Governance of the plan will be via six monthly reporting to the HSCP Strategic Planning Group and an annual update in November of each year to the Integration Joint Board.
- 4.2 The HSCP Pentana performance management system will be utilised for reporting going forward.
- 4.3 The HSCP is required to submit an annual update to the Scottish Government .

### 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

The workforce will be regularly updated as the plan progresses.

## 5.5 Strategic Plan Priorities

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

## 5.6 Equalities

### (a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Workforce plan supports through staff awareness, training & development
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Workforce plan supports through staff awareness, training & development
People with protected characteristics feel safe within their communities.	Workforce plan supports through staff awareness, training & development
People with protected characteristics feel included in the planning and developing of services.	Workforce plan supports through staff awareness, training & development
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Workforce plan supports through staff awareness, training & development
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Workforce plan supports through staff awareness, training & development
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Workforce plan supports through staff awareness, training & development

**5.7 Clinical or Care Governance**

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

## 5.8 National Wellbeing Outcomes

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Improved outcomes delivered through operationalising the 5 pillars action plan
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Improved outcomes delivered through operationalising the 5 pillars action plan
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved outcomes delivered through operationalising the 5 pillars action plan
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved outcomes delivered through operationalising the 5 pillars action plan
Health and social care services contribute to reducing health inequalities.	Improved outcomes delivered through operationalising the 5 pillars action plan
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Improved outcomes delivered through operationalising the 5 pillars action plan
People using health and social care services are safe from harm.	Harm reduced through operationalising the 5 pillars action plan

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff satisfaction & retention improved through operationalising the 5 pillars action plan
Resources are used effectively in the provision of health and social care services.	Plan describes the required workforce & skills deployment

## 5.9 Children and Young People

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

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

## 5.10 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

## 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 This report has been prepared following liaison with the identified workstream leads and Heads of Service.

## 8.0 BACKGROUND PAPERS

- 8.1
- Inverclyde HSCP Workforce Plan- Action Plan 2022- 2025

**Inverclyde Health & Social Care Partnership  
Workforce Plan 2022- 2025  
Action Plan  
June 2023**





**Action 1 Inverclyde HSCP will plan to achieve the right workforce with the right skills in the right place at the right time.**

Action	Local Actions	Responsible Officer	Target Date	How will we know/measure?	Progress Commentary	RAG Status
Staff and Staff partnership representatives are engaged in service reviews and developing future service models	<p><b>Business Support Review</b></p> <p>Communications plan staff engagement sessions</p> <p>Operational review group</p>	Head of Finance Planning and Resources (Chair of Business Support Programme Board)	May 2024	All actions will be underway, and groups will meet regularly to feed into programme board.	<p>Communication plan developed.</p> <p>Survey monkey undertaken</p> <p>Face to face engagement sessions with staff partnership undertaken.</p> <p>Regular newsletters are produced and shared with staff</p> <p>Operational group meets monthly and developing SOP.</p>	Green
	<p><b>Review of Homelessness services</b></p> <p>Communications plan staff engagement sessions</p> <p>Sub- groups to be set up</p>	Head of Mental Health, ADRS and Homelessness (Chair of Programme Board)	June 2023	All actions will be underway, and groups will meet regularly to feed into programme board.	<p>Communication plan developed.</p> <p>Face to face engagement sessions with staff undertaken.</p> <p>Regular newsletters are produced and shared with staff.</p> <p>Sub-groups meet regularly</p>	Green
HSCP wide and Service level workforce profiles should be routinely reviewed quarterly to inform current demand, capacity, and skills	<ul style="list-style-type: none"> <li>Council HR &amp; NHS HR leads to prepare and discuss quarterly reports</li> </ul>	NHSGGC and IC HR Managers	Sept 2023	Reports presented at SMT on quarterly basis and disseminated to Service Managers	Further discussion required and format to be agreed.	Amber

<p>Health and Care Staffing Act 2019 Minimum Staffing guidance is implemented and monitored</p>	<ul style="list-style-type: none"> <li>Operational managers will be supported to access information and support to implement the act</li> </ul>	<p>Inverclyde HSCP Chief Nurse</p>	<p>April 2024</p>	<p>Readiness for implementation regularly reviewed and reported to SMT Risks identified and mitigated</p>	<p>Chief Nurse engaged at NHSGGC board and SMT level. Service Managers are attending workshops run by Healthcare Improvement Scotland (HIS).</p>	<p>Green</p>
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**Action 2 Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity, and inclusion in our workforce.**

Action	Local Actions	Responsible Officer	Target Date	How will we know/measure?	Progress Commentary	RAG Status
<p>Ensure Inverclyde HSCP is an attractive, positive choice for those wanting to work in the health and social care sector</p>	<p>Focussed recruitment in key areas such as Speech &amp; Language, Psychiatry, and work with NHSGG&amp;C primary care leads to attract GPs locally</p>	<p>Service Managers in key areas</p>	<p>March 2024</p>	<p>Increase in applicants for posts. Vacant posts are recruited to. Length of time posts are vacant are reduced.</p>	<p>Service Managers &amp; Professional Leads are pro-actively reviewing and evaluating job descriptions and targeting potential staff. GP practices and Medical Director have attended relevant events to promote vacancies and Inverclyde.</p>	<p>Amber</p>
	<p>Work with Council and NHS HR to develop innovative recruitment campaigns for hard to fill posts - Learn from and develop approaches such as Care at Home recruitment</p>	<p>Service Managers in key areas</p>	<p>March 2024</p>		<p>Service Managers routinely review temporary contracts in line with HR policy and work with their Head of Service to permanent posts are offered wherever possible.</p>	
	<p>Work with IC and NHSGGC to enhance entry to the workplace through graduate programmes, apprenticeships, kickstart &amp; other employability services as appropriate</p>	<p>Service Managers in key areas</p>	<p>March 2025</p>			

	Aim to reduce reliance on temporary contracts and bank/ locum staff	Service Managers in key areas	March 2024					
	Utilise market facilitation to influence pay, terms, and conditions across the range of commissioned services	Service Manager Quality & Development / Service Manager Procurement Inverclyde Council	Nov 2025	Fair work practices and the Ethical care charter are a condition of social care contracts.	Adult social care providers pay at least the Scottish Real Living Wage. Other commissioned providers pay at least the Minimum Wage.			Green

**Action 3 - Inverclyde HSCP will ensure staff have access to training opportunities which support their personal and professional development and supports the delivery of high-quality services**

Development Area	Local Actions	Responsible Officer	Target Date	How will we know/measure?	Progress Commentary	RAG Status
<p>Development of a Training Board to plan and oversee training delivery and administer a training fund</p>	<p>L&amp;E to support development of training board</p>	<p>Chief Social Work Officer</p>	<p>Dec 2023</p>	<p>Increase in SW recruitment &amp; retention No aim/ number to be supported agreed</p>	<p>Urgent issues tackled: Early implementation of NQSW supported year World Social Work Day event held.</p>	<p>Green</p>
	<p>Prioritise development &amp; implement strategies to support recruitment &amp; retention of Social Workers and criteria to assess effectiveness</p>	<p>Chief Social Work Officer</p>	<p>Dec 2023</p>	<p>Board will function as a conduit so that all managers can plan for future training needs and appropriate training can be delivered/ commissioned</p>	<p>£100,000 allocated to support HSCP employees to undertake SW degree with open university.  Supporting fees for SW students to undertake MSc.</p>	
	<p>Develop board to oversee planning of training and identify themes/ requirements linked to appraisals, PDPs, and staff development</p>	<p>Chief Social Work Officer</p>	<p>Dec 2023</p>		<p>Guaranteed interview led to increase in applicants for posts. Three eligible candidates are in process of being employed</p>	

	Sponsor & undertake a Training Needs Assessment which highlights future training needs required to deliver the 6 Big Actions across HSCP & include third sector	Chief Social Work Officer	Nov 2024	Training needs highlighting and incorporated in to planning processes	L&E have engaged with teams on priorities- ongoing and focused on specific areas e.g., where redesign is ongoing.  Training board to agree how this piece of work will be taken forward.	Amber
Support the development of leadership skills to ensure competent and confident managers and leaders at all levels	Support staff to access a range of leadership development programmes & coaching as identified in their PDP	All line managers throughout HSCP  Training Board	Nov 2025	HoS to identify NHSGG&C service managers for succession planning support programme. Leadership development discussions to be embedded as part of appraisal process Training board will develop/ commission future leadership programmes & opportunities for joint programmes such as extending Leading in Inverclyde to third sector	Seven cohorts of leading in Inverclyde have been completed.  Inverclyde council leadership programme is underway across the summer with monthly sessions available NHSGG&C Service.  Managers have initiated conversations with HoS around the succession planning	Green
Continue to develop the HSCP's SVQ Centre, to include Level 4 Social Services and Healthcare and Care Services	Train Workplace assessors from within care at home service to increase capacity	Service Manager Quality and Development	March 2024	Assessor hours meet requirement each year – achieved for 23/24 & 24/25 Verification from SQA Staff are competent &	Social Services and Healthcare & Care services leadership & management Both implemented.	Green

Leadership and management	Identify anticipated future demand - Services project yearly requirements Identify requirements from Business Support Review		May 2024	confident – appraisals Number of staff trained & registered with SSSC yearly Outcome of external Verifications of centre by SQA	160 staff identified on waiting list for training & verification and home care projecting future years requirements. Challenge of capacity of assessors however assessor hours meet requirement for 23/24 & 24/25.	
Continue to deliver the appropriate levels of Adult & Child Protection Training.	Child & adult protection leads participate in planning & delivery of training	Chief Social Work Officer	May 2024	Training is available on an ongoing basis commensurate with role requirements Council officer training	Council officer training is available as per the rolling year programme.  Five day child protection training at Stirling university has been advertised to staff Adult Protection financial harm & awareness training has been delivered	Green
	Levels of training requirement are targeted to specific roles and identified in PDPs	Chief Social Work Officer	May 2024			
	Implement any learning that emerges from the Scottish Child Abuse Enquiry	Chief Social Work Officer	TBC			
Social Workers feel confident and have the ability to refresh and embed their skills in Assessment & Care Planning	Review & refresh of the HSCP's Assessment & Care Planning training	Senior Social Worker Assessment & Care Management	Complete	Number of staff supported And evaluation of training	This has been completed and support to staff continues to be in place	Blue
Develop a programme	Develop a training	Inverclyde	March	No of staff trained	Workplan is developed	Green

which ensures staff are skilled in managing complaints, FOIs & SARs promotes culture change and understanding	matrix Offer a suite of training across a range of platforms Work in partnership with council FOI lead to deliver	HSCP Complaints Manager	2024	Evaluation of delivery Matrix/ resources/ dates available to access or book online Expect to see an increase in response times for complaints/ FOI/ SAR and an increase in front-line resolution of complaints	with indicative dates across the year. FOI training has been offered and delivered online. Complaints training will commence after summer. Team have provided bespoke training at team development sessions.	
Ensure the values & actions from The Promise plan 21-24 are incorporated in our culture & training	Five pledges as described in Promise Plan	iPromise Programme Manager	Nov 2024	Outcomes as described in Promise Plan Delivery team to be developed	Team & programme manager in place. Engaged with 525 staff to deliver finding of iPromise and the five pledges plan iPromise board & practitioner forum developed	Green
Reinvigorate delivery of Promoting Excellence Framework for Dementia	Deliver informed & skilled level of training Develop train the trainer network	Promoting Excellence Training Coordinator	Nov 2024	No of staff trained Evaluation of delivery No of trainers embedded across services	Informed level running monthly & skilled level sessions delivered. Post currently vacant & training paused.	Amber
Ensure all staff are competent & confident in supporting individuals experiencing thoughts of suicide	Review the range of suicide prevention training and develop a suite of F2F &	Mental Health Programme Board	End of 2023	Suicide prevention group training plan developed No of staff accessing training Evaluation of training	Assist, safe talk, and what is the harm running. Training plan being presented to June MHPB.	Green



	digital learning which is accessible to all partners	(MHPB)		delivery Staff supervision & wellbeing conversations	Further work is required on the development of an integrated suite of training provision.	
Ensure compliance with Statutory and Mandatory Training	Review which reports are provided and the frequency of reports to Service Managers	Service Manager Quality & Development	March 2024	Increase in rates of compliance Staff report they have protected time for completion Discussion at each HSCP H&S meeting takes place and any action is agreed	Monthly reporting for NHSGG&C which is available to all line managers % Compliance for NHSGG&C fluctuates, and all managers have been asked to ensure their team structure is correct to enable accurate reporting.  NHS staff at April 2023: Sharps training 58% compliance Moving & Handling compliance 78% Falls compliance 69%	Amber
	Liaise with Council HR/ OD and Health & Safety to consider with Q&L Team Lead how best to provide these	Service Manager Quality & Development	March 2024			

Action 4 - Inverclyde HSCP will ensure staff feel valued and rewarded for the work they do, and that NHS Scotland and Social Care employers are employers of choice.						
Development Area	Local Actions	Responsible Officer	Target Date	How will we know/measure?	Progress Commentary	RAG Status
Positive workplace changes from Covid-19 are embedded & spread	Raise awareness & promote use of flexible/ hybrid	All HoS and Service Managers	Nov 2024	Increase in hybrid/ flexible working and	Managers have considered where roles can be carried	Green

including flexible/ hybrid working arrangements as per parent body policies	working & policies on a role-by-role basis				out in a hybrid way and keep these under review. Flexible working policies are implemented.	Green
Encourage discussion within teams about appropriate changes which can support hybrid working	All HoS and Service Managers	All HoS and Service Managers	Nov 2024	applications via appropriate policies Staff wellbeing & satisfaction improved – supervision/ staff surveys/ iMatters		
Staff are motivated to remain employees of the HSCP and are actively engaged in making the HSCP a better place to work	Identify where digital support/ ICT would support working differently	All HoS and Service Managers	Nov 2024	Feedback from staff survey/ iMatters Recruitment & retention rates Evidence from exit interviews	iMatters survey undertaken in summer 2022 and survey will open again for staff in June 2023.	Green
Continue to promote the wellbeing plan as a means of valuing staff  Ensure use of team meetings/ staff development/ appraisal/ supervision/ 1:1/	All HoS and Service Managers	All HoS and Service Managers	Annual Update  Annual Update			
Roll-out iMatters each year & construct aligned action plans	Chief Officer	Chief Officer	Annual Update Yearly Update 1,2,3			

New staff are supported and feel confident in their new roles	Review and reinvigorate the joint Induction programme for new staff	Service Manager Quality & Development	Mar 2024	New programme will be in place Identification of how this will be delivered & by who Number of new staff completed programme Feedback from programme	an induction for NQSW is in development (expected summer 23) and will be widened to include whole workforce, broad organisational overview, general & team specific.	Green
	Continue to develop current programme of support for Newly Qualified Social Workers which delivers the year of supported practice	Chief Social Work Officer	Nov 2023 and Yearly Update 1,2,3	Feedback/ evaluation Recruitment & retention data Increased number of practice supervisors	Inverclyde developed and is an early implementer for NQSW support.  This programme is supported by a team of social workers.	Green

**Action 5 - Inverclyde HSCP will foster workforce cultures, kind and compassionate leadership that supports wellbeing and positive workplaces**

Development Area	Local Actions	Responsible Officer	Target Date	How will we know/measure?	Progress Commentary	RAG Status
Staff wellbeing is supported and improved	Continue to implement and develop the staff wellbeing plan	HSCP Wellbeing Lead/ All Line Managers	Nov 2025	Managers and staff report awareness of the wellbeing plan Staff supervision/ 1:1 discussion includes wellbeing elements	Staff in Inverclyde HSCP have opportunities to raise wellbeing concerns.  Events such as National Mental Health Week are supported with campaigns aimed at staff and clients Information aimed at supporting the impact of the	Green
	Managers utilize opportunities to discuss wellbeing on a 1:1 and team basis		Nov 2025			

	Work towards achieving the No One Grieves alone charter for HSCP (timescale tbc)		TBC		cost of living rises for staff has been promoted in various formats including via HR/ pay slips/ digital and team meetings.  Staff and HR group is working with Compassionate Inverclyde & partners to achieve the NOGA charter	
Develop a Trauma Informed organisation at all levels beginning with Scottish Trauma Informed Leaders Training (STILT)	Implement the following: Trauma Informed Level 1 Trauma Skilled Level 2 Trauma Enhanced Level 3	Woman In Criminal Justice Project Manager	Nov 2024	Staff in each category identified Number of staff accessed online level 1/2 training Number of staff accessed Level 3 face to face training Increase in trauma informed approaches within services and a trauma informed approach to planning and reviewing services Trauma informed spaces e.g., reception areas and interview rooms	Level 3 trauma enhanced training for staff who intervene directly with service users with trauma has been prioritised and is underway Level 2 skilled and Level 1 trauma informed training for business support and administrative staff within the HSCP and our third sector partners will be implemented next.	Green
Staff achievements are celebrated	Business Support will continue to plan and organize the yearly HSCP staff awards	Chief Officer and HoS	May 2023	Number and range of nominations received  Number of attendees at events  Feedback from staff	HSCP awards were held in autumn 2022. NHSGG&C awards and Pride of Inverclyde in May 2023	Green
	Winners attend the NHSGGC staff	Chief Officer and HoS	Yearly			

awards	Managers nominate staff/ teams for these awards, Pride of Inverclyde, and others	HSCP Managers	Yearly						

UNCLASSIFIED

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/31/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given Chief Financial Officer</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>IJB RESERVES POSITION AND UPDATED RESERVES STRATEGY</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to provide an updated IJB Reserves Strategy for approval and provide an updated position for the IJB's Reserves and the risks attached.

1.3 As at 31st March 2023 the balance on IJB reserves at the end of this financial year is expected to be £24.262m (£22.627m Earmarked and £1.635m General Reserves).

1.4 Inverclyde's Earmarked Reserves are mainly for multi-year projects which per the Reserves Strategy are subcategorised into:

- Scottish Government Funded Ringfenced Projects
- Existing Projects and Commitments
- Transformation Project Funding
- Budget Smoothing

This report provides further information on the purpose of each of these fund types and the risks in each area.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the IJB approve the updated Reserve Strategy and note the current Reserves and the risks attached to each category.

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

### 3.0 BACKGROUND AND CONTEXT

3.1 Reserve Funds are established as part of good financial management. The purposes of reserve funds are:

- a) As a working balance to help cushion the impact of uneven cash flows
- b) Act as a smoothing mechanism for longer term financial pressures
- c) As a contingency to cushion the impact of unexpected events or emergencies and
- d) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities

3.2 The Integration Scheme states:

*“Where an underspend in an element of the operational budget ... this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan”*

3.3 The Audit Scotland Report on Integration published November 2018 and Ministerial Steering Group Report and Recommendations around Integration published the following year both reinforce that IJBs must have reserves policies which *“ensure that reserves are identified for a purpose and held against planned expenditure with timescales identified for their use, or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.”*

3.4 In terms of the level of reserves and IJB should hold, CIPFA recommends that unallocated reserves balances should be between **2 and 4% of revenue expenditure**. At the end of 2022/23 the IJB reserves are projected to be £22.627m with £1.635m unallocated 1.00% of revenue expenditure (excluding set aside). However, within its earmarked reserves the IJB holds smoothing and transformation project reserves which help address the CIPFA recommendation in a different way.

### 3.5 IJB RESERVES & RISKS

The IJB holds 4 specific types of earmarked reserves as well as its general reserves. A summary of what each of these relates to together with the balance on the reserves is below:

- **Scottish Government Funding – £4.283m**
  - These reserves relate to specific, ring fenced government funded initiatives.
  - They are created through in year slippage on the specific project either through delays in filling vacancies funded by the project or delays in procuring services from external providers.
  - Current projects within this category include: Mental Health Action 15, Alcohol and Drug Partnership, Primary Care Improvement Plans, Mental Health Recovery and Renewal, Winter Pressures Money
  - All of these funds will have spend in year but further underspends on in year funding may require to be carried forward at the year end.
  - As per the appendix the IJB should note some of these reserves have been allocated as amber risk factors mainly because in 2022/23 the Scottish Government has reclaimed a number of these reserves or has imposed restrictions during the year. The main examples can be seen as the Covid funding which has been reclaimed during the year and restrictions placed on others such as PCIP and ADP where the Scottish Government have restricted new funding and asked the IJB to use reserves in the first instance.

- Existing Projects and Commitments - £8.161m
  - This relates to a number of individual multi year projects which have already been committed to. This will include posts funded over a number of years or contracts awarded.
  - Each of these projects has an anticipated end date. Many finish the following financial year, others go on for a few years.
  - Some, such as the Refugee Schemes are rolling funds i.e. funds are held in Earmarked reserves with planned spend incurred over a number of financial years.
  - Others are for expenditure of a specific nature where recurring revenue budgets are held and may result in underspends in year such as Delayed Discharge, Integrated Care Fund and Whole Family Wellbeing.
  - As part of in year budget monitoring commitments are identified which require to be funded on a one-off basis for next financial year. For example temporary posts, cost of living funds and wellbeing workstream.
  - As per the Appendix these funds are generally Green risks. This is because they are allocated for specific purposes and are time limited and unlikely to have any reclaims affecting service delivery. Any potential future reclaim would only be in cases when the project has ended and outcomes delivered.
  
- Transformation Projects - £3.623m.

There are 5 specific funds within this category:

  - IJB Transformation Fund
    - £1.975m at the start of the year. £1.486m is committed to specific projects which will incur costs over the next few years. £0.488m remains uncommitted at present.
    - This is a rolling fund. Each year the IJB aims to replenish elements of this fund through in year underspends when possible to ensure it retains funding to support long term service redesign and tests of change.
  - Mental Health Transformation Fund
    - £0.750m at the start of the year.
    - This was a new fund created to support the Mental Health service as it was going through a time of transition.
    - It is anticipated this will be spent in full over the next few years.
  - Addictions Review
    - £0.250m at the start of the year
    - This was a new fund created from underspends in the Addictions and Drug Recovery service (ADRS) due to delays in recruiting staff and delays in spend on commissioned services
    - The purpose of the fund is to support ADRS as it implements change over the next few years.
  - SWIFT Replacement project
    - £0.504m at the start of the year
    - This reserve was created to support to the replacement of the Social Care Management system. This supports the project team costs
    - This also includes a contingency element for any slippage in the project.
  - IJB Digital Strategy
    - £0.676m at the start of the year
    - This was created to fund primarily the change over to digital community alarms to ensure this cost was not passed over to the service user.
    - It is anticipated this reserve will be utilised over the next 2 years.



- As per the Appendix these are Green risks. This is because these have been set up by the IJB for specific purposes mainly funded from prior year underspends that no other party have any claim upon.
- **Budget Smoothing - £6.592m**
  - These funds are held against specific, historically volatile budget lines such as Residential Services for Children & Families, Older People, Client Commitments and Prescribing.
  - These funds are utilised where required if an overspend arises in these areas. Alternatively, if these revenue budget areas underspend the balance is added to the smoothing reserve.
  - As per the Appendix these are Green risks. Again this is because these have been set up by the IJB for specific areas of business risk and have been funded mainly by prior year underspends that no other party have any claim upon.

#### 4.0 PROPOSALS

It is recommended that the IJB approve the updated Reserve Strategy and note the current Reserves and the risks attached to each category

#### 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 direct financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

There are no specific legal implications arising from this report.

5.4 **Human Resources**

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

5.5 **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.
√	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
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## 5.6 Clinical or Care Governance

There are no governance issues within this report.

## 5.7 National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

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

## 5.8 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.

## 5.9 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.
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.

### 5.10 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.

### 6.0 DIRECTIONS

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

### 7.0 CONSULTATION

7.1 This report was prepared in consultation with the Chief Officer and HSCP Senior Management Team.

### 8.0 BACKGROUND PAPERS

8.1 None.

## INVERCLYDE INTEGRATION JOINT BOARD

### RESERVES STRATEGY

<b>1.</b>	<b>Introduction</b>
1.1	<p>Reserve Funds are established as part of good financial management. The purposes of reserve funds are as follows:</p> <ul style="list-style-type: none"> <li>a) As a working balance to help cushion the impact of uneven cash flows</li> <li>b) Act as a smoothing mechanism for longer term financial pressures</li> <li>c) As a contingency to cushion the impact of unexpected events or emergencies and</li> <li>d) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities</li> </ul>
1.2	<p>Inverclyde Integration Joint Board (IJB) is a legal entity in its own right created by Parliamentary Order following Ministerial approval of the Integration Scheme and has been formally constituted under a body corporate model. The IJB is expected to operate under public sector best practice governance arrangements. The revenue budget for the day to day running costs of the Partnership is delegated by Inverclyde Council and NHS Greater Glasgow and Clyde (the Parties) and the Partnership subsequently commissions services from these two partner organisations.</p>
1.3	<p>The Inverclyde Integration Scheme was approved by Scottish Ministers to come into force on 27 June 2015. This includes a section on reserves and balances which states that</p> <p><i>“Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board’s Reserves Strategy. Any windfall underspend will be returned to the Parties in the same proportion as individual Parties contribute to joint pressures in that area of spend, as the default position unless otherwise agreed between the Parties.”</i></p>
1.4	<p>This Reserves Strategy should be read in conjunction with the Financial Regulations for the IJB.</p>
<b>2.</b>	<p><b>Categorisation of Reserve Funds</b></p> <p>There are Five categories of reserve fund which are:</p> <ul style="list-style-type: none"> <li>• Scottish Government Funding</li> <li>• Existing Project / Commitments</li> <li>• Transformation Projects</li> <li>• Budget Smoothing</li> <li>• Un-Earmarked / General Reserve</li> </ul>
<b>2.1</b>	<b>Scottish Government Funding</b>

2.1.1	These reserves relate to specific, ring fenced government funded initiatives.
2.1.2	They are created through in year slippage on the specific project either through delays in filling vacancies funded by the project or delays in procuring services from external providers.
2.1.3	As part of the funding arrangement these must be carried forward for use in the following year against the agreed project
2.1.4	All of these funds will be spent in year but further underspends on in year funding may require to be carried forward at the year end.
2.1.5	If there are unused balances at the end of the specific plan the Scottish Government retain the right to request these funds back. If they are not requested back the IJB reserve the right to allocate any unused funding to other projects.
<b>2.2</b>	<b>Existing Projects / Commitments</b>
2.2.1	This relates to a number of individual multi-year projects which have already been committed to. This will include posts funded over a number of years or contracts awarded.
2.2.2	Each of these projects has an anticipated end date. Many finish the following financial year, others go on for a few years.
2.2.3	Some Funds are rolling funds i.e. the brought forward balance is spent in full each year but new funds come in during the year which may not be spent in full by the year end will be carried forward at the year end.
2.2.4	Similar to Scottish Government funds. If these projects have unused balances at the end of each project the relevant funding body retain the right to request these funds back if unspent. If they are not requested back the IJB reserve the right to allocate any unused funding to other projects.
<b>2.3</b>	<b>Transformation Projects</b>
2.3.1	These are reserves created by the IJB aimed specifically at transformation initiatives within the organisation.
2.3.2	Transformation projects include spend to save initiatives, test of change projects and projects which represent a change in the way services are delivered.
2.4.2	The IJB board have the ability to allocate any unused funding to other projects.
<b>2.4</b>	<b>Budget Smoothing</b>
2.4.1	These funds are held against specific, historically volatile budget lines such as Residential Services for Children & Families and Older People, Pay contingency and Prescribing.
2.4.2	The funds are added to each year if these budget areas underspend and are drawn on in the years these budgets face one off pressures.
2.4.3	Rather than tying up budget against such volatile budgets smoothing reserves allow budgets to be set based on the norm to ensure resources aren't tied up where they might not be needed while also ensuring the IJB has funding available to cover additional costs that may occur.
<b>3.</b>	<b>Un- Earmarked / General Reserve Level of Balances Held</b>
3.1	CIPFA recommend that unallocated reserves balances should be between 2 and 4% of revenue expenditure. The IJB should, therefore, in total, hold no more than 4% of revenue expenditure as desirable

	balances. Where unallocated balances are significantly in excess of this or not identified for future anticipated liabilities or projects, the IJB may consider transfer of the excess to fund specific projects. In the event that the IJB is unable to identify appropriate projects excess balances may, with IJB approval, transfer to partners in the same proportion as individual parties contribute to joint pressures unless it can be clearly demonstrated that the reserve is directly attributable to an individual party's contribution.
<b>4.</b>	<b>Review of Balances</b>
4.1	Inverclyde IJB's Reserves Strategy requires the Board to review balances on an annual basis as part of the budget setting process to allow board members to examine the level and detail of balances held. The Reserves Strategy will be reviewed annually.
4.2	The budget report will provide details of and the reason for retaining existing balances.
<b>5.</b>	<b>Utilisation of Balances</b>
5.1	Where a balance has been committed for a specific purpose and expenditure has been incurred or grant conditions met a request should be made to the CFO in order that the balance is drawn down and matched against expenditure incurred. The subsequent Financial Management Report to the IJB will note that a budget transfer has taken place.
5.2	Where the balance exceeds the expenditure incurred use of the remaining balance will be considered along with the annual review of Earmarked Reserves.
<b>5.3</b>	<b>Financial Management and Financial Reporting Arrangements</b>
5.3.1	The Integration Scheme outlines that recording of all financial information in respect of the IJB will be in the financial ledger of the Party which is delivering financial services on behalf of the IJB. The two key factors influencing this are: <ul style="list-style-type: none"> <li>• NHS Boards are not permitted to earmark revenue funding allocations for carry-forward as a matter of course</li> <li>• IJBs have been classified as local authority bodies for the purposes of their annual accounts and committed balances and financial planning balances require to be transferred to Inverclyde Council for earmarking as part of the closure of accounts process for the IJB.</li> </ul>
	Date Approved: June 2023
	Review Timeframe: Every year

## IJB Reserves Position - 2022/23

## Summary of Balances and Projected use of reserves

EMR type/source	Balance at 31 March 2022 £000	Net use of/(additions to) reserve 2022/23 £000s	Proposed allocation of projected underspend 2022/23 £000s	Projected balance as at 31 March 2023 £000s	Earmark for future years £000s	RAG status	Comments
<b>SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>		
Mental Health Action 15	236	215		21	21	Green	Fully committed
Alcohol & Drug Partnerships	843	(51)		894	894	Amber	HSCP had to prove all commitments against this funding in 22/23. Full spend anticipated 23/24
Covid - 19	8,130	8,130		0	0	N/A	
Primary Care Improvement Programme	1,527	1,371		156	156	Amber	Scottish Government reduced our allocation by our reserves in 22/23
Community Living Change	320	28		292	292	Green	Unlikely to request any funding back
Covid Shielding Social Care Fund	34	34		0	0	N/A	
District Nursing Redesign	88	88		0	0	N/A	
Winter planning - Multi Disciplinary Teams	217	(36)		253	253	Green	Unlikely to request any funding back. Fully Committed
Winter planning - Health Care Support Worker	206	(125)		331	331	Amber	Spending plans to be confirmed
Winter pressures - Care at Home	712	(347)		1,059	1,059	Amber	Majority of these funds are now committed. Any not committed are at risk of return. Final spending plans being progressed
Winter pressures - Interim Beds	0	(92)		92	92	Green	Fully committed
Care home oversight	115	50		65	65	Green	Unlikely to request any funding back. Fully Committed
Mental Health Recovery & Renewal	877	93		784	784	Green	Fully committed
Carer's	0	(304)		304	304	Green	Specific funding for Carer's earmarked by IJB
Covid projects - funding from Inverclyde Council	49	49		0	0	N/A	
<b>Sub-total</b>	<b>13,354</b>	<b>9,103</b>	<b>0</b>	<b>4,251</b>	<b>4,251</b>		
<b>EXISTING PROJECTS/COMMITMENTS</b>							
Integrated Care Fund	109	1		108	108	Green	Unlikely to request any funding back
Delayed Discharges	102	9		93	93	Green	Unlikely to request any funding back
Welfare	350	9		341	341	Green	Internal reserve for IJB to make decisions on
Primary Care Support	338	(231)		569	569	Green	Unlikely to request any funding back. Fully Committed
Rapid Rehousing Transition Plan (RRTP)	136	(44)		180	180	Green	Unlikely to request any funding back. Fully Committed
Learning Disability Estates	437	(63)		500	500	Green	Internal reserve for IJB to make decisions on
Learning Disability - Health Checks	0	(32)		32	32	Green	Unlikely to request any funding back. Fully Committed
Refugee Schemes	1,077	(1,113)		2,190	2,190	Green	Funding to cover initiatives over a number of years.
Tier 2 Counselling	312	(17)		329	329	Green	Funding committed for next 4 years
CAMHS Tier 2	100	0		100	100	Green	To be added to Transformation fund
Children & Young People Mental Health & Wellbeing	84	84		0	0	N/A	
Whole Family Wellbeing	64	(422)		486	486	Green	Unlikely to request any funding back. Fully Committed
CAMHS Post	68	68		0	0	N/A	
Dementia Friendly Inverclyde	89	80		9	9	Green	Funds will be utilised in 23/24
Contribution to Partner Capital Projects	1,103	4		1,099	1,099	Green	Internal reserve for IJB to make decisions on
Staff Learning & Development Fund	254	50	(200)	404	404	Green	Training Board and Trauma Informed Practice Funding
Fixed Term Staffing	200	200		0	0	N/A	
Homelessness	350	(100)		450	450	Green	Internal reserve for IJB to make decisions on
Autism Friendly	164	7		157	157	Green	Internal reserve for IJB to make decisions on
Temporary Posts	0	(425)	(250)	675	675	Green	IJB approved earmarking for use in future years
ADRS fixed term posts	0	(109)		109	109	Green	IJB approved earmarking for use in future years
National Trauma Training	0	(50)		50	50	Green	Unlikely to request any funding back. Plans being progressed
Cost of Living	0	(265)		265	265	Green	Internal reserve for IJB specific purpose
Wellbeing workstream	0	(15)		15	15	Green	Fully committed
<b>Sub-total</b>	<b>5,337</b>	<b>(2,374)</b>	<b>(450)</b>	<b>8,161</b>	<b>8,161</b>		
<b>TRANSFORMATION PROJECTS</b>							
Transformation Fund	1,975	336	(100)	1,739	1,739	Green	These are our own reserves aimed at transformation projects
Addictions Review	250	(42)		292	292	Green	These are our own reserves aimed at transformation projects
Mental Health Transformation	750	113		637	637	Green	Funds committed
SWIFT Replacement Project	504	132		372	372	Green	Internal reserve for IJB to make decisions on
IJB Digital Strategy	676	93		583	583	Green	These are our own reserves aimed at transformation projects
<b>Sub-total</b>	<b>4,155</b>	<b>632</b>	<b>(100)</b>	<b>3,623</b>	<b>3,623</b>		
<b>BUDGET SMOOTHING</b>							
Adoption/Fostering/Residential Childcare	800	(175)	(525)	1,500	1,500	Green	These are our own reserves for specific risk areas
Prescribing	798	(93)	(200)	1,091	1,091	Green	These are our own reserves for specific risk areas
Residential & Nursing Placements	1,003	(283)		1,286	1,286	Green	These are our own reserves for specific risk areas
LD Client Commitments	600	0		600	600	Green	These are our own reserves for specific risk areas
Client commitments - general	0	(605)		605	605	Green	These are our own reserves for specific risk areas
Continuing Care	425	0		425	425	Green	These are our own reserves for specific risk areas
Pay contingency	891	307	(501)	1,085	1,085	Green	These are our own reserves for specific risk areas.
<b>Sub-total</b>	<b>4,517</b>	<b>(849)</b>	<b>(1,226)</b>	<b>6,592</b>	<b>6,592</b>		£199k committed for payroll in 2023/24 budget
<b>Total Earmarked</b>	<b>27,363</b>	<b>6,512</b>	<b>(1,776)</b>	<b>22,627</b>	<b>22,627</b>		
<b>UN-EARMARKED RESERVES</b>							
General	962		(673)	1,635	1,635	Amber	These are unallocated reserves so would have a higher risk. £603k committed to balance 2023/24 budget
<b>Un-Earmarked Reserves</b>	<b>962</b>	<b>0</b>	<b>(673)</b>	<b>1,635</b>	<b>1,635</b>		
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>6,512</b>	<b>(2,449)</b>	<b>24,262</b>	<b>24,262</b>		



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/30/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>FINANCIAL REGULATIONS UPDATE</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to seek approval of revised Financial Regulations which detail the responsibilities of the Integration Joint Board (IJB) for its own financial affairs.
- 1.3 The Financial Regulations provide the financial governance framework in which the IJB will operate. Regulations were last agreed by the IJB at its April 2019 meeting. Further work has been done since then to further refine these financial regulations to reflect best practice and the requirements of the IJB.
- 1.4 The Financial Regulations are informed by:
- Work to date from consultation comprising NHS and Local Authority finance professionals developing guidance that will support the IJB in decision making in strategic and operational finance matters.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that the Integration Joint Board notes the contents of this report and approves the revised Financial Regulations as set out in Appendix 1 of this report.

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

### 3.0 BACKGROUND AND CONTEXT

- 3.1 Both the Council and the Health Board operate under Financial Regulations or Standing Financial Instructions in the operational delivery of services. As this service delivery will continue to be carried out within the Council and the Health Board, all operational and transactional finance matters for delivery of Inverclyde HSCP services will comply with Council Financial Regulations and Health Board Standing Financial Instructions as appropriate.
- 3.2 The Chief Officer, supported by the Chief Financial Officer, must ensure that there are adequate systems and controls in place for the proper management of the IJB's financial affairs.
- 3.3 As these Financial Regulations relate specifically to the affairs of the IJB itself, they are therefore more limited and focussed in scope.
- 3.4 Financial Regulations were last approved by the Audit Committee at its April 2019 meeting.

### 4.0 PROPOSALS

- 4.1 The attached Financial Regulations set out the responsibilities of Board Members, the Chief Officer, and the Chief Finance Officer within the context of the IJB's financial management framework.
- 4.2 These Financial Regulations provide a sound basis for financial control within the IJB to ensure financial stewardship is effectively applied across IJB resources.
- 4.3 Subsequent updates to these regulations will be brought for approval, this Committee, as required.
- 4.4 Main changes since the previously agreed version:
- The Capital Planning section has been updated to reflect updated requirements of the Health Board for Capital Projects.
  - Budget Setting guidance has been updated to reflect the most up to date arrangements with our partners and the recently formed IJB budget working group.
  - General updates in most sections to reflect current information.

### 5.0 IMPLICATIONS

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

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

## 5.2 Finance

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## 5.3 Legal/Risk

There are no specific legal implications arising from this report.

## 5.4 Human Resources

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

## 5.5 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.
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

## 5.6 Clinical or Care Governance

There are no governance issues within this report.

## 5.7 National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

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

## 5.8 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.

## 5.9 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.
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.

## 5.10 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.

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council’s Chief Financial Officer and Director of Finance NHSGGC have been consulted.

## 8.0 BACKGROUND PAPERS

8.1 None.



**Inverclyde Health and Social Care  
Partnership**  
**Integration Joint Board**  
**Financial Regulations**

<b>Version</b>	<b>Inverclyde Integration Joint Board Financial Regulations 2023</b>
<b>Owner</b>	<b>Craig Given Chief Finance Officer</b>
<b>Approved by</b>	<b>Integration Joint Board Audit Committee</b>
<b>Date Approved</b>	<b>26/06/2023</b>
<b>Date for Review</b>	<b>26/06/2026</b>
<b>Replaces Previous Version</b>	<b>Inverclyde Integration Joint Board Financial Regulations 2019</b>

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Inverclyde Integration Joint Board positively promotes the principles of sound corporate governance within all areas of the Integration Joint Board's affairs. These Financial Regulations are an essential component of the corporate governance of the Inverclyde Integration Joint Board.

## 1. What the Regulations Cover

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the framework for the integration of health and social care in Scotland. Inverclyde Health and Social Care Partnership is governed by the Inverclyde **Integration Joint Board** which was established by Parliamentary Order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. Inverclyde Council and (the Health Board) have delegated functions and resources to the Integration Joint Board. The Integration Joint Board will direct the Council and the Health Board on how resources will be spent in line with the approved Strategic plan, and allocate resources back to the Council and Health Board in accordance with this direction. The Integration Joint Board retains responsibility for oversight and management of expenditure within the allocated budgets.
- 1.2 Both the Health Board and the Council operate under Financial Regulations/Standing Financial Instructions in the operational delivery of services. As this service delivery will continue to be carried out within the Health Board and the Council, these Financial Regulations relate specifically to the affairs of the Integration Joint Board itself and therefore are more limited and focussed in scope. All operational and transactional finance matters for delivery of Inverclyde Health and Social Care Partnership will comply with Inverclyde Council Financial Regulations and Health Board Standing Financial Instructions.
- 1.3 The Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board.
- 1.4 These Financial Regulations should be read in conjunction with the Standing Financial Instructions of the Health Board and the Financial Regulations of Inverclyde Council.
- 1.5 The Chief Officer, supported by the Chief Finance Officer must ensure that there are adequate systems and controls in place for the proper management of the Integration Joint Board's financial affairs. These Financial Regulations of the Inverclyde Integration Joint Board are for its own financial affairs.
- 1.6 These Regulations set out the respective responsibilities of the Integration Joint Board, the Chief Officer and the Chief Finance Officer of the Integration Joint Board.



- 1.7 It will be the duty of the Chief Officer assisted by the Chief Finance Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to. All actions which affect the Integration Joint Board's finances should only be carried out by properly authorised employees. The Chief Officer and other authorised persons will ensure that all expenditure within the Integration budget meets proper accounting standards.
- 1.8 The Integration Joint Board will give directions to Inverclyde Council and the Health Board that are designed to ensure resources are spent in accordance with the Strategic Plan and Integration Scheme.
- 1.9 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Finance Officer, who may then discuss the matter with the Chief Officer to determine what action is to be taken.
- 1.10 These Regulations will be the subject of regular review by the Integration Joint Board Chief Finance Officer in consultation with the Health Board Director of Finance and the Inverclyde Council Section 95 Officer, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board Audit Committee for approval.

## 2. Corporate Governance

- 2.1 Corporate governance is about the structures and processes for decision-making, accountability, controls and behaviour throughout the Integration Joint Board. The basic principles of corporate governance are as follows.

**Openness** Anyone with an interest in the affairs of the Integration Joint Board should have confidence in the decision-making and management processes and the individuals involved in them. This confidence is gained through openness in its affairs and by providing full, accurate and clear information which leads to effective and timely action and scrutiny.

**Integrity** There should be honesty, selflessness, objectivity and high standards of conduct in how the Integration Joint Board's funds and affairs are managed. Integrity depends on the effectiveness of the control framework and on the personal standards and professionalism of members and officers involved in the running of its affairs.

**Accountability** There needs to be a clear understanding by everyone involved in the

Integration Joint Board's affairs of their roles and responsibilities. There should also be a process which provides appropriate independent examination of the decisions and actions of those involved in the Integration Joint Board's affairs, including how the Integration Joint Board's funds and performance are managed.

- 2.2 These Financial Regulations are an essential part of the corporate governance of the Integration Joint Board.
- 2.3 Members of the Integration Joint Board are required to follow any formally agreed national codes of conduct.

### **3. Responsibilities under these Financial Regulations**

- 3.1 The Integration Joint Board will continuously work to secure best value for money, and economy, efficiency and effectiveness in how the organisation directs its resources.
- 3.2 The Chief Finance Officer (in consultation with the Chief Officer) will advise the Integration Joint Board on the financial implications of the Integration Joint Board's activities. The Chief Finance Officer will ensure that budget holders receive impartial advice, guidance and support and appropriate information to enable them to effect control over expenditure and income.

#### **Strategic Plan and Integrated Budget**

- 3.3 The Integration Joint Board's Strategic Plan sets out arrangements for planning and directing the functions delegated to it by Inverclyde Council and the Health Board. The Strategic Plan covers a rolling five-year period and will determine the budgets allocated to each operational partner for operational service delivery in line with the Strategic Plan, recognising that these may be refreshed when required.
- 3.4 The Chief Officer and the Chief Finance Officer will develop an integrated budget based on the Strategic Plan and agreed funding from Inverclyde Council and the Health Board for consideration and agreement as part of the annual budget setting process and financial plan linked to the overall Strategic Plan
- 3.5 The Integration Scheme sets out the detail of the integration arrangement agreed between the Health Board and Inverclyde Council. In relation to financial management it specifies:
  - The financial management arrangements including treatment of budget variances;

- Reporting arrangements between the Integration Joint Board, the Health Board and Inverclyde Council;
- The method for determining the resources to be made available by the Health Board and Inverclyde Council;
- The functions which are delegated to the Integration Joint Board by the Health Board and Inverclyde Council.

### **3.6 Budget Setting and Financial Planning**

A budget setting and financial planning for the Integration Joint Board is developed in discussion with our partners at both the Health Board and Inverclyde Council. The IJB now has a budget working group established which will lead on the budget discussions during the year. This group includes HSCP officers and various members of the IJB Board. Each year the IJB prepares a budget paper which considers the indicative funding settlements directed to the IJB from both its partners in the Council and Health Board. At this point the IJB will be asked to approve this budget and asked to approve any potential savings initiatives / use of reserves to produce a balanced budget for the following year. This budget also includes an indicative funding position for the medium term i.e. the next 5 years.

Any potential savings initiatives are prepared prior to the budget setting meeting whereby officers and the IJB budget working group consider the various options being considered to close any potential future projected funding gap. Normally as part of the regular monitoring reports to the IJB, draft budget positions and process towards the budget final settlement will be communicated from September onwards. These updates show any discussions held with both our partners, likely pressures in the system, potential future funding streams being discussed with Scottish Government and updates on any savings being considered by the IJB budget working group where relevant.

### **3.7 Budget Management**

Budget holders within the HSCP will be accountable for all budgets within their control as directed by the Integration Joint Board in line with its Strategic Plan. The Integration Joint Board will ensure appropriate arrangements are in place to support good financial management and planning.

3.8 The HSCP Finance team will provide the Chief Finance Officer with management accounts and forecasts to allow the Integration Joint Board to monitor the overall financial performance of the Integration Joint Board's functions in relation to the approved Revenue Budgets.

3.9 The Chief Finance Officer will provide regular budget monitoring reports to the Integration Joint Board along with explanations for any significant variations from budget and the

action planned to deal with them.

## **4. The Framework for Financial Governance**

- 4.1 The Financial Regulations set out the responsibilities of Board Members, the Chief Officer and the Chief Finance Officer within the context of the Integration Joint Board's financial management framework.

## **5. Financial Planning and Reporting**

### **Preparing Procedures, Records and Accounts**

- 5.1 The Chief Finance Officer will prepare the Annual Accounts in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (The CODE), reporting the Integration Joint Board's financial performance for the year to 31 March to the Integration Joint Board. The approved Accounts must also be forwarded to the Controller of Audit no later than the 30<sup>th</sup> June of the same year, or such date as decided by the Controller of Audit.

- 5.2 The accounts of the Integration Joint Board will be hosted by Inverclyde Council.

- 5.3 The Chief Finance Officer must provide any information necessary for the closure of the Accounts and within prescribed timescales. Details of the information required and procedures to be followed will be issued annually by the Chief Finance Officer. The format of the Accounts and the relevant notes to the Accounts of the Health Board and the Council will be in line with national CIPFA and / or LASSAAC guidance and the Scottish Public Finance Manual.

### **Presenting External Audit Reports**

- 5.4 The Chief Finance Officer will ensure the presentation of all External Audit reports including reports on the audited Annual Accounts to the Integration Joint Board and make such reports available to the Health Board and Inverclyde Council.

- 5.5 In consultation with Inverclyde Council, which hosts the annual accounts, the Chief Finance Officer will make appropriate arrangements for the public inspection of the Integration Joint Board's Accounts.

## **Capital Planning**

- 5.6 The Chief Officer, in consultation with Inverclyde Council and the Health Board, will

report upon the Capital plans relevant to the HSCP.

- 5.7 The Capital updates will be submitted to the Integration Joint Board for approval.
- 5.8 Business Cases will be prepared by the Chief Officer and Chief Finance Officer and submitted to Inverclyde Council's Corporate Management Team or the Health Board's Capital Planning Group for approval in accordance with NHS Greater Glasgow & Clyde's SFI's.
- 5.9 The Chief Officer will be a member of both partners' Capital Planning Groups.
- 5.10 Where new capital investment is required to deliver the Strategic Plan both partners should consider the Business Plan.

### **Control of Capital Expenditure**

- 5.11 The Integration Joint Board does not receive a capital funding allocation. Capital projects are funded by either Inverclyde Council or the Health Board and expenditure will be controlled in accordance with their financial regulations. On occasions the Integrated Joint Board may be required contribute towards any potential Capital shortfalls in funding. In these occasions, the Integrated Joint Board will be required to consider and approve these additional funding requests.
- 5.12 The Integration Joint Board presents financial monitoring reports which include information on capital expenditure from both partners against approved schemes relevant to the services delegated to the Integration Joint Board.

### **5.13 Strategic Plan and Integrated Budget**

The Integration Joint Board is responsible for the production of a Strategic Plan which sets out the services for their population over the medium term (5 years). The resources within scope of the Strategic Plan are:

- The payment made to the Integration Joint Board by Inverclyde Council for delegated social care services;
- The payment from the Health Board to the Integration Joint Board for delegated primary and community healthcare services and for those delegated hospital services managed by the Chief Officer.

- The amount set aside by the Health Board for delegated services provided in large hospitals for the population of the Integration Joint Board.

The Health Board and Inverclyde Council will provide indicative funding allocations to the Integration Joint Board to support the Strategic Plan and medium term financial planning process. Such indicative allocations will remain subject to annual approval by both organisations.

5.14 The Chief Officer and the Chief Finance Officer will develop an integrated budget and medium term financial plan based on the Strategic Plan and agreed funding from the Health Board and Inverclyde Council. The budget proposal paper and any medium term financial plan papers should be evidence based with full transparency on its assumptions and take account of:

- **Activity Changes.** The impact on resources in respect of increased demand e.g. demographic pressures and increased prevalence of long term conditions, and for other planned activity changes;
- **Cost Inflation.** Pay and supplies cost increases;
- **Efficiencies.** All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Integration Joint Board, Inverclyde Council and the Health Board as part of the annual rolling financial planning process to ensure transparency;
- **Performance on outcomes.** The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by Inverclyde Council and the Health Board;
- **Legal requirements.** Legislation may entail expenditure commitments that should be taken into account in adjusting the payment;
- **Transfers to/from the notional budget for hospital services** set out in the Strategic Plan;
- **Additional Funding for National Priorities and Adjustments to address equity.** Inverclyde Council and the Health Board may choose to adjust contributions to reflect increased funding received for National priorities or to smooth the variation in weighted capita resource allocations across partnerships.

5.15 The Strategic Plan will determine the budgets allocated to each operational partner for operational service delivery in line with the Plan.

5.16 **Limits on Expenditure**

No expenditure will be incurred by the Integration Joint Board unless it has been included

within the approved Integration budget and Strategic Plan except:

- I. Where additional funding has been approved by the Health Board and/or Inverclyde Council and the integrated budget/strategic plan has been updated appropriately;
- II. Where a supplementary budget has been approved by the Integration Joint Board;
- III. In emergency situations in terms of any scheme of delegation;
- IV. As provided in paragraphs 5.17 and 5.18 below (Virement).

#### 5.17 **Virement**

Virement is defined by CIPFA as “the transfer of an underspend on one budget head to finance additional spending on another budget head in accordance with the Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc.) to another, or a transfer of budget from one service to another. Where resources are transferred between the two operational arms of the Integrated Budget this will require in-year balancing adjustments to the allocations from the Integration Joint Board to Inverclyde Council and the Health Board i.e. a reduction in the allocation to the body with the underspend and a corresponding increase in the allocation to the body with the overspend.

#### 5.18 Virements require approval and they will be permitted subject to any Scheme of Delegation of the Integration Joint Board as follows:

- I. Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
- II. The Chief Officer will not be permitted to vire between the Integrated Budget and those budgets that are managed by the Chief Officer, but are outwith the scope of the Strategic Plan, unless agreed by Inverclyde Council and the Health Board.
- III. Any virement over £20,000 which changes the specific budget values delegated back to the Health Board or Council requires the approval of the Integration Joint Board.

#### 5.19 **Budgetary Control**

It is the responsibility of the Chief Officer and Chief Finance Officer to report regularly and timeously on all budgetary control measures, comparing projected outturn with the approved financial plan, to the Integration Joint Board and other bodies as designated by the Health Board and Inverclyde Council.

- The Health Board Director of Finance and the Section 95 officer of Inverclyde Council will, along with the Integration Joint Board Chief Finance Officer put in

place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Integration Joint Board in aggregate.

- 5.20 It is the responsibility of the Integration Joint Board Chief Finance Officer, in consultation with the Health Board and the Section 95 Officer of Inverclyde Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information.
- 5.21 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from the Financial Plan, it will be the duty of the Chief Officer and the Chief Finance Officer, in conjunction with the Health Board Director of Finance and the Section 95 Officer of the Council, to report in accordance with the appropriate method established for that purpose by the Integration Joint Board, the Health Board and Inverclyde Council, the details of the variance and any remedial action required.
- 5.22 **Reports to Integration Joint Board**  
All reports to the Integration Joint Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Integration Joint Board Chief Finance Officer prior to lodging of reports.

## **6. Legality of Expenditure**

- 6.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Financial Plan unless it is within the power of the Integration Joint Board. In cases of doubt the Chief Officer should consult the respective legal advisers of the Health Board and Inverclyde Council before incurring expenditure. The legality of expenditure on new service developments, initial contributions to other organisations and responses to emergency situations which require expenditure must be clarified prior to being incurred.

## **7. Reviewing the Financial Regulations**

- 7.1 The Integration Joint Board Audit Committee will consider and approve any alterations to these Financial Regulations. The Integration Joint Board may also withdraw these Financial Regulations. If so, this will come into force from the first working day after the end of the Integration Joint Board Audit Committee meeting at which the change or



withdrawal was approved. This policy will be formally reviewed through the Audit Committee at least every three years.

## **8. Reserves**

- 8.1 Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the Integration Joint Board to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board. The Integration Joint Board Reserves Policy and Strategy outlines the level of reserves required and their purpose. This will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan agreed by the Integration Joint Board.

## **9. VAT**

- 9.1 HMRC has confirmed that there is no requirement to have a separate VAT registration for the Integration Joint Board as it will not be delivering any services within the scope of VAT. This situation should be kept under review by the Chief Finance Officer should the operational activities of the Integration Joint Board change and a need to register be established. HMRC guidance will apply to Scotland.

## **10. Financial Reporting**

### **10.1 Accounting Procedures and Records**

All accounting procedures and records of the Integration Joint Board will be as specified in applicable legislation and regulations. Financial Statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under Section 105 of the Local Government (Scotland) Act 1973.

- 10.2 The financial statements must be completed to meet the audit and publication timetable specified in regulations made under section 105 of the Local Government (Scotland) Act 1973. It is the primary responsibility of the Chief Finance Officer to meet these targets and of the Chief Officer to provide any relevant information to ensure that the Health Board and Inverclyde Council meet their respective statutory audit and publication requirements for their individual and group financial statements.

10.3 The Integration Joint Board Chief Finance Officer will agree the financial statements timetable with the external auditors of the Integration Joint Board.

## **11. Internal Audit**

### **11.1 Responsibility for Internal Audit**

It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.

11.2 The operational delivery of internal audit services within the Health Board and Inverclyde Council will be covered by their respective internal audit arrangements as at present.

11.3 A Chief Internal Auditor will be appointed to act as the Integration Joint Board Chief Internal Auditor in addition to their role as Chief Internal Auditor of their respective authority.

11.4 The Internal Audit Service will undertake their work in compliance with the Public Sector Internal Audit Standards.

11.5 On or before the start of each financial year the Integration Joint Board Chief Internal Auditor will consult with the Chief Officer and Chief Finance Officer in the preparation of a strategic and risk based audit plan, which the Chief Internal Auditor will then submit to the Integration Joint Board Audit Committee for approval. The internal audit plan will consider:

- The Strategic Plan and planning process;
- The financial plan underpinning the Strategic Plan; and
- Relevant issues raised from the partner Health Board and Local Authority.

It is recommended that the internal audit plan is shared with the relevant committees of the Health Board and Inverclyde Council.

11.6 The Integration Joint Board Chief Internal Auditor will report to the Integration Joint Board on the annual audit plan, delivery of the plan and recommendations and will provide an annual internal audit report including the audit opinion.

11.7 The Integration Joint Board annual internal audit report will be shared with the Audit

Committees of NHS Greater Glasgow & Clyde and Inverclyde Council.

- 11.8 Internal audit reports carried out as part of the Integration Joint Board internal audit plan will be submitted to the Chief Officer and the Integration Joint Board Audit Committee for scrutiny.
- 11.9 Relevant internal audit activity carried out by partners will also be submitted to the Integration Joint Board Audit Committee for information and note. This activity will be agreed with partner auditors, the Chief Officer and / or Chief Executives of NHS Greater Glasgow & Clyde and Inverclyde Council.

## **12. External Audit**

- 12.1 The Accounts Commission will appoint the Auditors to the Integration Joint Board.
- 12.2 The Integration Joint Board should make appropriate and proportionate arrangements for consideration of external audit reports including those relating to the annual financial statements to ensure that they are compliant with relevant statutory provisions and Accounting Codes of Practice.
- 12.3 Reports on external audit activity will be submitted to the Chief Officer and the Integration Joint Board Audit Committee for scrutiny.

## **13 Audit Committee**

- 13.1 The Integration Joint Board will put in place an Audit Committee to ensure that an effective assurance process is in place that assesses the objectives, risks and performance of the Partnership. This will include consideration of any reports from auditors.
- 13.2 It will be the responsibility of the Integration Joint Board to agree the membership having regard to the agreed remit, skills and good practice for a the Audit Committee. It is anticipated that members of the Integration Joint Board will serve in this capacity.

## **14. Risk Management and Insurance**

#### 14.1 **Responsibility for Insurance and Risk**

The Integration Joint Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board of the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff. The Council and the Health Board will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective functions themselves that each has delegated to the Integration Joint Board.

14.2 The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.

14.3 The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Integration Joint Board for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of members of the Integration Joint Board acting in a decision making capacity.

14.4 The Health Board's Director of Finance and the Section 95 Officer of Inverclyde Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

#### 14.5 **Risk Strategy and Risk Register**

The Chief Officer is responsible for establishing the Integration Joint Board risk strategy and profile and developing the risk reporting arrangements; this will include arrangements for a risk register. The Risk Management strategy will be approved by the Integration Joint Board Audit Committee.

14.6 The Health Board and Inverclyde Council will continue to identify and manage within their own risk management arrangements any risks they have retained under the integration arrangements. The partners will continue to report risk management to their existing committees including the impact of the integration arrangements.

#### 14.7 **Notification of Insurance Claims**

The Chief Officer and the Chief Finance Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the Integration Joint Board in consultation with our partners in Inverclyde Council and the Health Board.

## **15. Board Members' Expenses**

- 15.1 Payment of voting Integration Joint Board Members' allowances will be the responsibility of the Members' individual Council or Health Board, and will be made in accordance with their own Schemes.
- 15.2 Non-voting members of the Integration Joint Board will be entitled to payment of travel expenses. Non-voting members are required to submit claims on the Integration Joint Board's agreed expenses claim form and as far as practicable to provide receipts in support of any expenses claimed. The costs relating to expenses incurred by the non-voting members of the Integration Joint Board will be shared equally by the Health Board and the Council.
- 15.2 The Chief Finance Officer will ensure that a record of all expenses paid under the Scheme, detailing name, amount and nature of payment.

## **16. Economy, Efficiency and Effectiveness (Best Value)**

- 16.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Integration Joint Board. This will apply in respect of:
- the resources delegated to the Integration Joint Board by the Health Board and Inverclyde Council; and
  - the resources paid to the Health Board and Inverclyde Council by the Integration Joint Board for use as directed and set out in the Strategic Plan.
- 16.2 The Integration Joint Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There will be a process of strategic planning which will have full board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services.
- 16.3 It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Integration Joint Board provides Best Value.

16.4 The Chief Officer will be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.



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<b>Report To:</b>	<b>Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer</b>	<b>Report No:</b>	<b>IJB/33/2023/GK</b>
<b>Contact Officer:</b>	<b>Gail Kilbane, Interim Head of Mental Health, ADRS and Homelessness</b>	<b>Contact No:</b>	<b>01475 715284</b>
<b>Subject:</b>	<b>RAPID REHOUSING TRANSITION PLAN (RRTP) ANNUAL REVIEW 2022/23</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 To seek endorsement from IJB for the submission of Inverclyde's Rapid Rehousing Transition Plan (RRTP) Annual Review 2022/23 to the Scottish Government on 31 July 2023.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that the IJB endorse the appended RRTP Annual Review for 2022/23 prior to submission to the Scottish Government on 31 July 2023.
- 2.2 Note that the submission will be presented at Social Work & Social Care Scrutiny Panel for information.

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



### **3.0 BACKGROUND AND CONTEXT**

- 3.1 As part of the plan to transform homelessness services in Scotland and in response to recommendations made by The Homelessness and Rough Sleeping Action Group (HARSAG), local authorities were required to develop a five-year Rapid Rehousing Transition Plan (RRTP) for 2019 - 2024. Each local authority was granted SG funding to deliver on these plans, with annual reporting to the Scottish Government required.
- 3.2 Inverclyde's initial RRTP proposal outlined a full transformational change approach to service delivery. However initial expectations for SG funding were not realised at that time. The plan was revised with a focus on key priorities around preventing homelessness through full implementation of Housing Options; mainstreaming low level support for those who need it to sustain tenancies and delivery of a Housing First approach.
- 3.3 Inverclyde's vision was underpinned with 4 key high-level objectives:
- Reduce the need for temporary accommodation by preventing homelessness,
  - Enable service users with no/low support needs to access settled housing quickly,
  - Implement a Housing First model which enables excluded service users to achieve housing sustainment,
  - Enable service users who need specialist supported housing to access commissioned HSCP services.
- 3.4 Key highlights over the past year for the Inverclyde's RRTP include:
- Significant growth of the Housing First model with a total of 41 individuals currently being supported – 17 in Housing First tenancies and 3 further offers pending,
  - 21 temporary furnished flats flipped to permanent accommodation,
  - a 10% decrease in the number of homeless applications,
  - the number of people presenting as homeless on leaving an institution i.e., prison, hospital etc. reduced by 30%, and
  - a 27% reduction in repeat homelessness,
  - a 21% reduction in long-term homelessness with a management focus on cases open for more than 12 months, all of which were referred to the in-house support team
  - a 36% reduction in the use of Unsuitable Accommodation with no requirement to use hotel or B&B facilities over the past year,
  - 14% of all social housing lets in the area went to homeless households, an increase of 3% since 2020.

### **4.0 PROPOSALS**

- 4.1 Rebranding of the service as a Housing Options and Homelessness Advice Service is a major milestone, with cross sector partnership and early intervention involved in this approach will be fundamental to fulfilling objective 1 with prevention at the forefront of a Housing Options Hub.
- 4.2 The service will become more data driven. This will support short, medium and long-term forecasting of service delivery and provide context and evidence of where changes have resulted in improvements. Forecasting of future needs is of particular importance as we plan the future decommissioning of the hostel and develop the future accommodation model.

## 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			
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

## 5.2 Finance

One off Costs

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

Annually Recurring Costs

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

## 5.3 Legal/Risk

There are no specific legal/risk implications arising from this report.

## 5.4 Human Resources

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

## 5.5 Strategic Plan Priorities

Delivering the four key priority RRTP objectives will only provide benefit to place based strategic improvement plans.

## 5.6 Equalities

Achieving RRTP objectives will address the poverty, inequity and unfair disadvantages the homeless population lives with on a daily basis

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	RRTP provides access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	RRTP supports this
People with protected characteristics feel safe within their communities.	RRTP support this
People with protected characteristics feel included in the planning and developing of services.	RRTP, Homeless and Housing strategy support 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 with New Scot team to support positive outcomes

5.7 **Clinical or Care Governance**

Link to local MH, ADRS and Homeless Governance, Care Inspectorate

## 5.8 National Wellbeing Outcomes

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Change Programme in place. Ensure people receive rapid rehousing support for as long as appropriate, linking in to wider community and statutory supports
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.	Service user engagement group supported by external agencies provide 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.	Change programme in place to address
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.	Signposting families and carers to a range of community and commissioned supports
People using health and social care services are safe from harm.	Local care and clinical governance provides oversight
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.	Change programme in place to support continuous improvement. Registration with Care Inspectorate, SSSC
Resources are used effectively in the provision of health and social care services.	Change Programme in place

## 5.9 Children and Young People

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

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.
	YES – Assessed as relevant and a CRWIA is required.

**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**

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

**7.0 CONSULTATION**

7.1 Homelessness Journey interviews have been undertaken and further collaboration with Homeless Network Scotland will further enable those with lived experience to become directly involved in the change programme.

**8.0 BACKGROUND PAPERS**

8.1 Inverclyde RRTP 2019-2024



## Rapid Rehousing Transition Plan - Annual Review 2022-23

INVERCLYDE  
**HSCP**  
Health and Social  
Care Partnership

Inverclyde  
council

Housing Options and Homelessness Advice

## 1. Summary of year four progress

1.1 A summary of key highlights from the past year of Inverclyde's RRTP include:

- Significant growth of the Housing First model with a total of 41 individuals being supported by 31<sup>st</sup> March 2023 – 17 in Housing First tenancies and a further 3 offers pending,
- 21 temporary furnished flats flipped to permanent accommodation,
- a 10% decrease in the number of homeless applications,
- the number of people presenting as homeless on leaving an institution i.e., prison, hospital etc. reduced by 30%,
- a 27% reduction in repeat homelessness,
- a 21% reduction in long-term homelessness with a management focus on cases open for more than 12 months, all of which were referred to the in-house support team
- a 36% reduction in the use of Unsuitable Accommodation with no hotels or B&B use over the past year,
- 14% of all social housing lets in the area went to homeless households, up 3% since 2020.

Key to the delivery of this success has been:

- Design and implementation of a two-year Change Programme, with a designated Change Lead recruited to drive forward a full-service redesign.
- Engagement with previous and current households experiencing homelessness through joint working with local Community Care Forum, Your Voice, to better inform short term improvements and longer term strategic direction of the service redesign.
- Increasing focus on preventative work with the aim of rebranding as a Housing Options and Homelessness Advice Service.
- 'Introduction to Housing First' training has been provided to 64 staff members, with a further 20 undertaking Practitioners training and 10 senior officers attending Housing First Managers Training across the service and partner agencies.
- Commissioned CRISIS to complete a survey to map the Private Rented Sector in Inverclyde. This has assisted in building a closer relationship with the sector to increase opportunities to access the sector as part of our homeless prevention activities.
- Allocation of £56k of RRTP funding to aid with tenancy sustainment has been used for 12 households so far through the provision of essential items i.e. white goods and floor coverings and additional goods to help support residents of the Inverclyde Centre.
- Establishment of a Rapid Rehousing Support Team (RRST) to support and assist homeless households by providing intensive wrap around support for people with complex needs to plan, obtain and sustain their tenancy.

Within the hostel accommodation the team have introduced a support lounge providing 'drop in' activities including making contact with external community supports, provision of hot food and drinks and introduction of a Brunch Club. Improved digital inclusion through free Wi-Fi, distribution of personal radios and TV's, large screen TVs installed in the communal lounge areas and supporting residents with the skills to use online platforms i.e. switching people on Universal Credit to online accounts as opposed to telephone accounts, allowing access to their journals and upcoming payments etc.

## **2. Background**

### **2.1 National Vision**

As part of the plan to transform homelessness services in Scotland and responding to recommendations made by The Homelessness and Rough Sleeping Action Group, local authorities were required to develop a five-year Rapid Rehousing Transition Plan (RRTP) for 2019 – 2024. Each local authority was granted SG funding to deliver on these plans, with annual reporting back to the Scottish Government in place.

### **2.2 Inverclyde's Vision**

Inverclyde's initial RRTP proposal outlined a full transformational change approach to service delivery. However initial expectations for SG funding were not realised. The plan was revised with a focus on key priorities around preventing homelessness through a full implementation of Housing Options; mainstreaming low level support for those who need it to sustain tenancies and delivery of a Housing First approach.

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*"To reduce the need for temporary accommodation by enabling homeless households to access settled accommodation quickly and with the right support to achieve housing sustainment"*

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Inverclyde's vision was underpinned with 4 key high-level objectives:

- Reduce the need for temporary accommodation by preventing homelessness,
- Enable service users with no/low support needs to access settled housing quickly,
- Implement a Housing First model which enables excluded service users to achieve housing sustainment,
- Enable service users who need specialist supported housing to access commissioned HSCP services.

Inverclyde Health and Social Care Partnership are committed to ensuring that people who use the service receive the best possible care which meets their needs and that a person-centred approach is delivered for anyone experiencing the trauma of homelessness.

### **2.3 Governance**

The Rapid Rehousing Transition Plan Steering Group is the multi-agency group tasked with overseeing the two working groups responsible for delivering Inverclyde's Rapid Rehousing model: the Housing Options Working Group and Housing First Working



Group. The purpose of both groups is to review service provision, practices, and processes in relation to working collaboratively to rapidly re-house homeless people and the active monitoring of progress achieved through these streams.

A Lead Officer for RRTP came into post in October 2020 and was vacated in March 2022. During this time, delivering on the RRTP has been led by the Change Lead with support from Graduate Interns. In future the RRTP objectives will be delivered by two Temporary FTE Project Assistant (RRTP) posts which will be dedicated role in delivering on RRTP objectives.

## 2.4 Funding

Inverclyde was allocated £30,000 to develop the Rapid Rehousing Transition Plan in 2018/19. Since then, the local authority has received the below funding:

2019/20	2020/21	2021/22	2022/23
£53,000	£44,000	£44,000*	£44,000

\*Plus additional £28,000 Winter Support Fund

## 2.5 Inverclyde Context

2.5.1 The housing market in Inverclyde faces similar challenges to other local authorities in that there are substantial pressures on social housing, with demand on local housing associations exceeding the current supply. This is further exacerbated in Inverclyde with the complete transfer of all council housing stock to local housing associations in 2007, as a result all social lets in the area are facilitated through registrations with River Clyde Homes and/or the Inverclyde Common Housing Register Housing Associations.

2.5.2 In 2020/21 Inverclyde was observed as having one of the lowest rates of housing completions across all tenures relative to population size, with 100% of new dwellings that year being private new builds indicating that Covid-19 had a major impact on the ability of housing associations to deliver an increased supply of affordable housing<sup>1</sup>. There is also a significant presence of private landlords in the area, at approximately 2,000 landlords amounting to 13% of all housing stock in Inverclyde. This tenure however poses concerns for the local population in terms of affordability.

2.5.3 The economic context of Inverclyde presents challenges for the local population with the proportion of people earning less than the living wage in 2021/22 being higher than the national average at 20.3% compared to 14.4% in Scotland as a whole. The area also has a higher percentage of the working age population claiming out-of-work benefits at 4.4%, with Scotland showing 3.7%, in the same year.

2.5.4 Average income in Inverclyde is £31,165 per annum, 21% below the Scottish average of £37,767. More than half of the Inverclyde population (53%) earn less than £25,000 per annum with lower quartile incomes of £12,827. A household requires to earn up to £25,000 to be able to afford the average market rent and up to £23,450 to be able to afford the average PRS rent if they devote 30% of their income to housing costs.

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<sup>1</sup> Housing Statistics 2020 & 2021: Key Trends Summary: <https://www.gov.scot/publications/housing-statistics-2020-2021-key-trends-summary/documents/>

- 2.5.5 The Scottish Index for Multiple Deprivation (SIMD) 2020 determined Greenock town centre as Scotland's most deprived area and Inverclyde as the area with the largest local share of deprived areas, with 45% of data zones among the 20% most deprived areas in Scotland. The SIMD reports on deprivation relative to the indicators: income, employment, health, education, access to services, crime, and housing.
- 2.5.6 Inverclyde's proportion of vacant housing stock is 4.8%, (1.4% classified as long-term empty) compared to the national level of 3.3% - amounting to just under 2,000 empty homes across the local authority. There is also a significant level of homes identified as 'low demand' properties, accounting for 20% of all social housing units in the area. Finding sustainable ways of transforming existing low demand housing assets to provide housing options that local people aspire to is an objective of the new Local Housing Strategy. The use of existing footprints as a viable housing option for those in urgent housing need is an ongoing goal of many local authorities, in Inverclyde this applies to increasing the uptake of both low demand social properties and those in the Private Rented Sector.
- 2.5.7 Inverclyde, despite having a comparatively small homeless population to the other Scottish Local Authorities, has a prevalence of complex and habitual clients to the homeless service. The Ever-Homeless Cohort identified Inverclyde as having one of the highest proportions of homeless populations with drug, alcohol, and mental health issues, ranked the 3<sup>rd</sup> highest out of all 32 Scottish Local Authorities.
- 2.5.8 This context provides the argument that the issue of homelessness in Inverclyde is not restricted to a need for more affordable housing but also a need to address some of the underlying issues that are leading to homelessness within the local population, exasperated by the strains on local housing stock.
- 2.6 Challenges  
Like many local authorities, Inverclyde has faced several challenges since the inception of the plan. Listed in this section are some of the challenges the service has observed and the intended response.
- 2.6.1 Maintaining temporary accommodation supply – This will likely increase during the process of decommissioning the Inverclyde Centre which provided 30 units of hostel accommodation – now down to 23, with 7 room closures now complete. Converting temporary occupancy agreements to Scottish Secure Tenancies, or flipping, additionally requires a reliance of RSL partners to provide a replacement of temporary accommodation units. The widening use of existing housing options in the local area, including improved partnerships with the PRS could potentially solve some issues around maintaining a consistent and improved supply of temporary accommodation.
- 2.6.2 Access to settled housing – this factor is particularly challenging as a stock transfer authority, requiring an innovative approach to tackle stress on local housing.

Consideration is being given to implementing a similar approach to the Finnish Housing First model.<sup>2</sup>

- 2.6.3 Long term homelessness due to lack of appropriate housing is a particular challenge in Inverclyde. Several clients to the service have very complex needs where an independent tenancy may not be immediately suitable or desirable for the individual. There is a clear need for more specialist housing in the area which is where the innovative approaches such as those undertaken by the Nordic Homelessness Alliance are of particular interest.<sup>3</sup> The service is considering the viability of these approaches for this local authority.
- 2.6.4 Staff shortages and service capacity – There have been significant staff shortages consistently throughout the service, impacting on void turnover times etc. Other local authorities have also pointed to issues around staff recruitment and retention.<sup>4</sup> As part of the Change Programme, a re-structured staffing model within the Accommodation Team and revised working patterns to improve on staff wellbeing and working conditions is being developed.
- 2.6.5 In addition, the creation of the Rapid Rehousing Support Team has alleviated stress on other teams and provides opportunities for targeted, personalised support for people using the service, further allowing the Accommodation Team to focus more fully on specific property related issues.
- 2.6.6 Funding shortfalls – access to funding through grants (i.e., Scottish Welfare Fund and Crisis grants) is increasingly challenging. Funding for items such as carpets and washing machines are usually deemed unessential. In addition, those who have been repeatedly homeless, and who have accessed this funding in the past are often now no longer entitled to this funding. Inverclyde has allocated part of the RRTP funding to continue to support these items with the aim of improving tenancy sustainment.

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<sup>2</sup> Finland Housing First partner - [Home - Y-Säätiö \(ysaatio.fi\)](http://Home-Y-Säätiö(ysaatio.fi))

<sup>3</sup> The Y Foundation co-ordinates this alliance [New Alliance Aims to end Homelessness in the Nordics - Y-Säätiö \(ysaatio.fi\)](#)

<sup>4</sup> Rapid Rehousing Transition Plans: Making the case for the next five years [0362-rapid-rehousing-transition-plans-report-2-v3.pdf \(cih.org\)](#)

### 3. Inverclyde’s Homeless Position

#### 3.1

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#### *Summary of Inverclyde 2022/23 Homeless Position*

*292 Homeless applicants in Inverclyde this year*

*271 Households where Inverclyde Council had a duty to provide settled accommodation defined here as unintentionally homeless*

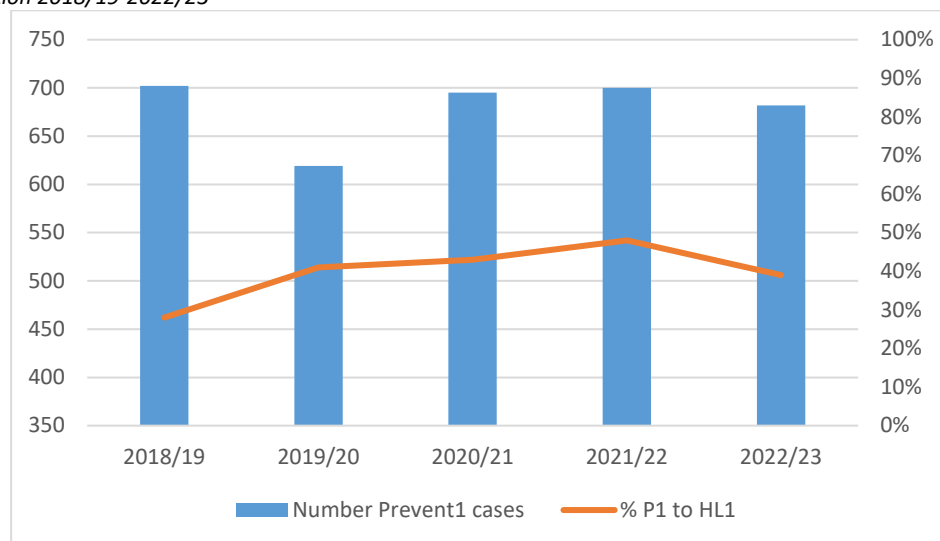
*113 open cases with a duty to provide settled accommodation as of 31<sup>st</sup> March 2023*

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3.2 The following section provides a breakdown and some analysis around key homelessness statistics to establish if the current position indicates an improvement at the end of year four of Inverclyde’s RRTP. The statistics will be extracted from the baseline figure of 2018/19 of Inverclyde statistics prior to the implementation of RRTPs but additionally predating Covid-19 measures that may have caused an impact on homelessness trends.

#### 3.3 Prevention cases

*Graph 1: Number of Prevention cases and number of prevention cases which went on to make a homeless application 2018/19-2022/23*



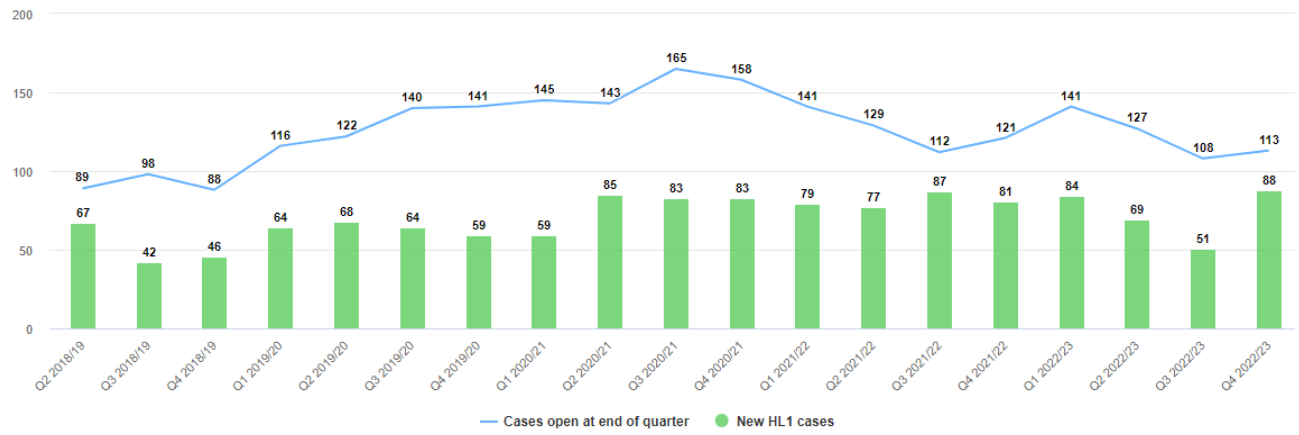
The number of approaches to the service is expected to increase as we move away from being seen as a homeless service providing accommodation and rebranding as a Housing Options and Homelessness Advice service. This will focus on more general housing advice, tenancy rights and homeless prevention activity.

In the past year:

- The service saw 682 approaches to the service in 2022/23, a 3% decrease from the previous year.
- The number of prevention cases progressing into a full homeless application decreased from 48% in 2021/22 to 39% in 2022/23 – with a stronger focus on prevention activities.

### 3.4 No. of homeless applications and no. of homeless/threatened with homelessness

Graph 2: Number of homeless applications, 2018/19-2022/23

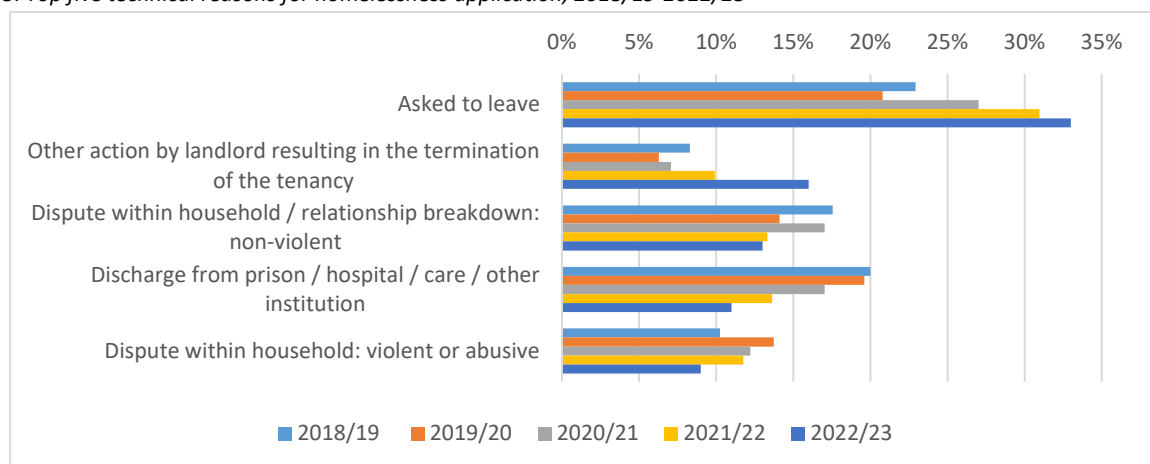


It was anticipated that there would be a national increase in the number of homeless applications this year, however Inverclyde has not aligned with the predicted national picture.<sup>5</sup>

- There has been a 10% decrease in the number of homelessness applications from 324 in 2021/22 to 292 recorded between April 1<sup>st</sup> 2022 and March 31<sup>st</sup> 2023 in Inverclyde.
- The reduced number of prevention cases going on to make a homeless application and long-term support being offered for the most complex and habitually homeless clients reducing the number of households re-entering the service can help account for the decreased numbers.
- The number of those assessed as homeless/threatened with homelessness has declined by 2% - from 277 to 271.

### 3.5 Reason for homeless application

Graph 3: Top five technical reasons for homelessness application, 2018/19-2022/23



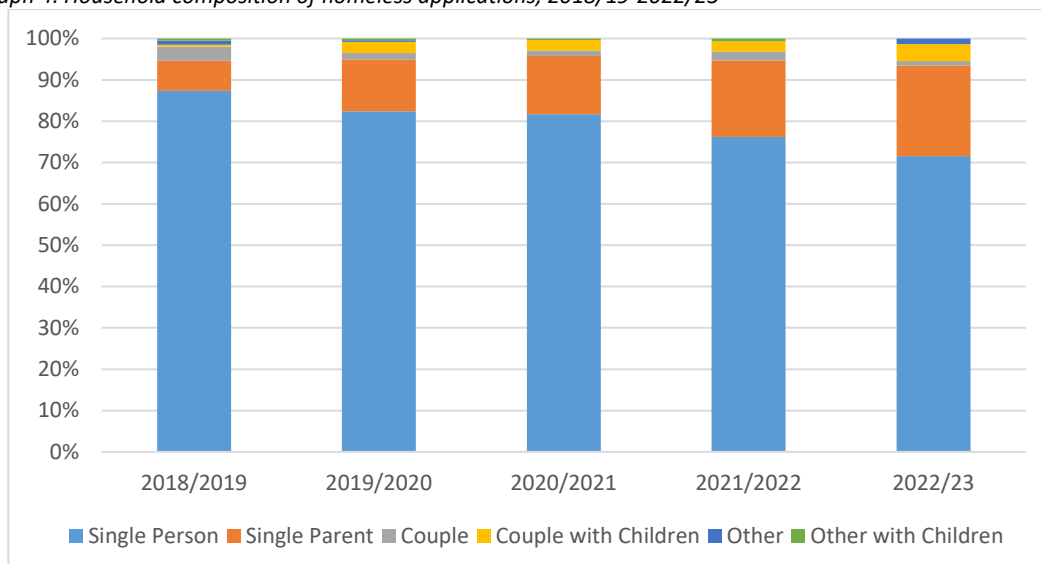
- Asked to leave remains the most common reason for making a homeless application at 33%.

<sup>5</sup> Homelessness services in Scotland - A thematic review, February 2023 [homelessness-services-in-scotland-a-thematic-review-february-2023.pdf \(housingregulator.gov.scot\)](https://www.housingregulator.gov.scot/publications/homelessness-services-in-scotland-a-thematic-review-february-2023.pdf)

- Other action by landlord resulting in the termination of the tenancy has been the cause of 16% of the 292 applications made – increasing by 44% since last year and 109% since 2020/21. Legal restrictions on private landlords, limiting rent increases and freezing evictions in response to the growing cost of living crisis and measures installed earlier with regards to Covid 19 can provide explanation for this increase – leading private landlords to sell their properties due to affordability.
- The intention of local landlords to sell their rented properties was indicated in a survey by Crisis commissioned by Inverclyde Council and results received in early 2022/23, other national studies have reported finding similar landlord intention in relation to exiting the sector<sup>6</sup>.
- Inverclyde continues to differ from national statistics in relation to the prevalence of those leaving institutions i.e., prison/hospital/care consistently appearing within the top 3 reasons for homelessness since 2015/16 to 2021/22. While nationally, the top three reasons remain unchanging as ‘Asked to leave’ and ‘Dispute within household’ both ‘non-violent’ and ‘violent or abusive’.
- In 2022/23 however, while still within the top 5 reasons for applications, the number of people in Inverclyde whose technical reason for application was due to leaving an institution fell by 30% in one financial year- from 14% of applications to 11%. Numbers specifically relating to prison discharge decreased by 35% during this time.

### 3.6 Homeless households: composition and age of main applicant

Graph 4: Household composition of homeless applications, 2018/19-2022/23



Most applications to the Homelessness Service in Inverclyde remains as single persons households at 72%.

<sup>6</sup> Rapid Rehousing Transition Plans: Making the case for the next five years [0362-rapid-rehousing-transition-plans-report-2-v3.pdf \(cih.org\)](#)

Rent Better Research Programme, Wave 2 Final Report by Indigo House [RentBetter Wave 2 Full Reports | Rent Better \(indigohousegroup.com\)](#)

However, the number of households that include children has continued to increase over recent years and now amounts to 26% of applications. This may have an impact on the property sizes required for future temporary furnished accommodation, potentially having to move away from 1-bedroom properties to 2+ bedroom properties that could accommodate families.

Table 1: Age group of main applicant, 2018/19-2022/23

Age of applicant	2018/19	2019/20	2020/21	2021/22	2022/23
16-25	44	60	53	58	48
26-59	160	189	249	256	233
60+	1	6	9	11	11

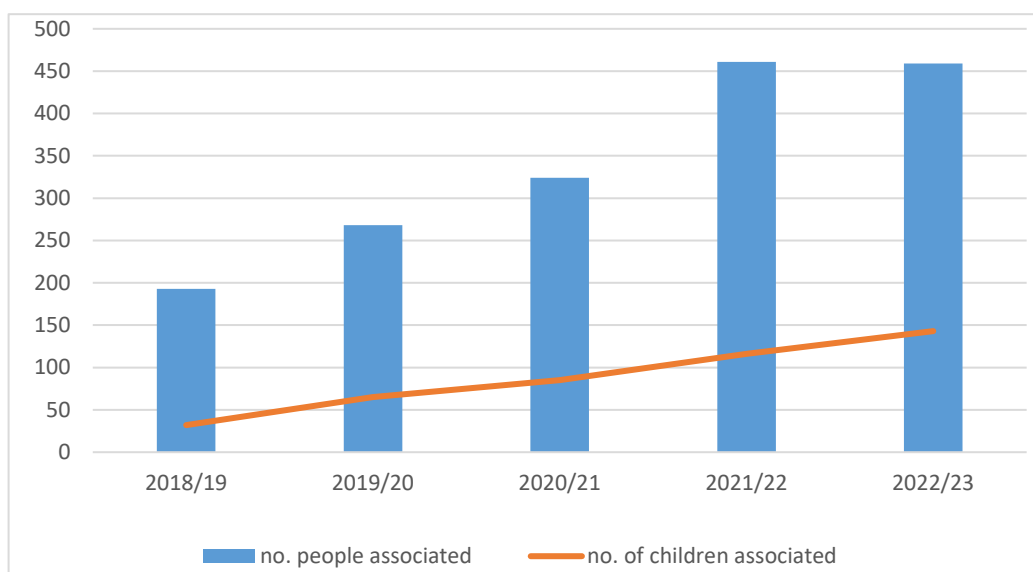
The age profile of Inverclyde’s homeless population mainly falls within the 26-59 age range at 80%.

Whilst applicants aged 60+ remains the smallest group within the service, there has been a significant increase from the baseline figure from 2018/19. Although upon further analysis, this baseline figure appears to be an outlier which could misrepresent the numbers of this group.

Scottish Government statistics from 2018-2019 indicated that Inverclyde had the lowest rate of youth homelessness of all local authorities in Scotland, at a rate of 3.5 per 1000.<sup>7</sup> With little change in this area, applicants aged 16-25 account for 16% of cases, and while every effort is made through the integrated management of the HSCP to avoid youth homelessness a small number of individuals with complex needs have highlighted the necessity to consider transitional pathways from children’s service to independent living and the support from adult services.

### 3.7 Number of children affected and/or children in temp

Graph 5: Number of children associated with applications assessed as homeless or threatened with homelessness 2018/19-2022/23



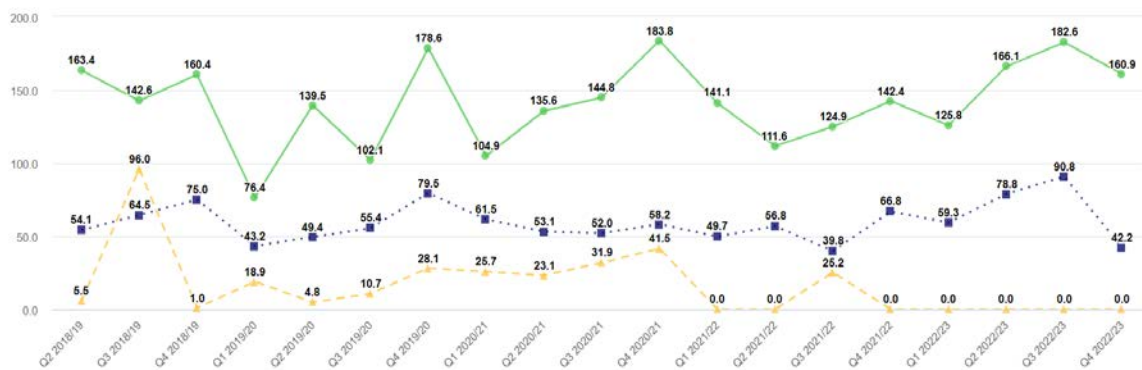
<sup>7</sup> [Youth homelessness 2018-19: statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2019/06/Youth-homelessness-2018-19-statistics.pdf)

The number of households with children in temporary accommodation increased nationally because of the pandemic, with 30<sup>th</sup> September 2022 recording the highest number of children in temporary accommodation since recording of the Homelessness Statistics series began in 2002.<sup>8</sup>

- The number of children associated with homeless applications in Inverclyde this past year has increased by 23% - from 116 in 2021/22 to 143 in 2022/23.
- This amounts to 31% of all those associated with homeless applications in the area – increasing from 25% in 2021/22.
- In Inverclyde as of 31<sup>st</sup> March 2022 there were 2 children in temporary accommodation while at the date 31<sup>st</sup> March 2023 there was 3 children recorded to be staying within temporary accommodation.

### 3.8 Time spent in temporary accommodation

Graph 6: Time (Days) spent in temporary accommodation, 2018/19-2022/23



The average amount of time spent in temporary accommodation in 2021/22 was reported as 138 days, while cases closed in 2022/23 time spent in temporary accommodation amounted to around 113 days on average – an 18% decrease.

### 3.9 Case duration

Table 2: Average time (weeks) from assessment to closure for applications assessed as homeless or threatened with homelessness, 2018/19-2022/23

	2018/19	2019/20	2020/21	2021/22	2022/23
Case duration (weeks)	28.6	27.2	33.2	25.4	25.4

The average case duration from open to closure has remained the same as the previous year at 25.4 weeks on average.

### 3.10 Repeat cases

Table 3: Repeat Homeless Figures, 2018/19-2022/23

<sup>8</sup> Rapid Rehousing Transition Plans: Making the case for the next five years [O362-rapid-rehousing-transition-plans-report-2-v3.pdf \(cih.org\)](https://www.cih.org.uk/wp-content/uploads/2022/03/O362-rapid-rehousing-transition-plans-report-2-v3.pdf)



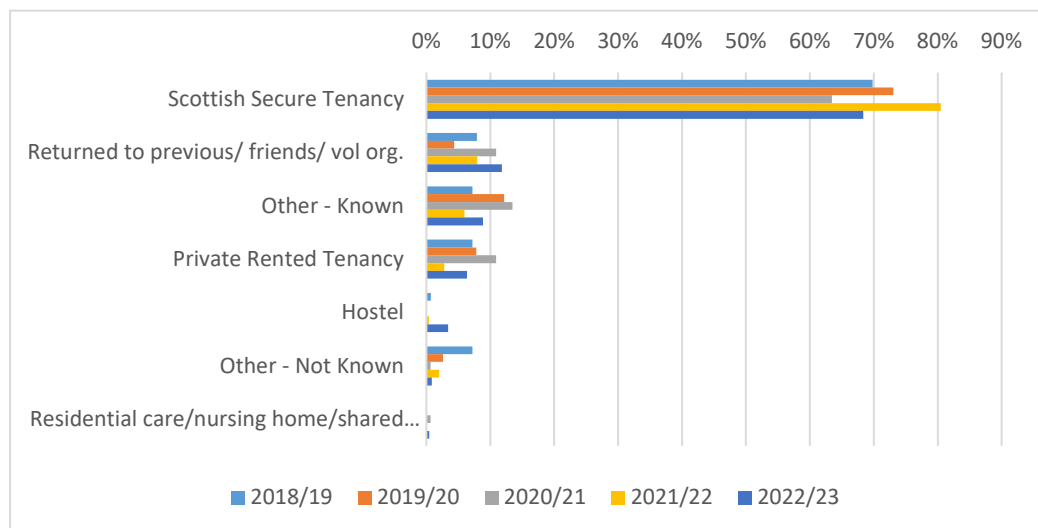
Year	Number of households re-assessed as homeless within the same year i.e., repeat cases	Percentage of cases classed as 'repeat'	Percentage of cases classed as repeat in Scotland as a whole
2018/19	15	10%	5%
2019/20	25	13%	5%
2020/21	30	13%	5%
2021/22	26	10%	5%
2022/23	19	6.5%	-

Consistently the local authority sees a higher proportion of repeat cases than that of Scotland as a whole. This is likely in account of the prevalence of complex and multiple support needs within the local homeless population and the number of SIMD1 areas located in the authority. With the commencement of the in-house support team in November 2022, the service predicted that the number of households re-entering the homeless service would see a decline.

As of year-end 2022/23 the data supports this prediction, with a 27% reduction in numbers of repeat cases to the service, putting us closer in line with national figures.

### 3.11 Outcomes

Table 3: Outcomes of unintentional homeless cases where contact was maintained, 2018/2019-2022/2023



- 74% of unintentional homeless cases where contact was maintained resulted in a settled tenancy (68% in RSLs, 6% in PRS) in 2022/23, down from 82% the previous year.
- 14 of homeless applications were closed where the household was known to be held in custody – we are revising our protocols around prison liberations and cases closed resulting from a custodial sentence/remand.

Contact was lost prior to duty discharge in 11% of cases down from 13% the previous year. This is an area where Inverclyde has seen higher numbers than national averages in the past, particularly due to an inconsistency in recording of outcomes. The service has spent time tightening up our recording systems to address these issues. In addition, the outreach capabilities of the support team may have impact on this area, allowing for a complete and successful discharge of homeless into a secure and settled tenancy as opposed to a fall away from the service only to return.

#### 4. RRTP Objectives – Activities and Progress

Four high level objectives were realised in the forming of the RRTP in 2019. Outlined are some of the activities and progresses towards these objectives made between April 1<sup>st</sup> 2022 and March 31<sup>st</sup> 2023.

##### Objective 1: Reduce the need for temporary accommodation by preventing homelessness

- Inverclyde’s homeless service has an action plan in place to rebrand the service as a Housing Options and Homelessness Advice service – focusing more closely on the prevention of homelessness. This year of the RRTP has focused on strategic planning for change with the Housing Options and Homelessness Advice Service launch in 2023/24.
- The RRTP Steering Group has undertaken a Prevention Mapping Activity – through this activity several recommendations were made including an addition to RSL Tenancy Abandonment Process, requiring that RSLs inform the Homeless Service when they begin abandonment procedures. We have received 18 notices in the past 6 months that abandonment investigations were underway or that procedures were beginning. The impact of this activity will be evidenced by successful prevention work for cases where notice was received, with households supported back into their tenancies where possible.
- RRTP funding of £56k has been allocated to procure essential items not included in SWF such as carpets and washing machines to make tenancies more sustainable and prevent recurring homelessness – at present this has been used to the benefit of 12 households
- Improving links with prisons for increasing early intervention work – we are working with the Justice System to establish housing pathways for prison liberations. The number of homeless applications that resulted due to a prison discharge has decreased from 37 in 2021/22 to 24 in 2022/23.

##### Objective 2: Enable service users with no/low support needs to access settled housing quickly

- In the 4<sup>th</sup> year of Inverclyde’s RRTP we have been able to ‘flip’ 2 further temporary occupancy agreements to Scottish Secure Tenancies bringing the total number of flipped tenancies to 21 – limiting disruption to a household’s journey and reducing the stigma associated with temporary accommodation units.

- The average time spent in temporary accommodation has been reduced from 138 days in 2021/22 to 113 days in 2022/23.
- Commissioned CRISIS to complete a survey of the Private Rented Sector to map the attitudes of local private landlords. The intention of building a closer relationship with and increase opportunity to access the sector, prevention of homelessness and discharge of homeless cases into the PRS.
- In partnership with social housing associations, reviewed the section 5 process. The section 5 referral protocol is now both applicant-led (person-led) or void-led (property-led), to maximise available RSL's housing stock, applicants' choice and to enhance quick discharge of homelessness duties.
- Through continuous collaborative working with local housing associations 14% of all social housing lets in 2022/23 went to homeless households. River Clyde Homes allocation of social lets in 2020/21 was 9% to homeless households and has risen to 17%. An agreement is in place between RSLs and the service to share letting activity as part of our commitment for better communication, engagement and joint working between the services responsible for housing people in urgent need.
- The rapid re-housing support team is supporting 50 households, from short-term, low-level support to longer term sustainable support to those with the most complex needs.

### Objective 3: Implement a Housing First model which enables excluded service users to achieve housing sustainment

- 'Introduction to Housing First' training has been procured and delivered by Turning Point Scotland to 64 staff members, with a further 20 undertaking Practitioners training and 10 senior officers attending Housing First Managers Training across Inverclyde Council, Inverclyde HSCP, Registered Social Landlords and third sector housing support providers.
- Initiation of Inverclyde's Housing First Pathway was delayed due to the Covid-19 pandemic but became fully operational with introduction of the Rapid Rehousing Support Team.
- At this time, Housing First support has been provided to 58 individuals in total.
- Prior to the initiation of our Rapid Rehousing Support workers the service had nine clients receiving HF support through 3<sup>rd</sup> sector organisations. This represents an increase of over 500%, indicating that the service now has a much larger scope for providing Housing First pathways without the restrictions on availability of local commissioned supports.
- Consideration for the housing first pathway largely came from identification of beneficiaries with the following history - homeless/Long history of repeat homelessness/tenancy failures, experience of trauma/abuse, ongoing addictions and/or mental health issues and experience of institutional care or imprisonment. Referral routes are open to a range of partners including homeless service, addiction and mental health services, community/criminal justice, family and children teams and third sector partners.
- The service additionally focused on cases facing or experiencing long term homelessness – all persons experiencing long term homelessness were

automatically referred to the in-house support team while the Assessment and Support Officers concentrated on households approaching long term homelessness to prevent this. This resulted in a reduction of 21% from Q3 to Q4 when this focused approach commenced.

- Engagement with those with lived experience is improving in relation to how we deliver our services – collaboration with local community care Forum, Your Voice has resulted in an engagement session with a group of homeless or previously homeless households to discuss some areas of suggested improvement within the service and communicate to the group the changes the service was making. Since this session Your Voice have continued to provide representation on the Communication and Engagement subgroup and continue to deliver valuable feedback from the group, this includes sense checking outgoing communications i.e., general information leaflets, giving their perceptions on stigmatising language etc. Resident interviews have also taken place to reveal perceptions on their journey through the service – details of one these homeless journeys can be found in section 5.

#### Objective 4: Enable service users who need specialist supported housing to access commissioned HSCP services

- The service has undertaken a mapping exercise to capture available supported accommodation in the area with a view to identifying existing resource for specialist supported accommodation for homeless persons with complex support needs. This report surmised that required support needs outstrips available capacity both in terms of meeting diverse support needs and in capacity within commissioned supported accommodations.
- A report by Arneil Johnston in 2018 on Temporary Accommodation requirements in Inverclyde assessed that 15% of homeless applicants required specialist interim supported accommodation. The report projected 13 supported accommodation units to meet this demand.
- Development work is underway with local housing associations on core and cluster style accommodation models to match the varying needs of households coming through this service. It will also support and bring long term empty properties back into use. The aim is for these core and cluster units to be SST tenancies with HF support hubs onsite – in a similar style to the Finnish Model. The inclusion of these supported accommodations would bring 15 units into use, responding to the ask of the Arneil Johnston report.

## 5. Homelessness Journey's – Lived experience and case studies of good practice

5.1 As part of the service redesign, the service has committed to engage more fully with people who have lived experience of homelessness. Under this activity, we have completed Homelessness Journey interviews with some clients and are currently working with Homeless Network Scotland to provide a workshop to embed the voice of lived experience in our decision-making process and support clients in becoming directly involved in the change programme subgroups. Inclusion in these subgroups would provide

a more direct interface to those who our services impact and allow for continuous influence as to what proposals for the new accommodation would work best for people and how we deliver and refine a new model for the service. In addition, we continually engage with residents through use of both personal and communal notice boards and are working closely with Care Opinion, an online service which encourages people to share their opinions of the care they received. We will now be able to receive and respond to feedback via this site and are actively promoting its use via staff and notice boards throughout the service.

### Case Study

**A** had been living with a family member following the abandonment of his own tenancy but had been asked to leave. This man was known to local mental health services and regularly misused alcohol which caused him to experience seizures. Having spent time in the hostel setting, A was observed to have problems around door keeping and susceptibility to exploitation which was thought to have been a significant factor leading to his homelessness. He was supported to move to a temporary furnished flat in the community.

A met the criteria for Housing First and was assisted by the in-house support team following their initiation in November 2022. The team assisted him with budgeting and attending GP appointments for his mental and physical health issues and to attend community support groups which he would be unlikely to attend on his own due to his struggles with anxiety, particularly in group settings.

A signed for a Scottish Secure Tenancy for a local housing association in February 2023 and the Resettlement Support Workers assisted him to access a starter pack provided by a local charity and a Community Care Grant.

As part of the tenancy agreement an Occupational Therapy referral was completed for adaptations in his new tenancy to incorporate a shower which was required in relation his physical health.

A is now happy in a secure tenancy and continues to receive 7 hours support per week.

A was able to provide some perspective on his life through homelessness and these are some of his comments:

“Never had that help, it made me nervous to begin with”

RRSWs were “someone to phone when I needed with no judgement” and he said this help made a noticeable difference

“The service saw something in me that I didn’t see in myself. I would do it all over again. It helped me find myself, gave safety, security, advice”

“Forever grateful”

- 5.2 The following case study was created to demonstrate the benefit of housing first for complex individuals with a history of offending behaviours that result in custodial sentences.

B was one of the first HF clients in Inverclyde.

He was a frequent offender, with drug and alcohol dependency and mental health issues, who had accessed the service repeatedly. He secured a permanent offer of housing in May 2021 and with support through the 3<sup>rd</sup> sector sustained this tenancy until February of 2022 when he went back into prison, however he wished to retain his tenancy.

The service facilitated the discussion with his social landlord who agreed to hold his tenancy. However, it meant that he would accrue some rent arrears.

B agreed and on release to set up an arrangement to repay his arrears and instead of coming back through Homelessness Services again, he was able to return to his home, giving him much needed stability at a crucial time.

Telephone contact was made with B prior to his prison release and on liberation he was supported as a prevention case, with a support plan put in place to help him to adapt back into his own tenancy. His allocated Rapid Rehousing Support Worker provided support at 10 hours per week.

Section 12 money was obtained to clear his gas and electricity debts, and he was assisted to arrange and attend an appointment with DWP to resume Universal Credit with an advanced payment arranged. He has been linked in with vulnerable group advice services who are assisting with income maximisation and helping with money management to address rent arrears via a payment arrangement.

The service assisted B with GP registration and attending appointments, securing a starter pack, and assisting with basic tenancy skills such as opening his mail, cleaning, and taking out his bins.

Previously B tended to lose contact with services for lengthy periods of time. He was supported to obtain a mobile phone, contact is in place with the community pharmacy to ensure his wellbeing and joint visits with his keyworker from ADRS provides him with the support he needs to continue in his tenancy.

Without the support provided to B to sustain his tenancy, the cycle of repeat homelessness would have continued on leaving prison.

## 6. Change Programme

- 6.1. The RRTP implementation timeframe aligns with the Change Programme currently underway in Inverclyde. This service redesign intends to achieve a full

transformational change of the service. It officially began in October 2022 with two-year action plans developed over six sub-groups in targeted areas.

- Communication and Engagement
- Estates and Accommodation
- Workforce
- Finance
- Information and Data
- Service Model

A new service structure and accommodation model is being curated through the programme.

6.2 Recruitment of a Change Lead, Well-being Co-ordinator, and 8 Rapid Rehousing Support Workers have created capacity within the system to deliver on the programme.

6.3 Four high level objectives were identified in the initial stages of the Programme as follows:

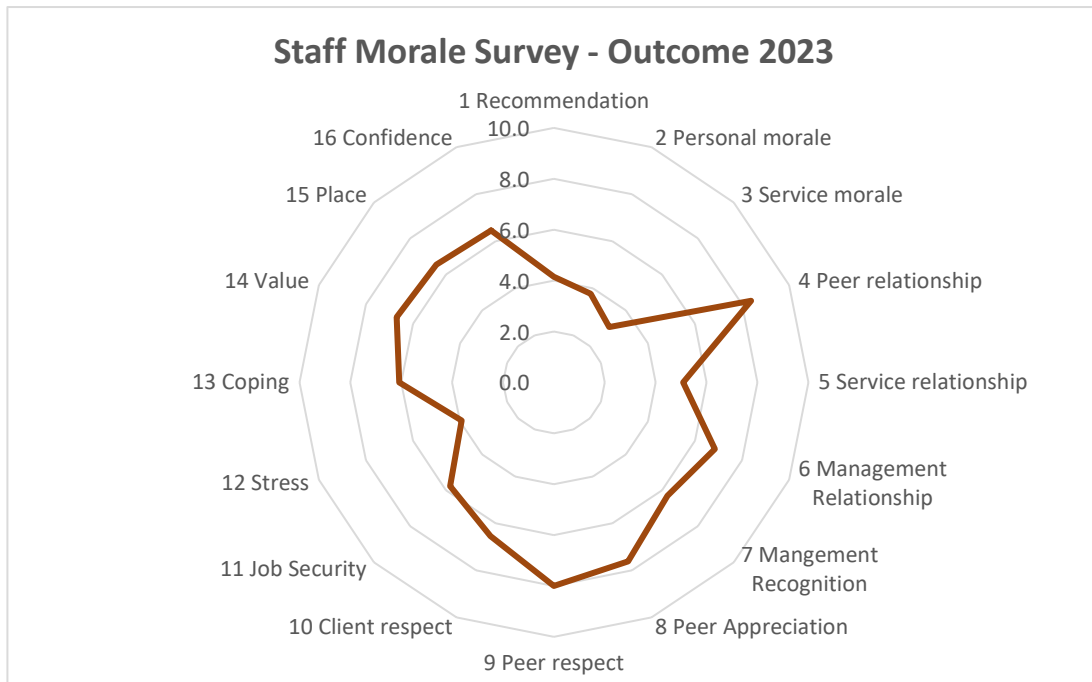
- Embed a culture amongst service users and staff focused on identifying and achieving personal outcomes.
- Deliver more efficient ways of working, ensuring a sustainable service for the future and contributing to savings and efficiency targets.
- Create a Rapid Rehousing Support Service to specifically target intensive support to those who present as repeatedly homeless or entrenched in temporary accommodation for significantly lengthy periods of time.
- Deliver an options appraisal and business case for a modernised temporary accommodation estate and future housing options to meet the needs of service users, with agility to cope with pressure points when there is an increase in presentations.

6.4 All activity is reported to the Programme Board, which incorporates representation from partnership agencies such as Housing Strategy, Finance, RSLs, staff side and Human Resources etc. The Board in turn reports to the HSCP Strategic Planning Group, Transformation Board, Health and Social Care Scrutiny Panel, Integrated Joint Board and Staff Partnership Forum.

6.5 Through the change programme an audit has been undertaken to ensure the provision of focussed staff training in areas such as trauma enhanced practice, use of recording systems, suicide intervention and prevention etc. Service Development Sessions are underway with the intention of regular and continuous communications with staff on homelessness issues i.e. prevention methods, opportunities for further training and self-development on the national homelessness agenda and current housing news and encouragement to be aware of changes to legislation. This keeps staff up to date within the sector and ensures accurate, confident provision of housing options advice.

6.6 A staff survey was conducted based on key areas relative to staff morale to obtain a baseline measurement at this stage, some key actions were implemented as result of

the findings, and this will be carried out at intervals during and on completion of the redesign programme.



6.7 The service also undertook a survey with residents regarding accommodation and the service provided to those who required temporary accommodation. This exercise provided a relatively positive result with a total 88% of respondents indicating that they were either satisfied or very satisfied with the service received from staff. The survey also.

6.8 Through the Change Programme and the inclusion of the in-house team of Rapid Rehousing Support Workers the amount of support the service can provide to those experiencing the trauma of homelessness has significantly increased. Some of the activities that have been implemented by this new team are listed below:

- A Support Lounge has been open since December 2022. This has allowed a communal space for service users to attend to have some company, tea/coffee/biscuits and regular hot food. There is a TV and radio, and the support workers encourage topical discussion. Use of art supplies has been popular also, with some service users enjoying mindfulness colouring books.
- The team has linked in with partner agencies to provide regular 'drop in' activities including 4 weekly optician visits with eye tests and free glasses for those who need them; 6-8 weekly haircuts provided freely by local college students; weekly recovery support group and weekly visit from benefits and money advice service.
- Increased communications with Inverclyde Centre residents – use of daily whiteboard with information regarding attendance of other services and local community resources and supports available to them.
- A Brunch Club has commenced - RRST have arranged with a local butcher, who has agreed to provide meats, rolls, eggs for wholesale prices. This provides RRST with



the opportunity to ensure service users can access a hot meal every Saturday and Sunday.

- Increased joint working with partner agencies and community-based supports – residents are making greater use of these community-based supports as a result – important for long term recovery and housing sustainment that support doesn't solely come in the form of the homelessness service.

## **7. Next steps for Year 5 of RRTP – 2023/24**

- 7.1 The rebranding of the service as a Housing Options and Homelessness Advice Service is a major milestone. The cross-sector partnership and early intervention involved in this approach will be fundamental to fulfilling objective 1 with prevention at the forefront of a Housing Options Hub.
- 7.2 The hub will be used to undertake statutory assessment duties as well as providing a location for general housing advice with local housing associations involved in this element. The reduction of stigma in this style of service delivery reduces thresholds for obtaining assistance and should increase numbers of those accessing housing options advice prior to a crisis, rather than making contact at the point where a homeless application and temporary accommodation is required.
- 7.3 In Year 5 of the RRTP, the service will become more data driven. This will support short, medium and long-term forecasting of service delivery and provide context where changes have made improvements. Forecasting of future needs is of particular importance as we further decommission rooms in the hostel and utilise more temporary furnished flats in the community as a replacement.
- 7.4 The removal of local connection duties may impact on homeless presentation numbers to the area in future, this has not yet been evidenced but we will continue to monitor and respond accordingly. In addition, the response of the Scottish Government as a 'super sponsor' to the ongoing war in Ukraine has nationally increased the number of households requiring rapid access accommodation. As of yet, Inverclyde Homelessness Services have not been impacted by the refugee situation due to the ongoing work of our local Asylum and Resettlement Workers to prevent homelessness, however, discussions with this team are ongoing, as pressures continue to mount with rising numbers.
- 7.5 Like many local authorities, the service is looking to widen access to already available housing stock by working more closely with the Private Rented Sector. The Change Lead is introducing a PRS Landlord to improve relationships and communication with the sector, in turn increasing access to the PRS using initiatives such as the Deposit Guarantee Scheme and alleviating some of the current pressures on local housing associations.
- 7.6 Recognising that people who do not have secure accommodation are not all the same, therefore the accommodation and support they require is also different. The service is looking to develop a wider range of temporary and settled accommodation styles.

- 7.7 Initial discussions with local housing associations on core and cluster accommodation models, will provide more appropriate housing styles for individuals with complex needs. This has potential to make use of some of the long-term empty properties. Bringing these properties back into use will benefit people who need this type of tenure, the service, local housing associations and the community.
- 7.8 The service will create housing pathways in the coming year to support these new models.
- 7.9 Enhancing links in order to prevent homelessness. Ongoing discussions with Scottish Prison Service, Criminal Justice, Mental Health Services and acute hospitals are underway to improve transitional pathways to homelessness services or housing where homelessness can be prevented.
- 7.10 Strengthening these links, going forward we will focus on achieving SHORE standards and encourage continuous and improved collaborative working. Refreshing of discharge protocols and preventing homelessness will be evidenced in a continued decrease in the number of persons presenting to the service because of discharge from prison / hospital / care / other institutions.
- 7.11 The service has existing links and refer to Inverclyde Women's Aid for specialist support and/or refuge for up to 11 women. A Housing First pathway has been created in conjunction with Inverclyde's Women Aid, with training and capacity given to the service to provide a tailored housing first support to women and children with a history of domestic abuse. The next step is to identify appropriate referrals.
- 7.12 We will continue to expand our Housing First model in year 5 of the RRTP. A significant proportion of Inverclyde's homeless population (34% with high support needs as shown in Appendix 1) would benefit from this approach.

Appendix 1: RRTP Action Plan 2022-23

**Objective 1: Reduce the need for temporary accommodation by preventing homelessness**

Measure No	Measure	Target	RRTP baseline	Progress at 31 March 2023	Lead
M1.1	Number of homeless applications	Reduce by 10%	205	292	HSCP
M1.2	Number of P1 applications	Increase by 10%	702	682	HSCP
M1.3	Number of P1s progressing to HL1	Reduce by 20%	28%	39% (has reduced from 48% in 2021/22)	HSCP
M1.5	Number of homeless applications that resulted due to leaving an institution i.e., prison	Reduce by 15%	33	24	HSCP

Action No	Action	Target/Milestone	Progress at 31 March 2023	Lead
A1.1	Housing Options and Advice service – focusing on prevention	Launch 2023/24	Robust action plan in place to rebrand the service as a Housing Options and Advice service	HSCP
A1.2	Prevention Mapping undertaken by RRTP Steering Group	Complete March 2024	Recommendations have been made, including an addition to RSL Tenancy Abandonment Process, requiring that RSLs inform the Homeless Service when they begin abandonment procedures	HSCP
A1.3	Improving links with prison (early intervention work)	Link to M1.5	A contact from our local prison attends regular subgroup meetings – maintaining close links	HSCP

**Objective 2: Enable service users with no/low support needs to access settled housing quickly**

Measure No	Measure	Target	RRTP baseline	Progress at 31 March 2023	Lead
M2.1	Average time spent in temporary accommodation	Reduce by 10-20%	116	113 days (reduced by 18% from 2021/22)	HSCP

M2.2	Allocated social rented properties to homeless applications	Increase by 5%		14%	HSCP
M2.3	Number of HF households being supported by RRST	Increase by 10%		36	HSCP
M2.4	Number of households being supported by RRST	Maintain at 56		37	HSCP
M2.5	Number of households being supported by 3 <sup>rd</sup> sector	Decrease by 100%		5	HSCP
M2.6	Number of Housing First cases	Increase to 56		41	HSCP
M2.7	Number of households who spend more than 12 months in temporary accommodation	Reduce by 20%		Reduced by 21%	HSCP

Action No	Action	Target/Milestone	Progress at 31 March 2023	Lead
A2.1	In-house support team, focusing on both complex cases and clients with lower support needs	Maintain Capacity	At present the service is supporting 37 homeless households 36 of which are Housing First cases.	HSCP
A2.2	Work closely with Private Rented Sector to provide settled accommodation	2 Landlord Forums per year	Piloting Landlord Forum with the first meeting scheduled for June 7 <sup>th</sup> 2023	HSCP

**Objective 3: Implement a Housing First model which enables excluded service users to achieve housing sustainment**

Measure No	Measure	Target	RRTP baseline	Progress at 31 March 2023	Lead
M3.1	Number of HF tenancies established	Maintain at 56		17 with a further 3 with offers pending	HSCP
M3.2	Number of individuals receiving HF support	Maintain at 56		Increased by 300% since 1 <sup>st</sup> November 2022	HSCP

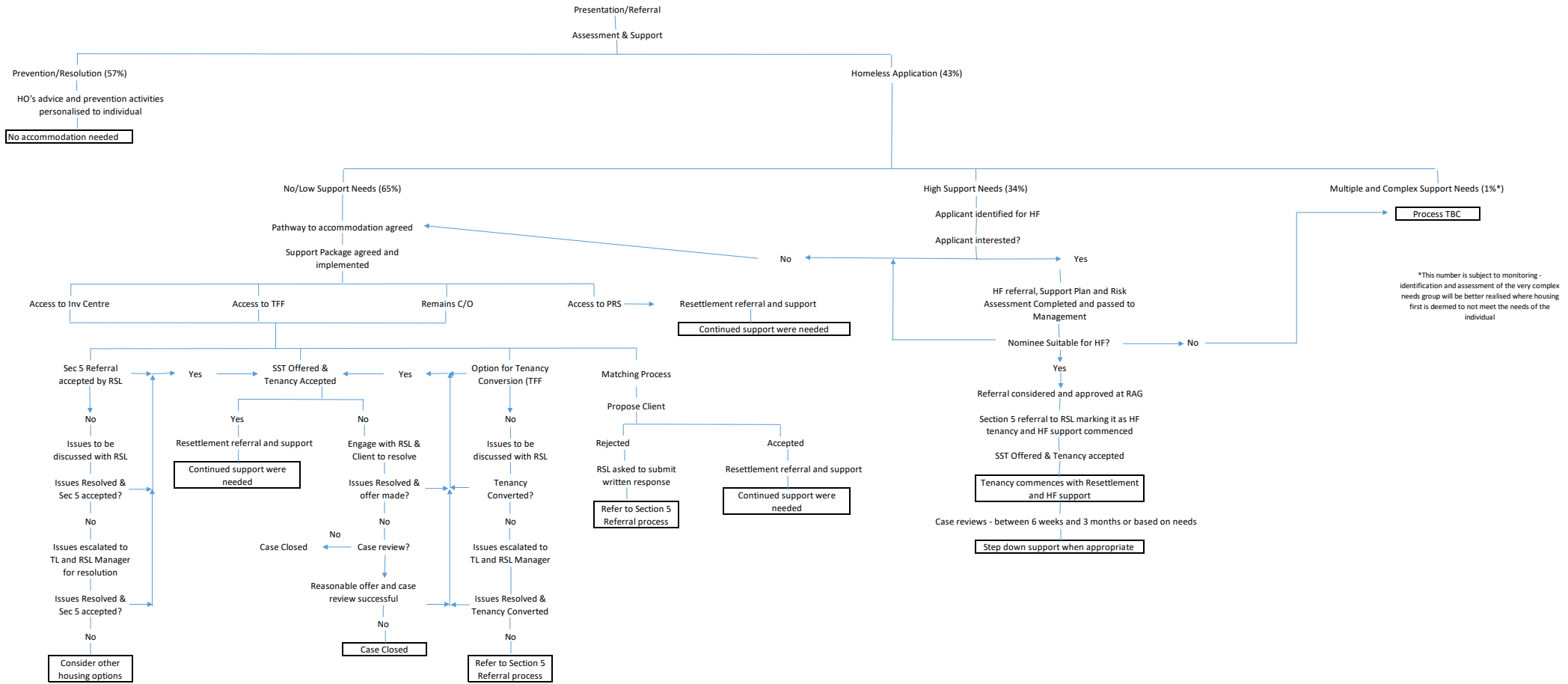
M3.3	Number of households receiving HF through 3 <sup>rd</sup> sector organisations	Reduce by 100%		5	HSCP
M3.4	Number of HF cases 12+ months tenancy sustainment	Increase to 70%		9	HSCP
M3.4	Number of repeat homelessness cases	Reduce by 20%	10%	6.5%	HSCP

Action No	Action	Target/Milestone	Progress at 31 March 2023	Lead
A3.1	Continue to establish HF tenancies	Maintain capacity	17 HF tenancies have been established, with further 3 households obtaining pending offers of secure housing	HSCP
A3.2	Work towards the HF principles through the in-house Rapid Rehousing Support Team	Monitor best practice	RRST work with some of the most disadvantaged and vulnerable residents to help them break the cycle of homelessness and ultimately secure a permanent tenancy	HSCP
A3.3	Continue to increase support through HF to ensure tenancy sustainment	Review staff resource at capacity	Currently 41 clients overall receiving HF support – 36 by RRST and 5 by 3 <sup>rd</sup> sector	HSCP
A3.4	Focus on closure of long-term homelessness	Reduce by 20%	All persons experiencing long term homelessness were referred to in-house support team. This resulted in 21% reduction from Q3 to Q4	HSCP
A3.5	Improving lived experience engagement	Embed in decision making process	Engagement sessions through collaboration with local community care forum, Your Voice – discussions/suggestions on improvement in the service	HSCP

**Objective 4: Enable service users who need specialist supported housing to access commissioned HSCP services**

Action No	Action	Target/Milestone	Progress at 31 March 2023	Lead
A4.1	Undertaking a mapping exercise to capture available supported accommodation in the area	Complete March 2024	Potential for pathways being scoped	HSCP
A4.2	Ongoing communication with local housing associations	Complete Sept 2024	Discussions on core and cluster style accommodations	HSCP

# Appendix 2: Service Flowchart from Assessment to Closure



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/34/2023/AB</b>
<b>Contact Officer:</b>	<b>Alan Best Interim Head of Health &amp; Community Care Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715212</b>
<b>Subject:</b>	<b>UNSCHEDULED CARE WINTER UPDATE</b>		

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## 1.0 PURPOSE AND SUMMARY

1.1  For Decision  For Information/Noting

1.2 To update members on developments in the Governance of the Unscheduled Care agenda and Scottish Government's high impact change areas for Winter 22/23.

## 2.0 RECOMMENDATIONS

2.1 The Integration Joint Board is asked to:

Note the content of this report.

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



### 3.0 BACKGROUND AND CONTEXT

- 3.1 Previously the IJB received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022/23 to 2024/25. Ratified by all six IJBs, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs.
- 3.2 The enduring and significant impacts of unscheduled care on NHS Scotland have led to Scottish Government to seek assurances from NHS boards and HSCPs aligned to eight specific themes, termed High Impact Change areas (HIC). Further detail can be found at Appendix 1. NHSGGC partnerships are participating actively in three of these HIC areas;
- High Impact Change (HIC) 3 – Virtual Capacity
  - High Impact Change (HIC) 5 – Rapid Assessment & Discharge
  - High Impact Change (HIC) 8 – Community Focussed Integrated Care
- 3.3 Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

### 4.0 URGENT & UNSCHEDULED CARE GOVERNANCE

- 4.1 The NHS GG&C Board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan;
- **Early intervention and prevention** of admission to hospital to better support people in the community;
  - **Improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,
  - **Improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.
- 4.2 This new governance structure is shown at Appendix 2. Operational delivery remains largely unchanged with acute sector and individual HSCP implementation groups driving activity locally. Tactical co-ordination has been aligned with the HIC structure, with HSCP senior officers leading on the “Discharge without Delay and Rapid Acute Assessment” and “Community Focussed Integrated Care” work streams. In the strategic space, a new Urgent and Unscheduled Care Oversight Board draws together all activity and is jointly led by Chief Operating Officer NHSGGC and Chief Officer GCHSCP. This group links to both the COVID-19 Recovery Tactical Group and Moving Forward Together Program Board, ensuring whole-system integration and ultimately reports into the Board’s Corporate Management Team.
- 4.3 **High Impact Change (HIC) 3 – Virtual Capacity**
- Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across GG&C. Our HIC 3 work stream is targeted to deliver on four key areas:

- Reduced number and proportion of patients self-presenting to Emergency Departments (ED) as unplanned/unscheduled care attendance
- Increase the number of patients assessed and discharged through the use of the 'Near Me' consultation IT platform via the Flow Navigation Centre (FNC)
- Increase the number of patients attending /scheduled into more clinically appropriate alternative pathways via FNC e.g. Minor Injury Units
- Scottish Ambulance Service (SAS) hospital conveyance rates - work with SAS to reduce conveyancing rates to hospital to be aligned closer to the average NHS Scotland Board rates

Inverclyde HSCP will continue to establish strong links with SAS to build on care pathways to manage falls patients that could have community intervention, rather than emergency admission. SAS continue to work with all 6 HSCPs on a new pathway for referring into appropriate services and reducing rates of conveyance to hospital. Arrangements through the flow navigation hub whereby the ambulance crews can call one central number and the call centre staff will take details and refer onwards to community rehab teams (Inverclyde RES) for follow-up. All 6 HSCPs across GGC have seen a 91% increase in referral rates from SAS since the pilot began in Sept.

#### 4.4 High Impact Change (HIC) 5 – Rapid Assessment & Discharge

The HIC 5 work stream seeks to optimise flow by aligning capacity with demand across the system. Much of this is synonymous with the existing Discharge to Assess policy and ongoing Discharge without Delay activity. Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process and improve length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the planned day of discharge. The interface care work stream is also monitored under HIC 5, however is a primarily acute endeavour.

For Discharge without Delay, HSCPs are equipped with dedicated multi-disciplinary teams. The team proactively reaches into hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand, complexities of need to inform local responses around recruitment. This includes the re-alignment of resources and use of local intermediate care facilities to provide a more suitable alternative pathway to acute hospital in-patient services offering a step up/step down approach. The use of interim beds across GG&C will be optimised over the winter period.

KPI targets are still being developed for HIC 5 around increasing the proportion of patients effectively discharged within 48 hours of admission and increasing the proportion of patients discharged pre-noon to improve patient flow through the hospital and improve access for new patients.

Working closely with acute teams, Inverclyde HSCP staff proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.

Our Home 1st approach supports our discharge process with;

- Early Referral
- Rapid Assessment Process
- Discharge Planning from Admission

Establish Estimated and Planned Discharge Dates for all service users requiring Social care support on discharge.

#### 4.5 High Impact Change HIC 8 – Community Focussed Integrated Care

Our well-established Unscheduled Care Design and Delivery plan has allowed us to progress existing initiatives through HIC 8. We are delivering on 3 key priorities;

- GG&C Community Falls Pathway
- Hospital at Home
- Home First Response Service

The GG&C Community Falls Pathway launched in September 2022, linking SAS crews with professional advice through the FNC in order to reduce conveyance for those fallers for whom it was deemed clinically appropriate to direct to scheduled care. When compared with the previous year, data from September/October 2022 showed a 108% improvement in the rate of referral to Community Rehabilitation by SAS, demonstrating that the pathway is working. Further review is intended one-year post-implementation to demonstrate the utility and financial impacts of the pathway in addition to aspirations to make the pathway accessible to SAS crews responding to fallers in Care Homes.

The NHS GGC wide Hospital at Home test of change has published its first phase evaluation and is delivering reduced admittance by providing care direct to patients within their home or homely setting. With 187 patients having used the service it is estimated that 906 bed days have been saved in that period as a result of Hospital at Home. Governance discussions are underway as to the timeline of expanding the 10 bed model to 15.

The Home First Response Hub delivers a multidisciplinary virtual team at the ED front door of the Inverclyde Royal Hospital who review frail patients with a view to avoiding admittance through community care provision.

#### 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			
National Wellbeing Outcomes	x		
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability			x
Data Protection			x

#### 5.2 Finance

The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

The IJB’s budget for 2022/23 includes a “set aside” amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). Our set aside budget is £35,398 m. The unscheduled care financial plan is currently being refreshed and will be passed to NHS GGC for incorporating in the overall plan once finalised.

One off Costs **N/A**

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

Annually Recurring Costs / (Savings) **N/A**

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

### 5.3 Legal/Risk

N/A

### 5.4 Human Resources

N/A

### 5.5 Strategic Plan Priorities

This report sets out the new refreshed priorities for unscheduled care linked to the refreshed Strategic Plan.

### 5.6 Equalities

#### (a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

5.7 **Clinical or Care Governance**

The NHS GG&C Board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan.

5.8 **National Wellbeing Outcomes**

The unscheduled care program contributes to all nine national outcomes and in particular is fundamental to the delivery of outcome 9 that resources are used effectively and efficiently in the provision of health and social care services.

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	√
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	√
People who use health and social care services have positive experiences of those services, and have their dignity respected.	√
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	√
Health and social care services contribute to reducing health inequalities.	√
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	√
People using health and social care services are safe from harm.	√
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	√
Resources are used effectively in the provision of health and social care services.	√

## 5.9 Children and Young People

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

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

## 5.10 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

## 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

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

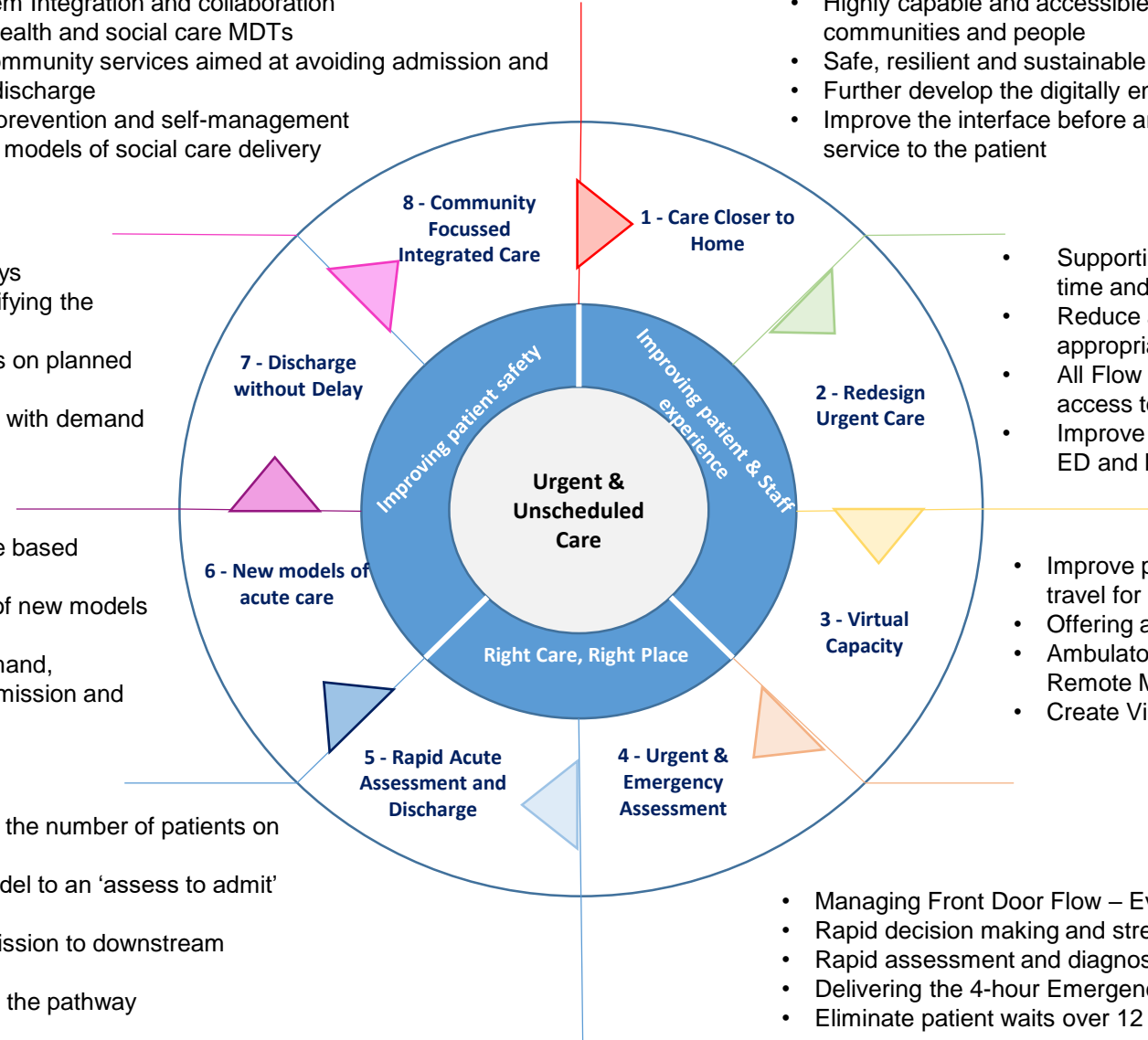
## **8.0 BACKGROUND PAPERS**

- 8.1 Appendix 1 to GC IJB Unscheduled Care Winter Update - High Impact Changes and Aims
- Appendix 2 to GC IJB Unscheduled Care Winter Update - New Governance Structure

**Urgent & Unscheduled Care Collaborative**  
**The Right Care, in the Right Place, for Every Person, Every Time**  
**High Impact Changes and Aims**

- Whole system Integration and collaboration
- Integrated health and social care MDTs
- Range of community services aimed at avoiding admission and supporting discharge
- Supporting prevention and self-management
- Sustainable models of social care delivery

- Highly capable and accessible MDTs built around the needs of communities and people
- Safe, resilient and sustainable Out of Hours primary care services
- Further develop the digitally enabled gateway to the NHS in Scotland
- Improve the interface before and after urgent care to provide a seamless service to the patient



- Optimise discharge without any delays
- Improve patient experience by simplifying the discharge process
- Improve LOS by discharging patients on planned day of discharge
- Optimising Flow by aligning capacity with demand across the system

- Developing new models of acute care based around patient need
- Use of data to support development of new models of acute care
- Understand current capacity and demand, realigning footprint and managing admission and discharge balance

- Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway
- Moving from an 'admit to assess' model to an 'assess to admit' model
- Alternative pathways to prevent admission to downstream ward areas where appropriate
- Introducing clinical decision earlier in the pathway

- Supporting people to choose the right care delivered at the right time and in the right place
- Reduce avoidable ED attendances by directing patients to more appropriate urgent care settings
- All Flow Navigations Centres will be 24/7 with immediate access to senior clinical decision maker
- Improve patient safety by scheduling urgent appointments to ED and MIU and avoiding waits in busy A&E departments

- Improve patient experience by reducing the need to travel for care
- Offering alternatives to in-patient care
- Ambulatory Interface Care, Hospital at Home, Remote Monitoring
- Create Virtual Capacity

- Managing Front Door Flow – Every Patient, Every Time
- Rapid decision making and streaming
- Rapid assessment and diagnostics
- Delivering the 4-hour Emergency Access Standard
- Eliminate patient waits over 12 hours



**New Governance Structure – NHS GGC Urgent and Unscheduled Care Programme**  
 New Whole systems Oversight Board  
 New Rapid Discharge Group  
 New Virtual Pathways Group (replacing FNC group)  
 Community Integrated Care Group (currently HSCP unscheduled care group)

**Strategic**

Report monthly to the Recovery Tactical Group  
 Chair: J Armstrong

Corporate Management Team  
 Chair: J Grant

**Urgent & Unscheduled Care Oversight Board**  
 Monthly Co-Chairs: W Edwards, Chief Operating officer Acute, S Millar, Chief Officer, Glasgow City HSPC

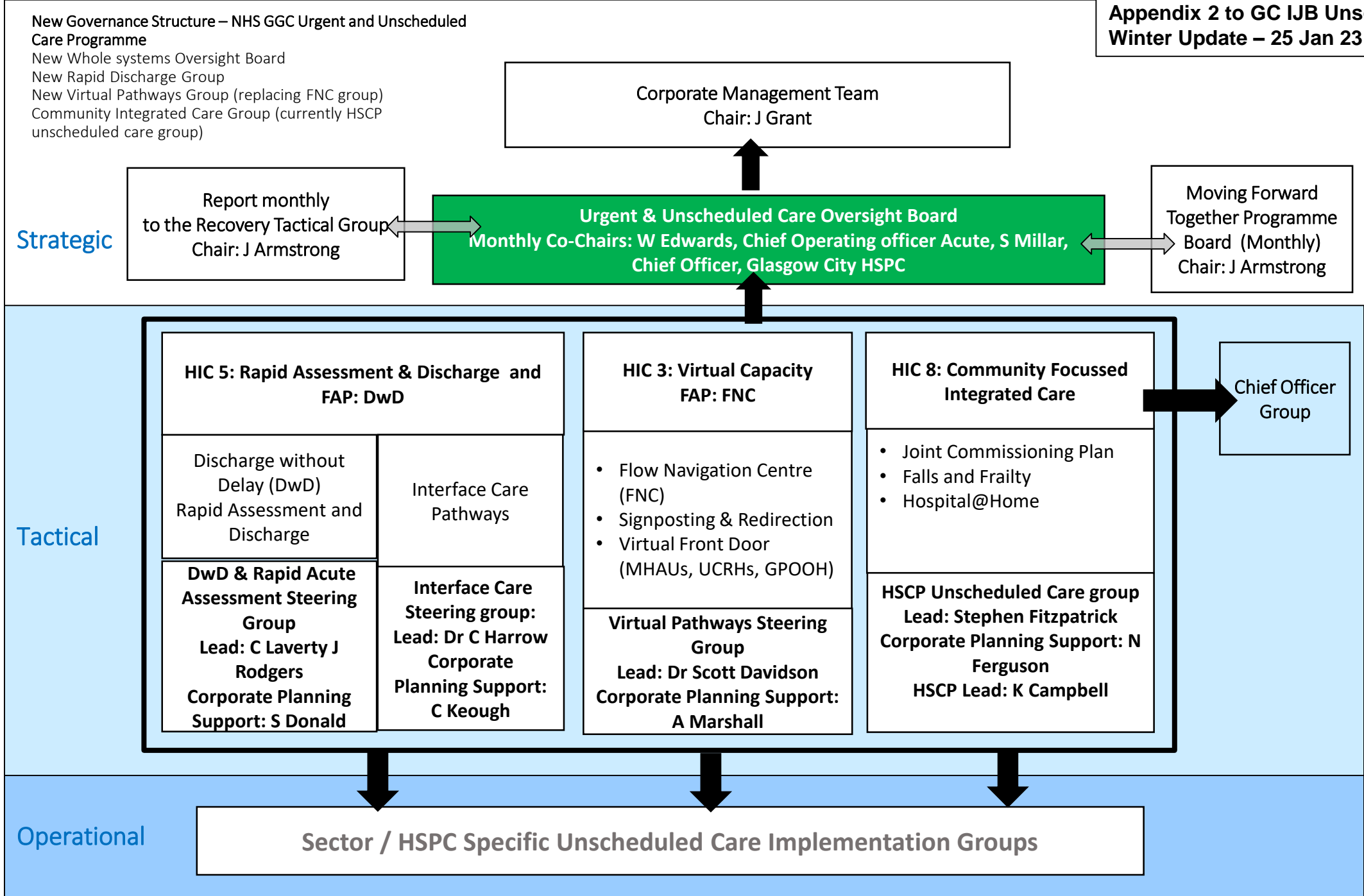
Moving Forward Together Programme Board (Monthly)  
 Chair: J Armstrong

**Tactical**

<b>HIC 5: Rapid Assessment &amp; Discharge and FAP: Dwd</b>		<b>HIC 3: Virtual Capacity FAP: FNC</b>	<b>HIC 8: Community Focused Integrated Care</b>	Chief Officer Group
Discharge without Delay (Dwd) Rapid Assessment and Discharge	Interface Care Pathways	<ul style="list-style-type: none"> <li>Flow Navigation Centre (FNC)</li> <li>Signposting &amp; Redirection</li> <li>Virtual Front Door (MHAUs, UCRHs, GPOOH)</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Plan</li> <li>Falls and Frailty</li> <li>Hospital@Home</li> </ul>	
<b>Dwd &amp; Rapid Acute Assessment Steering Group</b> Lead: C Laverty J Rodgers Corporate Planning Support: S Donald	<b>Interface Care Steering group:</b> Lead: Dr C Harrow Corporate Planning Support: C Keough			

**Operational**

Sector / HSPC Specific Unscheduled Care Implementation Groups



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26<sup>th</sup> June 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/32/2023/KR</b>
<b>Contact Officer:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 712722</b>
<b>Subject:</b>	<b>Chief Officer's Report</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to update the Integration Joint Board on service developments which are not subject to the IJB's agenda of 26<sup>th</sup> June 2023.

## **2.0 RECOMMENDATIONS**

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

- Scottish Ballett
- Scottish Child Abuse Inquiry Hearing: Phase 8
- The Women in Justice Project
- IDEAS Project
- MAT Standards

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### **3.0 BACKGROUND AND CONTEXT**

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

### **4.0 BUSINESS ITEMS**

#### **4.1 Scottish Ballett**

Scottish Ballett Duet is a new digital dance resource developed by Scottish Ballet Health for people with reduced mobility to share with their carers one-to-one by the bedside. This resource has been piloted across 3 care homes in Inverclyde and the evaluation has now been completed. The aims of the evaluation were to 1) assess the feasibility, acceptability, and appropriateness of SB Duet, 2) evaluate the impact of SB Duet on well-being, and 3) explore any potential benefits for care home staff and relatives.

Data collection occurred across the three Inverclyde care homes. Participants included 17 residents, 11 care home staff, and one relative.

Findings indicate SB Duet is feasible and acceptable for residents with some age related reduced mobility to use and for staff to deliver. Most residents and staff found SB Duet doable, suitable, and enjoyable. Most sessions were enjoyed by all participants present, making a significant difference to the feel of the care home, and often were characterised by smiling, laughter, and joyful, interactive movement. Benefits reported included positive changes in mood and evidence of engagement in meaningful social interaction, creative expression, and appropriate physical activity.

Moving forward, increased support, both internal and external to care homes, is recommended to enhance the accessibility, adoption, and further application of SB Duet.

#### **4.2 Scottish Child Abuse Inquiry Hearing: Phase 8**

Later this year, the Scottish Child Abuse Inquiry will begin its public hearings in relation to Phase 8 of its investigations: "The abuse of children in residential accommodation for young offenders and children, and young persons in need of care and protection".

The focus of this case study is residential accommodation provided or used by the state between 1930 and 2014 to accommodate (a) young offenders under the age of 18 (and children and young persons under 18 awaiting trial), and (b) children and young persons under 18 in need of care and protection. This accommodation was managed by a range of providers including local authorities, religious bodies, voluntary bodies, and the Scottish Prison Service.

The case study will explore the nature and extent of physical, sexual, and emotional abuse including the abusive use of corporal punishment, restraint, and segregation. Reporting and impact, staff recruitment, training, and culture will also be explored during the case study. Following evidence from relevant experts, regulatory bodies, inspectorates and providers, the Inquiry will hear evidence from individuals who experienced abuse and a range of other witnesses.

Thirty-nine establishments have been confirmed as being included in the case study, including two former establishments which were located within the current Inverclyde Council area. These are Balrossie School, formerly of Kilmacolm and Langlands Park, formerly of Port Glasgow.

The Council has been granted leave to appear and Counsel has been instructed to assist with preparation for the Inquiry which is due to be held later this year or early next year. Officers from the HSCP and the Council's Legal Services will agree the nature of work to prepare for this phase of the Inquiry. Further information about expectations from the Inquiry, and associated timescales, will be provided in due course.

#### 4.3 The Women in Justice Project

The Women in Justice Project presented at the Pride in Practice Conference at the University of Dundee. The themes of the Conference were children and families social work, system change, trauma informed practice and relationship working. Our presentation focused on early action system change, where we are delivering trauma training to HSCP staff and our third sector partnerships, the links with children and families colleagues and the work being done with our lived experience group (Women in Justice Support Group). The main slides identified the numbers of staff who have completed the Scottish Trauma Informed Leadership Training (STILT) and the practitioner focused Level 3 Trauma Enhanced Training (Safety & Stabilisation).

We also identified some of the positive outcomes for women in our Women in Justice Support Group, including enhancement of their self-confidence, self-esteem, coping capacities and resilience which they felt helped them engage more appropriately with other Services, such as children and families social work. An unintended positive consequence for some women has been where short reports have been completed by Project staff to supplement Court Reports which resulted in some women being diverted earlier than would have been anticipated from the Justice system.

The presentation was well received, with feedback from attendees indicating they found the presentation interesting, informative and insightful in terms of where Inverclyde is and our direction of travel with this work. Following our presentation, about 10/15 people attended our small discussion group, where salient points from the presentation were discussed in more detail and we were able to answer supplementary questions around the Project.”

#### 4.4 IDEAS Project

The opening balance on the Welfare / IDEAS earmarked reserve as a at 1 April 2023 is £350,000. The proposed non-recurrent spend of £340,600 detailed above and summarised in the table below will be fully funded by the Welfare EMR, leaving at this stage an unallocated balance of £6,400.

The table below outlines the detail of the spend requested by the IJB.

Cost Centre	Budget Heading	Proposed Spend this Report		Other Comments
		2022/23 £	2023/24 £	
Welfare EMR	IT, training, promotional & support materials	100	10,000	Banners, leaflets etc.
	Audit / peer review support		20,000	Third sector/ partner agencies accreditation for Scottish National Standards for Information and Advice Providers

	Mentored loans		22,000	Via agreement with Local Credit Unions applicants are mentored by HSCP money advisors
	Financial inclusion		25,000	Sustainability of local agencies TBC set aside to support/develop local third sector
	Financial Inclusion conference and public engagement		5,000	Challenge Poverty week 1/2 day conference for officers with ½ day public engagement & information events
	Children, families & young people		30,000	TBC and to support and develop new ways of working which contribute to outcomes in Child Poverty Action Plan
	HSCP employee costs	10,010	90,170	2x Grade 6 additional Money Advisors Supporting Thrive under 5 project and additional targeted money advice within community settings including working closer with Credit Unions
			38,320	Continue 1x Grade 5 Advice worker following end of SLAB funding. Directly supporting triage, access to the service & access to Section 12/22 payments based in Port Glasgow
	Third sector	33,000	60,000	Financial Fitness 1x Debt Advisor and 1x Welfare Benefit Advisor Support for Starter Packs
		<b>43,110</b>	<b>300,490</b>	

#### 4.5 MAT Standards

Inverclyde ADP received final confirmation in May 2023 of RAGB status for each of the MAT Standards which will be published in the SG National Benchmarking Report for all ADP areas across Scotland.

The work was led by ADRS to facilitate and manage the ADP submission of all three evidence strands – process evidence, data collection and experiential evidence by the nominated submission dates.

Although it has been challenging to achieve full roll out for MAT 1-5 by April 2023, Inverclyde ADP has achieved green status for MAT 2 and 5, with provisional green for MAT 1, 3 and 4. This demonstrates full implementation of the standard, with some refining of the experiential evidence gathering required to evidence full service user/patient benefit for standards 1, 3 and 4.

For MAT 6-10, full implementation is required to be achieved by April 2024. The current status is Amber or provisional Amber for Inverclyde on standards 6-10, with a local workplan in place. As the MAT Implementation Support Team (MIST) have not yet agreed formal numerical measures for MAT standard 6-10, no ADP is able to achieve green status as yet.

## 5.0 IMPLICATIONS

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

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

## 5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## 5.3 Legal/Risk

There are no legal implications within this report.

## 5.4 Human Resources

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

## 5.5 Strategic Plan Priorities

## 5.6 Equalities

### (a) Equalities

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

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

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

## 5.7 Clinical or Care Governance

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

## 5.8 National Wellbeing Outcomes

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Strategic plan covers this.
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Strategic plan covers this.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Strategic plan covers this.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Strategic plan covers this.
Health and social care services contribute to reducing health inequalities.	Strategic plan covers this.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Strategic plan covers this.
People using health and social care services are safe from harm.	Strategic plan covers this.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Strategic plan covers this.
Resources are used effectively in the provision of health and social care services.	Strategic plan covers this.



### 5.9 Children and Young People

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

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

### 5.10 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

### 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## **7.0 CONSULTATION**

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

## **8.0 BACKGROUND PAPERS**

8.1 None.