INVERCLYDE HSCP Health and Social Care Partnership

Please note date and time of meeting

Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 3 November 2023

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 14 November 2023 at 10am 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 Monday 13 November 2023 how they intend to access the meeting.

In the event of connectivity issues, participants are asked to use the *join by phone* number in the Webex invitation.

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**

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
ITEMS FOR ACTION:		
2.	**Minute of Meeting of Inverclyde Integration Joint Board of 25 September 2023**	**p**
3. **	**Audit Best Value Wider Scope Work** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
4.	**Financial Monitoring Report 2023/24 Period 5** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
5.	**Rolling Action List**	**p**
6. **	**Kincare Payment to Support Individual Hospital Discharge** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
7.	**HSCP Workforce Plan 2022-2025 – Year 1 Progress Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

ITEMS FOR NOTING:		
8.	**Refugee, Resettlement and Asylum Programmes within Inverclyde** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
9.	**Progress of the Primary Care Improvement Plan (PCIP)** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
10.	**Joint Inspection of Adult Services** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
11. **	**Proposed Approach - 2024/25 IJB Budget** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
12.	**Integration Scheme** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
13.	**Chief Officer's Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.

ROUTINE DECISIONS AND ITEMS FOR NOTING:			
14.	**Reporting by Exception – Governance of HSCP Commissioned External Organisations** Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	**Para 6 & 9**	**p**
15.	**Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 25 September 2023**	**Para 6 & 9**	**p**

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.
The Integration Joint Board is a Joint Data Controller with Inverclyde Council and NHS Greater Glasgow & Clyde under UK GDPR and the Data Protection Act 2018 and data collected during any recording or live-streaming will be retained in accordance with Inverclyde Council's Data Protection Policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's Internet site or You Tube. The meeting will be recorded or live-streamed to fulfil our public task obligation to enable members of the public to observe the democratic process.
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.
If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact the Information Governance team at dataprotection@inverclyde.gov.uk

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

Inverclyde Integration Joint Board
Monday 25 September 2023 at 2pm

PRESENT:

Voting Members:

Councillor Robert Moran (Chair)	Inverclyde Council
Alan Cowan (Vice Chair)	Greater Glasgow and Clyde NHS Board
Councillor Martin McCluskey	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council
Ann Cameron-Burns	Greater Glasgow and Clyde NHS Board
David Gould	Greater Glasgow and Clyde NHS Board
Dr Rebecca Metcalfe	Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Audrey Howard	On behalf of Jonathan Hinds, Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Marie Keirs	On behalf of Craig Given, Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership

Non-Voting Stakeholder Representative Members:

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

Also present:

Chris Paisley	KPMG LLP
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Pamela Robb	Planning & Redesign Officer, Inverclyde Health & Social Care Partnership
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Iain Strachan	Head of Legal, Democratic, Digital & Support Services, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
PJ Coulter	Corporate Communications, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice, Inverclyde Community Care Forum (public business only)

Chair: Councillor Moran presided.

The meeting was held at the Municipal Buildings, Greenock with Mr Gould, Dr Metcalfe, Dr MacDonald, Ms Reichle and Ms Elliott attending remotely.

59 Apologies, Substitutions and Declarations of Interest 59

Apologies for absence were intimated on behalf of:

Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership (with Audrey Howard substituting)
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership (with Marie Keirs substituting)
Laura Moore	Chief Nurse, NHS GG&C
Dr Chris Jones	Registered Medical Practitioner
Gemma Eardley	Staff Representative, Inverclyde Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board (with Ciorstaidh Reichle substituting)
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

No declarations of interest were intimated, but certain connections were intimated for the purposes of transparency as follows:
Agenda item 10 (Hillend Respite Unit) – Ms Boyd
Agenda item 13 (Inverclyde HSCP Strategic Plan Update 2023-24) – Ms Boyd and Ms Tait
Agenda item 16 (Reporting by Exception – Governance of HSCP Commissioned External Organisations) – Ms Boyd and Ms Tait

60 Annual Accounts for the Financial Year Ended 31 March 2023 60

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending (1) the representation letter to KPMG LLP, being the IIJB's external auditor, (2) the Audited Annual Accounts 2022/23, and (3) KPMG LLP's Annual Audit Report to the IIJB and the Controller of Audit, this matter also having been considered at the earlier meeting of the IIJB Audit Committee.
The report was presented by Ms Keirs, who thanked the team responsible for completing the accounts.
Mr Gould, the Chair of the IIJB Audit Committee, addressed the Board and advised that the IIJB Audit Committee were content with the accounts.
Decided:
(1) that the Chair, Chief Officer of Inverclyde Health & Social Care Partnership and Chief Financial Officer of Inverclyde Health & Social Care Partnership be authorised to accept and sign the final 2022/23 Accounts on behalf of the IIJB;
(2) that the Letter of Representation, as detailed at appendix 1 of the report, be endorsed and it be signed by the Chief Financial Officer;
(3) that the content of the ISA (260) report, as detailed at appendix 3 to the report, be noted; and
(4) that it be noted that a further version of the ISA (260) report will be presented to the IIJB in November, following the completion on the wider Scope and Best Value work by KPMG LLP.

61 Minute of Meeting of Inverclyde Integration Joint Board of 26 June 2023 61

There was submitted the Minute of the Inverclyde Integration Joint Board of 26 June 2023.
The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

62 Annual Performance Report 2022/23 62

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the overall performance of Inverclyde Health & Social Care Partnership, and (2) appending the Inverclyde Health and Social Care Partnership Annual Performance Report 2022-23. The report was presented by Ms Rocks.

Referring to National Integration Indicator 8 'Total combined percentage of carers who feel supported to continue in their caring role – 29%', the Board expressed disappointment at the persistently low figure and lack of progress in improving this. The Board also noted that, referring to Outcome Indicator 8 in the Audited Annual Accounts 2022/23, the Inverclyde figure was comparable to the national figure of 29.7%. Ms Rocks advised that she would add this matter to the Strategic Plan as it was important that the opinion of Carers was heard.

Referring to Strategic Plan Indicator Number 4.3 'Number of people self-directing their care through receiving direct payments and other forms of SDS – 17', the Board sought clarification as to what this figure represented i.e. was it per 1000, and Ms Rocks advised she would clarify this.

The Board commented favourably on the amount of valuable and transparent data contained within the report, that it was hoped this could be used to inform local priorities and asked officers to consider providing a condensed 'easy read' version.

Referring to delayed discharges from hospital, mentioned in several parts of the report, the Board sought an explanation for the rise in figures. Ms Rocks advised that staff recruitment and retention issues continued to affect this but that the workforce change from Home Care to Social Care was having a positive impact. Ms Rocks further advised that she was intending to bring a report to the November Board on new ways of working in relation to getting people home after hospital discharge.

The Board asked if vaping could be added to Big Action 5 and Ms Rocks advised that this would be a matter for the Alcohol & Drug Partnership to consider and that she would raise it with them.

The Board commented that there could be more pro-activity on health improvement matters like obesity and diabetes, and there was discussion on the work of the Health Promotion Team and Prevention Education Sub-Group, particularly within schools and in relation to alcohol and drug issues. Ms Rocks advised that she would arrange a development day focusing on the work ongoing in Inverclyde to avoid/reduce harm, and paid tribute to the work of the third Sector in Inverclyde.

Decided: that the Board notes the Inverclyde Health and Social Care Partnership Annual Performance Report 2022-23 and approves its submission to the Scottish Government.

63 Annual Report – Clinical and Care Governance 2022-2023 63

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing a summary of the yearly activity of the Clinical and Care Governance Group for the period 2022-2023, and (2) appending a copy of the Clinical and Care Governance Annual Report 2022-2023, which would be sent to NHS Greater Glasgow and Clyde. The report was presented by Dr MacDonald.

Referring to section 6.1 of the Annual Report 'Care Opinion implementation Inverclyde HSCP', the Board asked Dr MacDonald why there was an increase from 38 to 94 in the number of stories shared to the Care Opinion website. Dr MacDonald explained that there were a number of reasons for the raised awareness, including development days for staff and QR codes for mobile phones, and noted that he would like to see the

numbers increase further. The Board commented favourably on the initiative.
Decided: that the Clinical and Care Governance Annual Report 2022-2023 be noted.

64 Chief Officer's Report 64

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Ms Rocks and provided updates on the (1) Learning Disability Community Hub, (2) GP List Closures, (3) Delayed Discharges, (4) Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022-23 (5) Drug Deaths, (6) Homelessness Service, and (7) Recovery Walk. Ms Rocks invited Dr MacDonald to address the Board on GP List Closures.
Dr MacDonald assured the Board that work was ongoing with all GP Practices in Inverclyde to re-open the lists, provided an explanation for the closures and advised that new arrivals to Inverclyde could still access GP services, but that they were assigned a GP Practice which might not be their first choice. The Board discussed this matter fully, and commented on the (1) pressure on dental services, (2) impact of Covid, (3) historic pressure on GP services pre-dating Covid and the arrival of asylum seekers or foreign nationals, and (4) multiple strands involved in providing care within immigration services, including corresponding with the Home Office on the requirement for 'doubling up' within provided accommodation. The Board commented that Inverclyde Council promoted re-population to reverse a declining population trend but that a small number of people appeared to have overwhelmed the system and questioned the lack of resilience.
Referring to Delayed Discharge, the Board asked if the Ambulance Service had been included in discussions, and Mr Best confirmed that they had been, provided an overview of the initiatives designed to address the ongoing challenges, and advised that he would provide an update at a future meeting on this matter.
The Board asked for further detail on the 70% Quality/30% Cost ratio for external homecare providers, and Ms Rocks advised that this had been approved by Inverclyde Council's Policy & Resources Committee and that she intended to bring a report to the next meeting on the move from commissioned services.
Referring to Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022-23 and paragraph 4.4 of the report, Ms Rocks asked the Board to note the typographical error in the report and that the IIJB were being asked to 'note' the content of the submission, and not 'approve' it.
Referring to Drug Deaths, the Board highlighted the work done with partners and that the 'Challenge Stigma' module had been launched. Ms Kilbane advised that not all victims of drug related deaths were known to HSCP services, and that work was ongoing to establish if there were any missed opportunities.
Referring to Homelessness Service, Ms Rocks advised the Board that it was her intention to bring a report to the next meeting to advise on how the Service will look in the future, and praised staff for the scores obtained in the recent Care inspectorate inspection.
Referring to Recovery Walk, the members of the Board who participated commented favourably on the experience. The Board further commented positively on the roll-out of naloxone and expressed concerns over synthetic opiates.
Decided:
(1) that the updates provided within the reports be noted; and
(2) that the thanks of the Board be extended to officers and staff within the Homelessness Service for the gradings achieved in the recent Care Inspectorate inspection and their work to transform the service.

65 Financial Monitoring Report 2023/24 Period 3 65

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets projected financial outturn for the year as at 30 June 2023. The report was presented by Ms Keirs.
The Board referred to the overspend in Children and Families and asked what measures were being taken to contain this, and Ms Rocks provided an overview, including earlier intervention, and advised that work was ongoing.
Decided:
(1) that (a) the current Period 3 forecast position for 2023/24, as detailed in the report and at appendices 1 to 3, and (b) the assumption that this will be funded from reserves held, be noted;
(2) that (a) the proposed budget realignments and virement, as detailed at appendix 4 of the report, be approved, and (b) officers be authorised to issue revised directions to Inverclyde Council and/or Health Board as required on the basis of the revised figures, as detailed at appendix 5 of the report;
(3) that the position on the Transformation Fund, as detailed at appendix 6 of the report, be noted;
(4) that the current capital position, as detailed at appendix 7 of the report, be noted;
(5) that the current Earmarked Reserves position, as detailed at appendix 8 of the report, be noted; and
(6) that the key assumptions within the forecasts, as detailed at section 10 of the report, be noted.

66 Rolling Action List 66

There was submitted a Rolling Action List (RAL) of items arising from previous decisions of the IIJB.
Decided: that the Rolling Action List be noted.

67 Inverclyde Integration Joint Board Audit Committee – Appointment of Voting Member 67

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking the agreement of the Board to appoint Mr Alan Cowan to the IIJB Audit Committee to replace Mr Simon Carr as a voting member.
Decided: that it be agreed Mr Alan Cowan be appointed to serve as a voting member on the IIJB Audit Committee.

68 Hillend Respite Unit 68

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the position regarding Hillend Respite Unit. The report was presented by Mr Best.
Ms Boyd declared a connection in this item as a Director of Inverclyde Carer’s Centre. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision making process and was declaring for transparency.
The Board sought reassurance that the planned consultation on the future of Hillend Respite Unit would be wide ranging and seek the views of past and future service users and carers. Ms Rocks agreed that services needed to be looked at in their totality and Mr Best advised of alternative care packages which were being considered, as care homes may not always be the correct environment, which included outdoor experiences and short breaks for carers.

Decided:
(1) that the proposal for Hillend Respite Unit to remain closed be noted, as any potential impact has been minimised over the last 3 years for both service users and employees;
(2) that it be agreed that officers undertake a detailed consultation (a) to discuss any impact of the closure of Hillend Respite Unit on a permanent basis with (i) all users and carers who utilised the service pre-Covid, and (ii) potential future service users and relevant stakeholders, and (b) on the availability of alternative respite option provision;
(3) that officers review all service users of respite, after the consultation noted above, to ensure alternative respite provision is in place in the event of the decommissioning of the service; and
(4) that this activity should be reviewed as part of the wider review of respite provision.

69 External Commissioning of Home Care Services 69

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

70 IJB Directions Annual Report – 2022/23 70

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IIJB to Inverclyde Council and NHS Greater Glasgow and Clyde in the period September 2022 to August 2023. The report was presented by Ms Pollock.
Decided: that the content of the report be noted.

71 Inverclyde HSCP Strategic Plan Update 2023-24 71

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting (1) the refreshed Strategic Plan update for the first quarter of 2023-24, and (2) the engagement and consultation plans for the new 5-year strategic Plan from 2024. The report was presented by Ms Rocks.
Ms Boyd declared a connection in this item as a Director of Inverclyde Carer's Centre and Ms Tait declared a connection as Chair of Your Voice. They also 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.
The Board advised that the Carers Centre now had additional staff connected to their Young Carers service.
The Board requested that officers consider a 3 year plan, rather than a 5 year plan, noting that Inverclyde is the only HSCP with a 5 year plan. Ms Rocks acknowledged this and advised that this matter could be discussed with the Strategic Planning Group.
Decided:
(1) that the update on the Strategic Plan refresh progress be noted;
(2) that the timeline and plan for the 5-year Strategic Plan 2024 be noted;
(3) that the communications and engagement plan for the 5-year Strategic Plan 2024 be noted; and
(4) the proposals detailed at section 4 of the report for (a) Strategic Plan Engagement/Consultation, (b) Strategic planning group, (c) Refresh of Big Actions, (d) Outcomes Framework, (e) Pentana, and (f) Governance and Monitoring, be noted.

72 Public Sector Equality Duty Compliance Update 72

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

Partnership providing a progress update on the Public Sector Equality Duty Compliance and Improvement Plan, the Equalities and Human Rights Commission having previously advised the IIJB that it was deemed to be non-compliant with its Public Sector Equality Duties under the Equality Act 2010 and associated Regulations. The report was presented by Ms Rocks.
The Board welcomed the progress made and sought reassurance that there would be a maintained focus on this matter. Ms Rock assured that Equalities had to be integral to the vision and values of the IIJB and encouraged members to challenge officers should they feel this was not now the case. Ms Rocks noted that this matter was now part of the Strategic Plan and that she hoped to see it considered in every report.
Decided:
(1) that the progress made against the Improvement Plan, as detailed in appendix 1 to the report, be noted; and
(2) that it be noted that a further report will be presented to the March 2024 meeting of the IIJB with an update on progress in implementing the Improvement Plan, along with the new Equality Outcomes for 2024-28 and the Equalities Mainstreaming Report for 2022-24.

73 Minute of Meeting of IJB Audit Committee of 26 June 2023 73

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 26 June 2023 for information and noting.
The Chair invited Mr Gould as Chair of the IIJB Audit Committee, to provide feedback on the main issues discussed at their Committee meeting held at 1pm. Mr Gould provided a brief summary, advising of the intention to have a Development Session with the Chief Internal Auditor.
Decided: that the Minute be noted.

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

74 Reporting by Exception – Governance of HSCP Commissioned External Organisations 74

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 25 March to 21 July 2023. The report was presented by Ms Mailey and provided updates on establishments 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 Ms Tait declared a connection as Chair of Your Voice. They also 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 25 March to 21 July 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.

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/50/2023/CG**
Contact Officer:	**Craig Given** **Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**Financial Monitoring Report 2023/24 Period 5**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets projected financial outturn for the year as at 31 August 2023.

1.3 The IJB set their revenue budget for 2023/24 on 20 March 2023, which included the use of £0.802m of reserves held.

1.4 Funding of £68.156m was delegated by Inverclyde Council to the IJB for 2023/24. No further additions have been made to the budget up to Period 5.

1.5 At the time of setting the budget, indicative funding of £132.579m was delegated from the Health Board, including £35.398m for Set Aside for Inverclyde's share of large hospital functions and £18.975m of Resource Transfer to social care budgets. This budget included an indicative uplift of £1.396m, being 2% for all recurring budgets. Further budgets have been allocated or adjusted up to Period 5 totalling £6.417m, including pay award and Scottish Government funding allocations resulting in a revised budget for reporting purposes of £138.996m.

1.6 As at 30 June 2023, it is projected that the IJB revenue budget will have an overall overspend of £0.495m:-

- Social care services are projected to be overspent by £0.023m.
- Health Services are projected to be overspent by £0.472m.

Should this overspend remain at the end of the financial year it can be contained by making a draw on appropriate reserves. For the purposes of this report this potential draw is shown against general reserves.

1.7 As at 1 April 2023 the IJB held a number of Earmarked and General Reserves which are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) held at the start of the 2023/24 financial year were £22.627m, with £1.635m in General Reserves. Use of Pay Contingency reserve of £0.199m and General Reserve of £0.603 towards funding the overall revenue budget for the year have been reflected in the figures held in this report and in Appendix 8 (EMR updated). The current projected year end position on reserves is a carry forward of £16.096m, and for the purposes of this report, assumes that the current projected overspend of £0.495m will be funded from general reserves held at this stage, as noted at 1.6.

1.8 The Social Work capital budget is £9.707m over the life of the projects with £2.601m budgeted to be spent in 2023/24. Slippage of £1.641m is being reported linked to the delay and the extended market testing period on the Community Hub which is impacting the ability to achieve financial close and progress to the construction phase. Expenditure on all capital projects to 31 August 2023 is £0.136m (5.23% of approved budget, 14.16% of the revised projection). Appendix 7 details capital budgets and spend and a full update is provided at Section 9.

1.9 NHS capital budgets are managed by NHS Greater Glasgow and Clyde and are not reported as part of the IJB's overall position. Officers attend and contribute to the Greater Glasgow and Clyde HSCP Capital Planning Group, which gives oversight of associated projects. A general update is provided in section 9 of this report.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 5 forecast position for 2023/24 as detailed in the report and Appendices 1-3, and the assumption that this will be funded from reserves held
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
3. Notes the position on the Transformation Fund (Appendix 6);
4. Notes the current capital position (Appendix 7);
5. Notes the current Earmarked Reserves position (Appendix 8).
6. Notes the key assumptions within the forecasts detailed at section 10.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

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

The IJB Budget for 2023/24 was set on 20 March 2023 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The current total integrated budget is £207.152m, with a projected overspend of £0.495m. The table below summarises the budget and funding from partners, together with the projected operating outturn for the year as at 31 August 2023. It is assumed that the projected overspend will be met from general reserves at this stage.

	Revised Budget 2023/24 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	
Social Work Services*	87,288	87,311	23	
Health Services*	84,466	84,938	472	
Set Aside	35,398	35,398	0	
HSCP NET EXPENDITURE	**207,152**	**207,647**	**495**	
FUNDED BY				
Transfer from / (to) Reserves	-	495	495	
NHS Contribution to the IJB	138,996	138,996		
Council Contribution to the IJB	68,156	68,156		
HSCP FUNDING	**207,152**	**207,647**	**495**	
Planned net Use of Reserves as at Period 5		7,671		
Projected HSCP operating (Surplus)/Deficit		495		
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)		**8,166**		

*excluding resource transfer

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

4.0 SOCIAL CARE

4.1 Appendix 2 shows the projected position as at Period 5 for Social Care services. It is currently anticipated that Social Care services will overspend by £0.023m in 2023/24.

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

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

- Children’s Residential placements is projected to overspend by £1.4m. This is an increase of £0.076m from the position reported at period 3 and is due to the inclusion of costs for an additional 2 children for this financial year, offset by a reduction of 3 children in residential

placements and a £0.2m assumed draw on the smoothing reserve held for this purpose. As previously reported, most of the residential placements overspend was met from Covid reserves in the previous financial year. A review group will be closely monitoring these placements throughout the year to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall recurring costs.

- Child respite is currently projected to overspend by £0.288m, a reduction of £0.209m since period 3 and is due to a lower than originally anticipated weekly cost for a significant care package.

- Fostering, adoption and kinship is currently projecting an overspend of £0.218m, a reduction of £0.055m from period 3 due to 2 adoption placements ending. A new Scottish recommended allowance for fostering and kinship carers has been notified to us to be backdated to 1 April 2023. We have received funding confirmation from Scottish Government, and budgets and projected costs will be updated and included in the next budget monitoring report.

- Also within Children and Families there is currently a projected net overspend of £0.228m against Employee Costs, an increase in projected spend of £0.359m from the reported period 3 position. The increase reflects the inclusion of the projected employee costs for the Ravenscraig Children's Unit previously funded from Covid reserves.

- Learning disability client packages are currently projecting to overspend by £0.616m by the year end, an increase of £0.452m since last reported, largely due to an additional 9 service users along with increased package costs. A smoothing reserve is held in relation to these packages if required if the overspend is unable to be contained within the overall position at year end.

- Within the Physical and Sensory Disability service an overspend of £0.262m for client packages is currently projected, being the main reason for the variance reported. It is expected that this will be able to be managed within the overall position, however a client commitments demographic reserve is held for this purpose should it be required.

- Employee costs within Mental Health are expected to overspend by £0.068m by the year end. This is mainly due to the projected underachievement of the service payroll management target at present. This is offset by an underspend in their client commitments noted at 4.4.

- A projected overspend of £0.074m against the homelessness service relates mainly to agency staff costs in relation to the Inverclyde Centre. It is anticipated that these additional costs will be managed within the overall position at this stage.

Current staffing levels within Strategy and Support Services result in a projected under achievement of the payroll turnover target held for the service for the year of £0.118m. This position has improved since last reported and will continue to be monitored as the year progresses.

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

- Employee costs for the internal care at home service for older people are currently projected to underspend by £0.948m, an increase in costs of £0.348m against the position reported at period 3, which reflects an anticipated reduction in the number of vacancies within the Care at Home service of £0.100m and an adjustment to bring the projected travel costs in line with prior year spend of £0.212m together with other minor changes. As previously reported, the

overall underspend is related to the level of vacancies held by the service. Following the approval of the Care and Support at Home Review, budgets and projections for the increased grades for social care support workers will be updated and included in projections in line with payment dates.

- The external care at home service continues to experience recruitment and retention issues and the number of providers able to provide services is limited, resulting in a current projected underspend of £0.729m for 2023/24. This is an increase in projected costs of £0.167m since period 3 and reflects additional hours now allocated against Direct Awards.

- For Residential and Nursing placement costs the projected net underspend is £0.225m, which represents a reduction in projected costs of £0.300m from the position reported at period 3, largely as a result of the financial assessments undertaken since that time.

- Older people's day services are currently projected to underspend by £0.051m based on current uptakes. Associated transport costs are also projected to underspend by £0.105m, in line with current anticipated usage.

- Staffing costs within Learning Disability are projecting an underspend of £0.267m by the year end due to the level of vacancies at present.

- Assessment and Care Management employee costs are projected to underspend by £0.145m in relation to respite and short breaks. This reflects the current commitments and will be updated as the year progresses.

- Also within Assessment and Care Management, current vacancy levels indicate a projected underspend by the year end of £0.068m.

- Mental Health services is expected to underspend by £0.200m in relation to client commitments.

- Within Alcohol and Drugs Recovery Service there are underspends anticipated for both employee costs and client commitments of £0.086m and £0.218m respectively. Recruitment is under way for a number of posts and updated projections will be provided as the year progresses.

5.0 HEALTH

5.1 Appendix 3 shows the projected position as at Period 5 for Health services. It is currently anticipated that Health services will overspend by £0.472m in 2023/24.

5.2 The main areas of overspend within Health Services are as follows:-

- Mental Health In-Patient services is currently forecast to overspend by £1.6m. This is mainly attributable to continuing recruitment issues, enhanced observations and increased clinical activity for nursing and medical staff. These pressures result in the use of more expensive bank and agency staff.

- The prescribing budget is currently projecting an overspend of £0.750m. There are currently some reporting delays with prescribing data partly due to a new scanning system and the volume of contractor claims being received. The latest information available indicates that there are a number of factors affecting prescribing costs including increased fuel costs, the effect of Brexit and the conflict in Ukraine.

5.3 These are offset by underspends in the following areas:-

- There are underspends throughout services on employee costs in relation to recruitment and retention. The main variances arise in the following services; Children and Families £0.186m, Health and Community Care £0.251m, Alcohol and Drug Recovery Services £0.328m, Admin and Management £0.194m and Planning and Health Improvement £0.149m.

- An underspend of £0.359m is currently forecast within Financial Planning, relating to non-pay budgets held of a corporate nature which do not fit into any specific services. These budgets are traditionally utilised for any unexpected or unbudgeted costs throughout the year so this underspend may reduce as the year progresses. Updates will be provided in future reports accordingly.

- Finally, supplies budgets throughout various services are contributing to a further forecast underspend of £0.402m. This relates to a number of smaller variances spread throughout a number of services for Health.

Set Aside

The Set Aside budget set for 2023/24 was £35.398m. The Set Aside arrangement results in a balanced position each year end.

- The Set Aside budget is the amount “set aside” for each IJB’s consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.
- The Set Aside functions and how they are used and managed going forward are heavily tied into the commissioning/market facilitation work that is ongoing.

6.0 RESERVES

6.1 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) available at the start of this financial year were £22.627m, with £1.635m in General Reserves, giving a total Reserve of £24.262m. As part of the budget setting process, contributions from general reserves of £0.603m and pay contingency smoothing reserve of £0.199m were agreed for the IJB to present a balanced budget for 2023/24 financial year. These contributions are reflected in Appendix 8.

6.2 The current projected year-end position on earmarked reserves is a carry forward of £16.1m to allow continuation of current projects and retention of any unused smoothing reserves. This is a decrease in year due to a net anticipated spend of £8.166m against current reserves, including an assumption that the current projected overspend of £0.495m will be funded from general reserves at this stage and a draw of £0.2m will be made from the Childrens residential placements smoothing reserve towards the overall position. An exercise will be carried out as the year progresses to determine which reserves are the most appropriate to fund any overspends incurred in year.

6.3 The current projected overall position is summarised below:-

Ear-Marked Reserves	Opening Balance 2023/24 £000s	New Funds in Year £000s	Total Funding £000s	Projected Spend 2023/24 £000s	Projected C/fwd to 2024/25 £000s
Scottish Government Funding - funding ringfenced for specific initiatives	4,283		4,283	2,690	1,593
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	8,501		8,501	3,157	5,344
Transformation Projects - non recurring money to deliver transformational change	3,251		3,251	822	2,429
Budget Smoothing - monies held as a contingency for specific volatile budgets such as Residential Services and Prescribing to smooth out in year one off pressures	6,592		6,592	399	6,193
TOTAL Ear-Marked Reserves	**22,627**	**0**	**22,627**	**7,068**	**15,559**
General Reserves	**1,635**		1,635	**603**	**1,032**
In Year (Surplus)/Deficit going (to)/from reserves				495	(495)
TOTAL Reserves	**24,262**	**0**	**24,262**	**8,166**	**16,096**

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

Appendix 4 details the virements and other budget movements that the IJB is requested to approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes and updated Directions are shown in Appendix 5. These require to be issued to the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

8.0 TRANSFORMATION FUND

The Transformation Fund was set up at the end of 2018/19. At the beginning of this financial year, the Fund balance was £1.739m. Spend against the plan is done on a bids basis through the Transformation Board. Appendix 6 details the current agreed commitments against the fund. At present there is £0.580m uncommitted. Transformation fund requests over £0.100m require to be approved by the IJB.

9.0 2023/24 CAPITAL POSITION

9.1 The Social Work capital budget is £9.707m over the life of the projects with £2.601m projected to be spent in 2023/24. Slippage of £1.641m is being reported linked to the delay and the extended market testing period on the Community Hub which is impacting the ability to achieve financial close and progress to the construction phase. Expenditure on all capital projects to 30 June 2023 is £0.136m (5.23% of approved budget, 14.16% of the revised projection). Appendix 7 details capital budgets and spend.

9.2 **New Community Hub:**

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

- Detailed planning approval and first stage building warrant are in place;
- Detail design stage has been completed. There has been slippage on the high level programme previously reported due to delays in receiving the full market testing information from the contractor which has required a further period of due diligence. The returns to date do not align with the available project budget and as a result an extended period of market

testing is required to address this. This will result in a further delay into 1st Quarter 2024 to conclude an extended market test;

- Hub Stage 2 report is pending conclusion of the market testing process;
- As previously reported, the main risk to the project remains in connection with affordability in relation to inflation and the challenging economic / market conditions which continue to impact the delivery of all capital programme projects, and this has been a significant factor in the requirement for an extended market testing phase;
- Engagement with the Client Service has continued in respect of loose and fitted furniture / equipment allowances;
- Consultation with service users, families, carers and all learning disability staff both NHS and Social Care continues. Updates on progress are included in the Learning Disability newsletters that are sent out to a wider group of service users, families, carers, staff and the wider community, published on social media platforms and council web pages.

9.3 **SWIFT replacement**

The discovery phase of the implementation of the ECLIPSE system is still ongoing, with project staff carrying out due diligence in relation to functionality issues and potential delays following the issue of OLM's Discovery Report. The first payment milestone will only be met following sign off the discovery report.

9.4 **Health Capital**

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

10.0 KEY ASSUMPTIONS

- These forecasts are based on information provided from the Council and Health Board ledgers.

- Prescribing forecasts are based on advice from the Health Board prescribing team using the latest available actuals and horizon scanning techniques.

11.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial	x	
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities	x	
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

11.2 **Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

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

11.3 **Legal/Risk**

There are no legal/risk implications contained within this report.

11.4 **Human Resources**

There are no human resources implications arising from this report.

11.5 **Strategic Plan Priorities**

There are no strategic plan priorities issues arising from this report.

11.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	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

(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?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	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.

(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.
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.

11.7 **Clinical or Care Governance**

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

11.8 **National Wellbeing Outcomes**

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

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

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

11.9 **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.

11.10 **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.

12.0 DIRECTIONS

12.1

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

13.0 CONSULTATION

13.1 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.

14.0 BACKGROUND PAPERS

14.1 2023/24 Revenue Budget paper to Integration Joint Board 20 March 2023
https://www.inverclyde.gov.uk/meetings/documents/16133/09%20Inverclyde%20IJB%20Budget%202023-24.pdf

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2023/24 PROJECTED POSITION

PERIOD 5: 1 April 2023 - 31 August 2023

SUBJECTIVE ANALYSIS	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	63,293	72,439	71,945	(494)	-0.7%
Property Costs	1,128	1,330	1,295	(35)	-2.6%
Supplies & Services	7,412	7,619	6,790	(829)	-10.9%
Payments to other bodies	50,866	51,879	53,105	1,226	2.4%
Family Health Services	27,531	27,414	27,414	0	0.0%
Prescribing	19,781	19,813	20,563	750	3.8%
Resource transfer	18,975	19,589	19,589	0	0.0%
Income	(23,648)	(28,329)	(28,452)	(123)	0.4%
HSCP NET DIRECT EXPENDITURE	**165,337**	**171,754**	**172,249**	**495**	**0.3%**
Set Aside	35,398	35,398	35,398	0	0.0%
HSCP NET TOTAL EXPENDITURE	**200,735**	**207,152**	**207,647**	**495**	**0.2%**

OBJECTIVE ANALYSIS	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	3,688	3,558	3,153	(405)	-11.4%
Management & Admin	4,860	5,310	4,956	(354)	-6.7%
Older Persons	31,064	31,203	29,044	(2,159)	-6.9%
Learning Disabilities	10,249	10,305	10,485	180	1.7%
Mental Health - Communities	5,139	5,329	5,081	(248)	-4.7%
Mental Health - Inpatient Services	10,328	11,262	12,876	1,614	14.3%
Children & Families	16,809	16,107	18,164	2,057	12.8%
Physical & Sensory	2,906	2,869	3,153	284	9.9%
Alcohol & Drug Recovery Service	2,892	3,985	3,258	(727)	-18.2%
Assessment & Care Management / Health & Community Care	9,801	14,068	13,451	(617)	-4.4%
Criminal Justice / Prison Service	97	97	143	46	0.0%
Homelessness	1,159	1,113	1,187	74	6.6%
Family Health Services	27,402	27,412	27,412	(1)	-0.0%
Prescribing	19,968	20,004	20,754	750	3.7%
Resource Transfer	18,975	19,132	19,132	0	0.0%
HSCP NET DIRECT EXPENDITURE	**165,337**	**171,754**	**172,249**	**495**	**0.3%**
Set Aside	35,398	35,398	35,398	0	0.0%
HSCP NET TOTAL EXPENDITURE	**200,735**	**207,152**	**207,647**	**495**	**0.2%**
FUNDED BY					
NHS Contribution to the IJB	97,181	103,598	104,070	472	0.5%
NHS Contribution for Set Aside	35,398	35,398	35,398	0	0.0%
Council Contribution to the IJB	68,156	68,156	68,179	23	0.0%
HSCP NET INCOME	**200,735**	**207,152**	**207,647**	**495**	**0.2%**
HSCP OPERATING (SURPLUS)/DEFICIT			**495**		
Anticipated movement in reserves *			7,671		
HSCP ANNUAL ACCOUNTS PROJECTED REPORTING (SURPLUS)/DEFICIT			**8,166**		

* See Reserves Analysis for full breakdown

APPENDIX 2

SOCIAL CARE

REVENUE BUDGET 2023/24 PROJECTED POSITION

PERIOD 5: 1 April 2023 - 31 August 2023

SUBJECTIVE ANALYSIS	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	37,478	38,257	37,280	(977)	-2.55%
Property costs	1,122	1,322	1,287	(35)	-2.65%
Supplies and Services	1,211	1,211	1,210	(1)	-0.08%
Transport and Plant	355	355	239	(116)	-32.68%
Administration Costs	772	826	875	49	5.93%
Payments to Other Bodies	50,866	51,879	53,105	1,226	2.36%
Income	(23,648)	(25,694)	(25,817)	(123)	0.48%
SOCIAL CARE NET EXPENDITURE	**68,156**	**68,156**	**68,179**	**23**	**0.03%**

OBJECTIVE ANALYSIS	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Children & Families	12,905	12,773	15,024	2,251	17.62%
Criminal Justice	97	97	143	46	47.42%
Older Persons	31,064	31,203	29,044	(2,159)	-6.92%
Learning Disabilities	9,669	9,633	9,860	227	2.36%
Physical & Sensory	2,906	2,869	3,153	284	9.90%
Assessment & Care Management	2,824	2,733	2,500	(233)	-8.53%
Mental Health	1,735	1,681	1,555	(126)	-7.50%
Alcohol & Drugs Recovery Service	1,017	1,035	626	(409)	-39.52%
Homelessness	1,159	1,113	1,187	74	6.65%
Finance, Planning and Resources	1,949	1,904	2,009	105	0.00%
Business Support	2,831	3,115	3,078	(37)	0.00%
SOCIAL CARE NET EXPENDITURE	**68,156**	**68,156**	**68,179**	**23**	**0.03%**

COUNCIL CONTRIBUTION TO THE IJB	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	**68,156**	**68,156**	**68,179**	**23**	**0.03%**
Projected Transfer (from) / to Reserves				(23)	

APPENDIX 3

HEALTH

REVENUE BUDGET 2023/24 PROJECTED POSITION

PERIOD 5: 1 April 2023 - 31 August 2023

SUBJECTIVE ANALYSIS	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	25,815	34,182	34,665	483	1.41%
Property	6	8	8	0	0.00%
Supplies & Services	5,074	5,227	4,466	(761)	-14.56%
Family Health Services (net)	27,531	27,414	27,414	0	0.00%
Prescribing (net)	19,781	19,813	20,563	750	3.79%
Resource Transfer	18,975	19,589	19,589	0	0.00%
Income	(0)	(2,635)	(2,635)	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**97,181**	**103,598**	**104,070**	**472**	**0.46%**
Set Aside	35,398	35,398	35,398	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**132,579**	**138,996**	**139,468**	**472**	**0.34%**

OBJECTIVE ANALYSIS	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,904	3,334	3,140	(194)	-5.82%
Health & Community Care	6,977	11,335	10,951	(384)	-3.39%
Management & Admin	2,029	2,195	1,878	(317)	-14.44%
Learning Disabilities	580	672	625	(47)	-6.99%
Alcohol & Drug Recovery Service	1,875	2,950	2,632	(318)	-10.78%
Mental Health - Communities	3,404	3,648	3,526	(122)	-3.34%
Mental Health - Inpatient Services	10,328	11,262	12,876	1,614	14.33%
Strategy & Support Services	657	765	614	(151)	-19.74%
Family Health Services	27,402	27,412	27,412	0	0.00%
Prescribing	19,968	20,004	20,754	750	3.75%
Financial Planning	1,082	889	530	(359)	0.00%
Resource Transfer	18,975	19,132	19,132	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**97,181**	**103,598**	**104,070**	**472**	**0.46%**
Set Aside	35,398	35,398	35,398	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**132,579**	**138,996**	**139,468**	**472**	**0.34%**

HEALTH CONTRIBUTION TO THE IJB	Budget 2023/24 £000	Revised Budget 2023/24 £000	Projected Out-turn 2023/24 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	**132,579**	**138,996**	**139,468**	**472**	**0.34%**
Transfer (from) / to Reserves				**(472)**	

Budget Movements 2023/24
Inverclyde HSCP

Appendix 4

Inverclyde HSCP - Service	Approved Budget 2023/24	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	16,809	0	105	(807)	0	16,107
Criminal Justice	97	0	0	0	0	97
Older Persons	31,064	0	139	0	0	31,203
Learning Disabilities	10,249	0	49	7	0	10,305
Physical & Sensory	2,906	0	(37)	0	0	2,869
Assessment & Care Management/ Health & Community Care	9,801	0	378	3,891	0	14,070
Mental Health - Communities	5,139	0	156	34	0	5,329
Mental Health - In Patient Services	10,328	0	840	94	0	11,262
Alcohol & Drug Recovery Service	2,892	20	247	826	0	3,985
Homelessness	1,159	0	(46)	0	0	1,113
Strategy & Support Services	3,688	2,276	(2,426)	16	0	3,554
Management, Admin & Business Support	4,860	0	428	23	0	5,311
Family Health Services	27,402	0	10	0	0	27,412
Prescribing	19,968	0	0	36	0	20,004
Resource Transfer	18,975	0	157	0	0	19,132
Set aside	35,398	0	0	0	0	35,398
Totals	**200,735**	**2,296**	**0**	**4,120**	**0**	**207,152**

Social Care - Service	Approved Budget 2023/24	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	12,905		(132)			12,773
Criminal Justice	97		0			97
Older Persons	31,064		139			31,203
Learning Disabilities	9,669		(36)			9,633
Physical & Sensory	2,906		(37)			2,869
Assessment & Care Management	2,824		(91)			2,733
Mental Health - Community	1,735		(54)			1,681
Alcohol & Drug Recovery Service	1,017		18			1,035
Homelessness	1,159		(46)			1,113
Strategy & Support Services	1,949		(45)			1,904
Business Support	2,831		284			3,115
Totals	**68,156**	**0**	**0**	**0**	**0**	**68,156**

Health - Service	Approved Budget 2023/24	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	3,904		237	(807)		3,334
Health & Community Care	6,977		469	3,890		11,336
Management & Admin	2,029		143	23		2,195
Learning Disabilities	580		85	7		672
Alcohol & Drug Recovery Service	1,875	20	229	826		2,950
Mental Health - Communities	3,404		210	34		3,648
Mental Health - Inpatient Services	10,328		840	95		11,263
Strategy & Support Services	657		102	6		765
Family Health Services	27,402		10			27,412
Prescribing	19,968			36		20,004
Financial Planning	1,082	2,276	(2,482)	10		886
Resource Transfer	18,975		157			19,132
Set aside	35,398					35,398
Totals	**132,579**	**2,296**	**0**	**4,120**	**0**	**138,996**

APPENDIX 5

INVERCLYDE HSCP Health and Social Care Partnership

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	**Budget 2023/24 £000**
SOCIAL CARE	
Employee Costs	38,257
Property costs	1,322
Supplies and Services	1,211
Transport and Plant	355
Administration Costs	826
Payments to Other Bodies	51,879
Income (incl Resource Transfer)	(25,694)
SOCIAL CARE NET EXPENDITURE	**68,156**

Social Care Transfer from EMR	23
Health Transfer from EMR *	472
Total anticipated transfer from EMR at year end	**495** *

* to be funded by reserves held for IJB

OBJECTIVE ANALYSIS	**Budget 2023/24 £000**
SOCIAL CARE	
Children & Families	12,773
Criminal Justice	97
Older Persons	31,203
Learning Disabilities	9,633
Physical & Sensory	2,869
Assessment & Care Management	2,733
Mental Health	1,681
Alcohol & Drugs Recovery Service	1,035
Homelessness	1,113
Finance, Planning and Resources	1,904
Business Support	3,115
SOCIAL CARE NET EXPENDITURE	**68,156**

This direction is effective from 14 November 2023

INVERCLYDE HSCP Health and Social Care Partnership

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	**Budget 2023/24 £000**
HEALTH	
Employee Costs	34,182
Property costs	8
Supplies and Services	5,227
Family Health Services (net)	27,414
Prescribing (net)	19,813
Resources Transfer	19,589
Income	(2,635)
HEALTH NET DIRECT EXPENDITURE	**103,598**
Set Aside	35,398
NET EXPENDITURE INCLUDING SCF	**138,996**

Health Transfer from EMR	**472**

OBJECTIVE ANALYSIS	**Budget 2023/24 £000**
HEALTH	
Children & Families	3,334
Health & Community Care	11,335
Management & Admin	2,195
Learning Disabilities	672
Alcohol & Drug Recovery Service	2,950
Mental Health - Communities	3,648
Mental Health - Inpatient Services	11,262
Strategy & Support Services	765
Family Health Services	27,412
Prescribing	20,004
Financial Planning	889
Resource Transfer	19,132
HEALTH NET DIRECT EXPENDITURE	**103,598**
Set Aside	35,398
NET EXPENDITURE INCLUDING SCF	**138,996**

This direction is effective from 14 November 2023

HSCP Transformation Board
IJB Transformation Fund Monitoring Report

Total Fund Balance as at 1 April 2023	1,838,882
Balance committed to date	1,258,910
Balance still to be committed	579,972

Project No	Project Title	Service Area	Service Manager	Date Approved	Social Care/ Health Spend	Updated Agreed Funding (see amendment tab for detail)	2020/21 Spend	2021/22 Spend	2022/23 Spend	2023/24 Spend	Balance to spend	Updates
035	Review of Care and Support at Home. 12 month fixed term posts 0.5wte Grade 10 Project Lead and 2wte Grade 5s	Health & Community Care	Joyce Allan	03/11/21	Social Care	98,600		9,715	32,621	40,343	15,921	1wte Gd 5 3/10/22-2/10/23,1wte Gd 5 22/5/23-21/5/24, 0.5wte Gd 10/3/23-9/3/24.
037	Planning & Redesign Support Officer - will be responsible for the Locality Planning and Community Engagement Work with a focus also on the Business Support Review. £131k over 2 years.	Planning	Andrina Hunter		Either	131,000			34,884	16,062	80,054	Post filled September 22.
038	Ipromise - Mind of my own - digital resource to allow young people to access software 24/7.	Children's Services	Lesley Ellis	30/05/22	Social Care	53,176			35,949		17,227	Advised that as this went through G Cloud there was only the option of 2 year contract rather than the 3 years. Remaining costs will be incurred in year 3.
039	SWIFT replacement project - backfill. 18 month project.	HSCP wide	Marie Keirs		Social Care	497,729					497,729	Recruitment has been delayed due to Discovery process due diligence
040	C&F Spend to Save. Recruitment of 5 x temp SWAs. Staffing increase would allow capacity to undertake wellbeing assessments/short term work with a view to reducing placement pressures.	Children's Services	Audrey Howard	21/03/22	Social Care	179,760			14,382	69,982	95,396	Confirmed 1wte started 30/1/23, 2.5wte started 27/2/23 and remaining 1.5wte will start 10/4/23.
041	Learning Academy - newly qualified social worker supported year and practice teaching hub. 2 year project.	Strategy & Support Services	Arlene Mailey	21/09/22	Social Care	53,690			6,190	14,297	33,203	Staff already in post, costs will transfer to this funding from 10 January 23.
042	Band 3 Inpatient Phlebotomy post for 1 year, part of the plan to address issues raised by the Deanery visit.	Mental Health Services	Gail Kilbane	21/09/22	Health	32,000					32,000	Post was filled 14/8/23.
043	OPMH Clinical Fellows, share of 6wte Clinical Fellows across GG&C to address recruitment issues within medical staffing. 18-24 month posts.	Mental Health Services	Gail Kilbane	21/09/22	Health	58,000			18,424	5,537	34,040	Posts filled September 2022.
044	MH Peer Support Worker B3. bal of funding for 1 year to develop local peer support model.	Mental Health Services	Gail Kilbane	21/09/22	Health	16,000				4,465	11,535	Person in post from 1 April 2024.
045	CAMHS Clinical Nurse Specialist - 2 year post 1wte Band 7 and 0.2wte Band 3 admin (inc IT equipment and phone)	C&F	Audrey Howard/Lynn Smith	20/03/23	Health	136,434				1,201	135,233	Band 3 admin post recruited, Band 7 started recently, will invoice for costs in the next quarter.
046	Maximising Independence - Make Early Contact Count and Supporting self management Community of Practice. 1wte Band 5 18 months and training.	All	Debbie Maloney/Ann Murray	28/06/23	Health	85,060					85,060	Vac ref 740
047	The Lens have partnered with Inverclyde HSCP, including The Promise Team to develop an Ideas to Action Programme which will support Inverclyde's vision and ambition to deliver The Promise and improve outcomes for children and young people.	C&F	Jonathan Hinds	23/08/23	Social Care	50,000					50,000	Training with The Lens under way

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2023/24

PERIOD 5: 1 April 2023 - 31 August 2023

		Current year				Future years			
Project Name	**Est Total Cost**	**Actual to 31/03/23**	**Approved Budget 2023/24**	**Revised Estimate 2023/24**	**Actual to 31/8/23**	**Estimate 2024/25**	**Estimate 2025/26**	**Estimate 2026/27**	**Future Years**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Social Work									
New Community Hub	9,507	332	2,401	760	136	8,241	174	0	0
Swift Upgrade	200	0	200	200	0	0	0	0	0
Social Work Total	**9,707**	**332**	**2,601**	**960**	**136**	**8,241**	**174**	**0**	**0**

IJB Reserves Position - 2023/24

Classification - No Classification

Summary of Balance and Projected use of reserves

EMR type/source	Balance at 31 March 2022 £000	Projected net spend/ (Additions) 2022/23 £000s	Projected balance as at 31 March 2023 £000s	Earmark for future years £000s	Health /Council	CO/Head of Service	Responsible officer	Comments
SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS								
Mental Health Action 15	21	21	0	0	Health	Gail Kilbane - MH	Gail Kilbane	Fully committed
Alcohol & Drug Partnerships	894	894	0	0	Health	Gail Kilbane- MH	Gail Kilbane	Fully committed
Primary Care Improvement Programme	156	156	0	0	Health	Alan Best	Pauline Atkinson	Fully committed. 23/24 allocation reduced by reserves amount
Community Living Change	292	153	139	139	Health/Council	Alan Best	Laura Porter	Work ongoing. Funds will be fully utilised
Winter planning - MDT	253	253	0	0	Health	Alan Best	Debbi Maloney	Fully committed
Winter planning - Health Care Support Worker	331	85	246	246	Health	Alan Best	Laura Moore - Chief Nurse	£0.280m committed. Work ongoing to identify commitments to ensure funds fully utilised
Winter pressures - Care at Home	1,059	379	680	680	Council	Alan Best	Joyce Allan	Care and support at home review commitments plus ongoing care at home requirements being progressed.
Winter pressures - Interim Beds	92	92	0	0	Council	Alan Best	Martin McGarrity	Complete
Care home oversight	65	39	26	26	Health	Alan Best	Laura Moore - Chief Nurse	Any unused funds at year end to be earmarked for continuation
Learning Disability Health Checks	32	32	0	0	Health	Alan Best	Laura Moore - Chief Nurse	Fully committed
Carers	304	150	154	154	Council	Alan Best	Alan Best	Consultation being undertaken with carers with regards to service development . Any unused funds to be held specifically for Carers.
MH Recovery & Renewal	784	436	348	348	Health	Gail Kilbane	Gail Kilbane	Any unused funds at year end to be earmarked for continuation
Sub-total	**4,283**	**2,690**	**1,593**	**1,593**				
EXISTING PROJECTS/COMMITMENTS								
Integrated Care Fund	108	108	0	0	Council	Alan Best	Alan Best	Fully committed
Delayed Discharge	93	39	54	54	Council	Alan Best	Martin McGarrity	Fully committed
Welfare	341	20	321	321	Council	Craig Given	Emma Cummings	Fully committed
Primary Care Support	569	285	284	284	Health	Hector McDonald	Pauline Atkinson	Fully committed
SWIFT Replacement Project	372	156	216	216	Council	Craig Given	Marie Keirs	For project implementation and contingency
Rapid Rehousing Transition Plan (RRTP)	180	180	0	0	Council	Gail Kilbane	Gail Kilbane	Fully committed
LD Estates	500	0	500	500	Council	Alan Best	Laura Porter	LD Hub non capital spend reserve
Refugee Scheme	2,190	512	1,678	1,678	Council	Alan Best	Emma Cummings	For continued support for refugees in Inverclyde area. New Scots Team, third sector support, help with property related matters etc
Tier 2 Counselling	329	63	266	266	Council	Jonathon Hinds	Lynn Smith	School counselling contract being renewed. Commitment held for future years
CAMHS Tier 2	100	100	0	0	Health	Jonathon Hinds	Lynn Smith	Earmark for continuation of project
Whole Family Wellbeing	486	243	243	243	Council	Jonathon Hinds	Molly Coyle/Lesley Ellis	Staffing structure agreed. Work ongoing to commit remaining balance
Dementia Friendly Inverclyde	9	9	0	0	Council	Gail Kilbane	Alan Crawford	Fully committed
Contribution to Partner Capital Projects	1,099	150	949	949	Council	Kate Rocks	Allen Stevenson	LD Hub spend reprofiled to later years 500k contribution likely to be during next financial year
Staff Learning & Development Fund	404	200	204	204	Council/Health	Allen Stevenson	Arlene Mailey	Training board led spend for MSC students, staff support, Grow your own and ongoing Social work Adult/Child protection training
Homelessness	450	272	178	178	Council	Gail Kilbane	Gail Kilbane	Redesign transition funding
Autism Friendly	157	82	75	75	Council	Alan Best	Alan Best	To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'.
Temporary Posts	675	300	375	375	Council	Various	Various	Temporary posts over 23/24 and 24/25 financial years
ADRS fixed term posts	109	109	0	0	Council	Gail Kilbane	Gail Kilbane	For continuation of fixed term posts
National Trauma Training	50	50	0	0	Council	Jonathan Hinds	Laurence Reilly	Balance held from 22/23. Will be fully committed in 23/24
Cost of Living	265	265	0	0	Council	Kate Rocks	Marie Keirs	Programme still underway. Remaining balance £0.029m. Support still being allocated where need is identified
Wellbeing	15	14	1	1	Council	Alan Best	Alan Best	Third sector now engaged for delivery of wellbeing campaign
Sub-total	**8,501**	**3,157**	**5,344**	**5,344**				
TRANSFORMATION PROJECTS								
Transformation Fund	1,739	267	1,472	1,472	Shared	Kate Rocks	Various	£1.259m of full balance available committed. Spend will be incurred over this year and next two financial years
Addictions Review	292	55	237	237	Shared	Gail Kilbane	Gail Kilbane	Redesign transition funding
Mental Health Transformation	637	147	490	490	Shared	Gail Kilbane	Gail Kilbane	Fully committed towards ANP service within MH
IJB Digital Strategy	583	353	230	230	Shared	Alan Best	Joyce Allan	Analogue to Digital commitments - spending plan ongoing
Sub-total	**3,251**	**822**	**2,429**	**2,429**				
BUDGET SMOOTHING								
Adoption/Fostering/Residential Childcare	1,500	200	1,300	1,300	Council	Jonathon Hinds	Molly Coyle	£0.2m draw anticipated at year end based on current overall position for Social Care
Prescribing	1,091		1,091	1,091	Health	Alan Best	Alan Best	
Continuous Care	425		425	425	Council	Jonathon Hinds	Molly Coyle	
Residential & Nursing Placements	1,286		1,286	1,286	Council	Alan Best	Alan Brown	
LD Client Commitments	600		600	600	Council	Alan Best	Laura Porter	
Client Commitments - general	605		605	605	Council	Kate Rocks	Craig Given	
Pay contingency	1,085	199	886	886	Council	Craig Given	Craig Given	
Sub-total	**6,592**	**399**	**6,193**	**6,193**				
Specific earmarking requests	0		0	0				Specific earmarking requested during 22/23
Total Earmarked	**22,627**	**7,068**	**15,559**	**15,559**				
UN-EARMARKED RESERVES								
General	1,635	1,098	537	537	IJB	Craig Given		Projected overspend of 0.495 assumed to be funded from balance as at P3
Un-Earmarked Reserves	**1,635**	**1,098**	**537**	**537**				
TOTAL Reserves	**24,262**	**8,166**	**16,096**	**16,096**				

AGENDA ITEM NO: 5

INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
14 NOVEMBER 2023

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status	Open/ Closed
23 January 2023 (Para 11(3))	Proposal for redesign of Homelessness Service to IIJB and Inverclyde Council	Chief Officer	January 2024	Paper to January 2024	Work ongoing	Open
15 May 2023 (Para 34) 26 June 2023 (Para 41)	Update on Vaccination Transformation Programme	Chief Officer	January 2024	Paper to IJB January 2024	Work ongoing	Open
25 September 2023 (Para TBC)	Further version of ISA (260) to be presented in association with KPMG work on annual accounts	Chief Finance Officer	November 2023	Paper to November 2023	Work ongoing	Open
25 September 2023 (Para TBC)	Further report on progress in implementing Improvement Plan	Chief Officer	March 2024	Paper to March 2023	Work Ongoing	Open

Annual Report Schedule

November • Workforce Update • PCIP update (6 monthly update) • Finance Monitoring • ISA (260) by KPMG	January • Finance Monitoring • Chief Social Work Annual Report • Homelessness Redesign • Update on Vaccination Programme • Annual Report on Improving Cancer Journey Model
March • Budget Setting 24/25 • Equalities Duty Progress • Finance Monitoring • Implementing Improvement Plan • Digital Strategy	May • Finance Monitoring
June • Draft Annual Accounts • Proposed Dates of Future Meetings • Annual Report on IIJB resilience arrangements as a Category 1 Responder • Finance Monitoring	September • Audited Annual Accounts • Clinical & Care Governance • Inverclyde HSCP Strategic Plan • Annual Performance Report • Equalities Duty Update • Finance Monitoring

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/56/2023/CG**
Contact Officer:	**Craig Given** **Head Finance, Planning & Resources**	**Contact No:**	**01475 715212**
Subject:	**HSCP Workforce Plan 2022-2025 - Year 1 Progress Report**		

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 a year 1 Progress Report of the HSCP Workforce Plan and seek approval to submit the progress update to the Scottish Government.

1.3 A three-year Workforce Plan 2022 - 2025 was presented and approved at the Integration Joint Board in November 2022. An updated Workforce Plan action plan was approved at the June 2023 IJB meeting.

1.4 Good progress has been made in year 1. Appendix 1 highlights this progress. In terms of RAG status:

RAG status as of November 2023.

Green	20
Amber	5
Red	0
Blue	0

Progress against the plan will continue to be monitored throughout 2024 with a Year 2 progress report to be submitted to IJB in November 2024.

2.0 RECOMMENDATIONS

2.1 The Integration Joint Board are asked to:

- Approve the Year 1 Workforce Plan progress report and approve submission to the Scottish Government.
- Note that the next report to Integration Joint Board will be November 2024

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

- Plan
- Attract
- Train
- Employ
- Nurture

3.2 A three-year Inverclyde HSCP Workforce Plan 2022 - 2025 was presented and approved at the Integration Joint Board in November 2022. An updated Workforce Plan action plan was approved at the June 2023 IJB meeting. An IJB audit of the plan was undertaken in February 2023 with the outcomes incorporated in the updated plan. This updated action plan contained more detailed sub actions, responsible officer, and timescales for delivery.

3.3 Appendix 1 Inverclyde HSCP Workforce Plan Year 1 Progress Update contains a full update on progress since November 2022.
RAG status as of November 2023

Green	20
Amber	5
Red	0
Blue	0

4.0 PROPOSALS

4.1 Governance of the plan is 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
Financial		X
Legal/Risk		X
Human Resources	X	
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance	X	
National Wellbeing Outcomes	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**

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

5.5 **Strategic Plan Priorities**

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

5.6 **Equalities**

(a) Equalities

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

x	YES – Assessed as relevant and an EqIA was previously completed in June 2023, a copy of which is available on the Council website Equality Impact Assessments (EIA) 2023 - Inverclyde Council
	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.	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

(c) Fairer Scotland Duty

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

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty.

(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.
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.

5.7 **Clinical or Care Governance**

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

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Improved outcomes delivered through operationalising the five 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 five 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 five 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 five pillars action plan
Health and social care services contribute to reducing health inequalities.	Improved outcomes delivered through operationalising the five 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 five pillars action plan
People using health and social care services are safe from harm.	Harm reduced through operationalising the five 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 five pillars action plan
Resources are used effectively in the provision of health and social care services.	Plan describes the required workforce & skills deployment

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	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 HSCP Health and Social Care Partnership

Appendix 1

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

DRAFT

Inverclyde HSCP Health and Social Care Partnership

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.	**Business Support Review** Communications plan staff engagement sessions. Operational review group	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.	Recommendations and findings report completed. Implementation of report on hold until service manager starts early November 2023.	AMBER
	Review of Homelessness services Communications plan staff engagement sessions. Sub- groups to be set up.	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.	Final elements of homeless redesign being developed with staffing, financial and accommodation modelling underway.	AMBER

INVERCLYDE HSCP Health and Social Care Partnership

HSCP wide and Service level workforce profiles should be routinely reviewed quarterly to inform current demand, capacity, and skills	• Council HR & NHS HR leads to prepare and discuss quarterly reports	NHSGGC and IC HR Managers	Sept 2023	Reports presented at SMT on quarterly basis and disseminated to Service Managers	IC: Reports on Temporary Staff/Sessional/Absence are distributed quarterly. The WIAR (Workforce Information Activity) Reports should also be distributed quarterly but have been delayed due to resources. The Format/ Technology involved in statistics is also currently under review to aim for real time information in more accessible manner. Service Succession Plans monitored routinely. NHSGGC: SCP wide and Service level workforce profiles should be routinely reviewed quarterly to inform current demand, capacity, and skills. Council HR & NHS HR leads to prepare and discuss quarterly reports 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.	GREEN

INVERCLYDE HSCP Health and Social Care Partnership

Health and Care Staffing Act 2019 Minimum Staffing guidance is implemented and monitored	• Operational managers will be supported to access information and support to implement the act	Inverclyde HSCP Chief Nurse	April 2024	Readiness for implementation regularly reviewed and reported to SMT. Risks identified and mitigated.	• SMT updates are being provided as required to ensure that SMT members are up to date with progress. • NHSGGC structures are in place, and work continues re membership of meetings and representatives. • NHSGGC lead has been appointed and comms is being shared with the CN route. • JH and LM to co-chair local group, meeting arranged 01.11.2023 to agree membership. • All Common Staffing Method tool runs have taken place locally and triangulation meetings with CN are taking place. • Webinars from national team about the Act have been shared with all managers and SMT to support staff.	GREEN

INVERCLYDE HSCP Health and Social Care Partnership

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**
Ensure Inverclyde HSCP is an attractive, positive choice for those wanting to work in the health and social care sector	Focussed recruitment in key areas such as Speech & Language, Psychiatry, and work with NHSGG&C primary care leads to attract GPs locally.	Service Managers in key areas	March 2024	Increase in applicants for posts. Vacant posts are recruited to. Length of time posts are vacant are reduced.	RES services have successfully recruited to a SLT post and have a plan in place for a shared additional post with Acute services to reduce the risks around a singleton post holder. CLDT successfully recruited a new Consultant Psychiatrist in February 2023 and has filled SLT and LD Nursing vacancies.	GREEN
	Work with HR to develop innovative recruitment campaigns for hard to fill posts - Learn from and develop approaches such as Care at Home recruitment.	Service Managers in key areas	March 2024			
	Work with IC and NHSGGC to enhance entry to the workplace through graduate programmes, apprenticeships, kickstart & other employability services as appropriate	Service Managers in key areas	March 2025			

DRAFT

INVERCLYDE HSCP Health and Social Care Partnership

	Aim to reduce reliance on temporary contracts and bank/ locum staff.	Service Managers in key areas	March 2024		Nurse bank staff are still required to cover key operational elements of community nursing service at times of high demand/ vacancy/ sickness absence. Team leads are reviewing all rotas monthly. Care at Home Service is working jointly with HR to reduce the number of temporary posts with an aim to achieve 90% permanent.	AMBER
	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 is a condition of care at home contract.	Market facilitation background research and reviews completed. On track.	GREEN

INVERCLYDE HSCP Health and Social Care Partnership

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**
Development of a Training Board to plan and oversee training delivery and administer a training fund.	L&E to support development of training board.	Chief Social Work Officer	Dec 2023	Increase in SW recruitment & retention. No aim/ number to be supported agreed. Board will function as a conduit so that all managers can plan for future training needs and appropriate training can be delivered/ commissioned	Training board established. Meetings are held six weekly. Strategies have been developed. Funding of MSc students' scheme and an internal traineeship scheme are being implemented. A development day was held involving managers from across HSCP. A report has been produced highlighting specific service training needs and common themes across the HSCP	GREEN
	Prioritise development & implement strategies to support recruitment & retention of Social Workers and criteria to assess effectiveness.	Chief Social Work Officer	Dec 2023			
	Develop board to oversee planning of training and identify themes/ requirements linked to appraisals, PDPs, and staff development	Chief Social Work Officer	Dec 2023			

	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	See above re Training Board Development Day. Training Board will use the report produced to plan and prioritise training.	GREEN
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.	Where leadership training was identified at the Training Board Development Day, this will be developed and taken forward. Leading in Inverclyde programme – all sessions booked and paid for pre-pandemic have now been completed.	GREEN
Continue to develop the HSCP's SVQ Centre, to include Level 4 Social	Train Workplace assessors from within care at home	Service Manager Quality and	March 2024	Assessor hours meet requirement each year – achieved for 23/24 &	HSCP SVQ Centre delivers eight awards in total including 3 SVQ	GREEN

Services and Healthcare and Care Services Leadership and management	service to increase capacity. Identify anticipated future demand - Services project yearly requirements. Identify requirements from Business Support Review	Development	 May 2024	24/25. Verification from SQA Staff are competent & confident – appraisals. Number of staff trained & registered with SSSC yearly. Outcome of external Verifications of centre by SQA	awards at Level 4 and the Professional Development Award in Health and Social Care Supervision. All SQA verification checks have been confident with no sanctions. Business support have increasing involvement in monitoring the administration of the awards.	
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	Adult Support and Protection Awareness training and financial harm training available monthly.	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			

INVERCLYDE HSCP Health and Social Care Partnership

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.	On track	GREEN
Develop a programme which ensures staff are skilled in managing complaints, FOIs & SARs promotes culture change and understanding.	Develop a training matrix. Offer a suite of training across a range of platforms. Work in partnership with council FOI lead to deliver	Inverclyde HSCP Complaints Manager	March 2024	No of staff trained. 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.	Training is due to commence early November on complaints / FOIs / SARs which will help address these issues	GREEN
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	The team continues to raise awareness of The Promise, what it means to Inverclyde and offering our workforce, Children, Young People and Families opportunity to participate in activities to discuss and reflect on our local systems, practices, processes, and culture.	GREEN

DRAFT

INVERCLYDE HSCP Health and Social Care Partnership

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	Post is now vacant. Aim to backfill early 2024.	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 & digital learning which is accessible to all partners	Mental Health Programme Board (MHPB) N	End of 2023	Suicide prevention group training plan developed. No of staff accessing training. Evaluation of training delivery. Staff supervision and wellbeing conversations.	Developing career pathway in HSCP. Coordinated by Strategic Planning Group will include workforce, volunteers, and community members. Tapping into NHS GGC pathway, reported through suicide prevention group.	AMBER
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 Health and Safety meeting takes place and any action is agreed.	Care at Home team produce a monthly report, which is distributed to all managers to monitor compliance with statutory and Mandatory training requirements. Research is being conducted to identify a system to record all council and NHS training.	GREEN
	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			

DRAFT

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 including flexible/ hybrid working arrangements as per parent body policies	Raise awareness & promote use of flexible/ hybrid working & policies on a role-by-role basis.	All HoS and Service Managers	Nov 2024	Increase in hybrid/ flexible working and applications via appropriate policies. Staff wellbeing & satisfaction improved – supervision/ staff surveys/ iMatters.	Our approach to Hybrid Working is as an effective evolution in our ways of working that improves our performance. Decisions on hybrid working requests will be taken based on an understanding of business needs, demands and expectations. Discussions with teams take place about how teams can work better together and in consideration of individual work-styles with the availability of ICT kit / desks or other spaces in the workplace are considered by services in determining when staff will attend workplaces.	GREEN
	Encourage discussion within teams about appropriate changes which can support hybrid working.	All HoS and Service Managers	Nov 2024			
	Identify where digital support/ ICT would support working differently.	All HoS and Service Managers	Nov 2024			
Staff are motivated to remain employees of the HSCP and are actively engaged in making the HSCP a better place to work	Continue to promote the wellbeing plan as a means of valuing staff. Ensure use of team meetings/ staff development/	All HoS and Service Managers	Annual Update Annual Update	Feedback from staff survey/ iMatters Recruitment & retention rates Evidence from exit interviews	iMatter and staff survey continue to show general positive feedback from teams particularly around the efforts of recruitment and retention in the HSCP.	GREEN

INVERCLYDE HSCP Health and Social Care Partnership

	appraisal/ supervision/ 1:1/					
	Roll-out iMatters each year & construct aligned action plans.	Chief Officer	Annual Update Yearly Update 1,2,3		All team leaders actively encouraged to complete follow up meetings and actions plans from the feedback received via iMatter.	
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.	Induction programme has been developed for newly qualified social workers (NQSW) as part of the post qualifying supported year. Following the Training Board development Day, a wider induction will be developed as this was identified as a theme.	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.	CLDT had two NQSWs and both were successfully supported through their first year of practice and have been retained. Post qualifying supported year has developed and the second cohort of NQSW have now started. There still	GREEN

					issues with availability of mentors and team leads to undertake increased supervision requirements. Continuous learning is overseen by Learning and Development officers and regular support forums are held.	

DRAFT

INVERCLYDE HSCP Health and Social Care Partnership

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.	The work and initiatives conducted last year have been built on and support with health and wellbeing continues throughout the HSCP and throughout Inverclyde with our partners. Bereavement Awareness Training was provided to 42 of our front-line managers (Council and HSCP wide). The plan is to roll this out HSCP wide for all staff.	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			
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	Scottish Trauma Informed Leadership Training = **42** Level 1 Trauma-Informed Training = **8** (face-to-face) Level 2 Trauma-Skilled Training = **19** (face-to-face) Level 3 Trauma Enhanced Training = **46** (face-to-face) Most staff members in Justice, Homelessness, Business Support and Administration are now	GREEN

				and reviewing services Trauma informed spaces e.g., reception areas and interview rooms.	trauma-trained and trauma aware. There is ongoing evaluation in terms of translating the training into practice. Given that Hector McNeil House is due for closure, no trauma-informed environmental spaces can be made available, at this point. However, this is at the forefront of wider ongoing strategic discussions over where services working under Inverclyde HSCP eventually sit.	
Staff achievements are celebrated	HSCP will continue to plan and organise 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	Our third sector have been asked to plan and deliver the staff awards ceremony in January 2024.	GREEN
	Winners attend the NHSGGC staff awards.	Chief Officer and HoS	Yearly			
	Managers nominate staff/ teams for these awards, Pride of Inverclyde, and others.	HSCP Managers	Yearly			

INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/52/2023/AB**
Contact Officer:	**Alan Best** **Interim Head of Health & Community Care**	**Contact No:**	**01475 71466**
Subject:	**Refugee, Resettlement and Asylum Programmes within Inverclyde**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide an update on the various refugee, resettlement and asylum programmes within Inverclyde.

1.3 We welcome the migration of refugees and asylum seekers into Inverclyde and recognise the positive social and cultural contribution that they are having in our communities. This report also outlines a number of concerns in relation to the accommodation of asylum seekers in dispersed and contingency accommodation, taken together with the other resettlement schemes and migration, these are placing significant pressure on health and social care services and our capacity to manage competing demands on services.

1.4 Work continues with partners to ensure pathways and support for individuals and families are robust and allow those arriving in Inverclyde to feel safe and supported and to integrate into their new community. Detailed service development and financial planning is underway to ensure the appropriate services are able to respond with pressures anticipated and mitigated as far as possible.

2.0 RECOMMENDATIONS

2.1 The Inverclyde Integration Joint Board are asked:

1. To note the content of this report and the demand on services from the varied UK Home Office asylum seeker work and resettlement programmes.
2. To note that a detailed service development and financial planning is underway to ensure the appropriate services are able to respond with pressures anticipated and mitigated as far as possible.

3.0 BACKGROUND AND CONTEXT

3.1 Inverclyde has worked in partnership with the Home Office and other partners over a number of years to successfully deliver a range of resettlement schemes within Inverclyde such as those from Syria, Afghanistan and Yemen. In addition, there is an increasing need to support the health and social care needs of those awaiting asylum decisions who have been accommodated locally. This requirement is over and above that provided by MEARS welfare staff on behalf of The Home Office.

3.2 **Community Integration and Benefit**

There is a significant community benefit resulting from the integration of New Scots. Alongside the New Scots team, the HSCP commissions several third sector organisations to support individuals and families to integrate. This has led to those who arrived in Inverclyde as refugees now being involved in the local cricket club, junior football clubs, music and arts clubs and The Rotary Club. Inverclyde Council has also been able to employ refugees using the skills from the jobs they undertook in their home country.

3.3 **Ukrainian Resettlement**

In response to the ongoing conflict in Ukraine, the Scottish Government has participated in the Homes for Ukraine Scheme and the Ukrainian Super Sponsor Scheme (Warm Scottish Welcome). There are currently 211 Ukrainians residing with eighty-nine host families or in temporary accommodation across Inverclyde. Ninety-four individuals from 42 families have gone back to Ukraine. Two RSLs have brought void properties back in to use through Scottish Government funding. These are exclusively for the use of Ukrainians and nine properties remain available.

3.3.1 Locally the Scottish Government has commissioned Welcome Accommodation at the Gin House Hotel in Greenock. A move to closer alignment with the overall national New Scots Integration Strategy has been agreed nationally and a decrease in available welcome accommodation is underway. Pathways are in development to ensure those entering the country can be accommodated without the need for hotel accommodation. Initial £200 monetary payments have been made and the Advice team supports the Integration Team to ensure applications for Universal Credit and a range of other appropriate benefits are made. Children are enrolled within local schools however due to the location of available RSL accommodation there is a disproportionate impact on some schools. Employability support is in place to encourage the Ukrainian adults to seek employment and Your Voice Community Connectors help familiarise the residents with the local community if needed.

3.4 **Unaccompanied Asylum-Seeking Children (UASC)**

Until recently Inverclyde Children & Families teams were supporting 5 Unaccompanied Asylum-Seeking Children who arrived via the National Transfer Scheme. Since July ’23 there have been a further 5 individuals presenting at The Holiday Inn stating they are under 18 and requiring an age assessment. In the interim period prior to funding being available and whilst assessment is underway, the HSCP requires to secure alternative accommodation/ placement. Funding will be made available for those assessed as under 18 however is unlikely to cover the costs of securing placements or an appropriate tenancy and required wraparound support. Any additional costs will require to be found from existing budgets which are already under considerable pressures.

The New Scots team continues to develop and implement new roles as necessary, and it is hoped that the recent addition of a newly qualified social worker will allow more flexibility and capacity to assess and support process for UASC moving forward. This will take some time to develop

and at present the Request for Assistance Team in Children & Families are taking the lead on each assessment resulting in additional service pressures.

3.5 **Asylum Contingency hotel accommodation for those awaiting decisions.**

Available capacity at the Holiday Inn Express is currently 69 single males. The Home Office announced their intention to increase the capacity to a maximum of 126 single males via room sharing and Inverclyde Council and the HSCP have met with Home Office colleagues around this. Letters have been issued to existing residents and new furniture has arrived. Several men have self-identified as being happy to share and have begun to do so in the past few days.

3.5.1 The HSCP has a small Asylum Health Team who carry out an initial assessment of anyone arriving at the Holiday Inn (or the welcome accommodation for Ukrainian citizens). They will support ongoing health needs, liaise with other health and third sector services and secondary care where necessary. There is currently no capacity to offer similar support to those in dispersed accommodation.

3.5.2 All GP practices within the catchment area of the Holiday Inn have closed lists. In order to register individuals, the health team are now required to do so through a single health board point of contact whereby a practice is then allocated. Those not registered with a GP can only access *Pharmacy First* in 2 of the 19 Community Pharmacies in Inverclyde. Neither of these are within Greenock where the Holiday Inn is located. Many of the men arriving require support from mental health services and the health team have explored ways to access support such as via the free Kooth online wellbeing community which is now being used in the hotel.

3.5.3 There is no additional funding for health services to support Asylum Seekers in Scotland. The HSCP has invested in a health support team from available funding across the range of existing resettlement schemes to minimise where possible the impact on Primary Care Services.

3.6 **Dispersed accommodation for those awaiting decisions.**

There are currently 47 individuals accommodated in 18 properties living in the community in a combination of private rented sector and Registered Social Landlord accommodation. The agreed dispersed bed space allocation for Inverclyde is 32 however despite no change to this agreement increased procurement is continuing. MEARS have a further 5 properties and 14 bed spaces approved within our local pipeline. MEARS have informed officers of a further 61 properties they plan to purchase from a private landlord, and it is thought that some RSLs are interested in identifying properties for the future pipeline.

3.6.1 A review of the national pipeline and appraisal of the Scottish market was presented to COSLA by MEARS. This highlighted the difficulty in procuring properties elsewhere in the country. Due to the cost and availability of properties for sale and the number of RSL voids in Inverclyde, increased procurement has taken place in the area.

3.7 **Streamlined approach and increase in positive asylum decisions.**

In August 2023 the Home Office announced they would take steps to ensure that support for those with both positive and negative decisions would stop as soon as their legal obligations end, to ensure asylum accommodation is freed up for those who are entitled to it. This had the impact of not only increased numbers of positive decisions being made but also led to the statutory notification timescales not being adhered to. For a period, timescales and demand were not able to be managed within the current Inverclyde Housing options process leading to homeless routes being pursued and service capacity impacted upon. Immediate lawful possession action is now undertaken by MEARS with key cancellation evictions occurring in the hotel for both positive and negative cessation cases.

3.7.1 Inverclyde is already experiencing the impact of the above. There have been increased numbers with positive decisions presenting to services since July, some with very short notice- as little as 3 days many of these are self-referring. The process for MEARS informing New to Scotland Team of decisions has improved however supporting individuals to secure suitable tenancies in short timescales is challenging. It is expected that the number of men requiring support with positive decisions will increase when the local contingency hotel rooms become double occupancy. This will impact on the capacity of homelessness services and new Scots team work to quickly accommodate people with a positive decision who now have a legal right to stay in the UK.

4.0 PROPOSALS

4.1 HSCP officers will continue to work with all partners to support individuals with positive decisions and to develop the required pathways. HSCP officers will consider the range of data being supplied by the Home Office to project future demand and required capacity/ resources as far as possible.

4.2 Undertake a detailed piece of work to identify the cost implications on health and social care of supporting both those awaiting and receiving asylum decisions in Inverclyde.

4.3 Identify ways to proactively work with service users to identify at the earliest opportunity the likelihood of those awaiting decisions staying in Inverclyde after a positive decision and any intention to bring family over under the reunification scheme.

4.4 Identify and strengthen an appropriate pathway through the current housing options offer with RSLs for those with positive decisions regardless of notification period.

4.5 Undertake a detailed piece of development work to identify developments across the range of HSCP services, within existing budget, which assist those seeking or gaining asylum in Inverclyde to feel safe and supported.

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	x	
Legal/Risk	x	
Human Resources		x
Strategic Plan Priorities	x	
Equalities, Fairer Scotland Duty & Children and Young People	x	
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

Total earmarked reserves of £1.076m were held at 31 March 2022. Income for all schemes totalled £1.935m during 2022/23, with £0.822m of expenditure being incurred including costs for the New Scots team, other staffing, rental/property costs and third sector support. The net position at the 2022/23 year end resulted in an additional £1.113m being added to earmarked reserves. The revised balance as at 31 March 2023 is £2.190m.

The nature of the various schemes means that income is front loaded when refugees arrive, with related spend planned over a number of years. As additional income is claimed or notified, or new pressures are identified, Finance and New Scots team Service manager and officers update spending plans accordingly. The current balances, along with the current anticipated income and planned expenditure is as follows:-

	£000s	£000s	£000s	£000s
	2023/24	**2024/25**	**2025/26**	**2026/27**
Opening balance - earmarked reserve	**(2,190)**	**(1,648)**	**(789)**	**(312)**
Anticipated further income	(673)	(319)	(32)	(14)
Planned expenditure	1,215	1,178	509	326
Expected closing balance - earmarked reserve	**(1,648)**	**(789)**	**(312)**	**0**

Included in the income for 2023/24 financial year, is an amount of £0.150m which has only recently been received in relation to the Asylum Dispersal Scheme for the period October 2022 to September 2023. A detailed exercise is under way with finance colleagues to establish both direct and indirect costs related to asylum dispersal to inform future funding discussions with Scottish Government and the Home Office.

In addition to the specific income related to individuals arriving noted in the table above, the Ukrainian Resettlement fund of £30m Scotland wide has been notified to us with an allocation to Inverclyde of £0.403m for 2023/24 financial year. The fund is intended to help councils support all arrivals, including guests in short-term accommodation, to settle in Scotland and move into longer-term settled accommodation, reducing the reliance on hotels and other temporary accommodation.

Work is under way to establish related costs and ensure that the funds are allocated in the most appropriate manner.

One off Costs

Cost Centre	**Budget Heading**	**Budget Years**	**Proposed Spend this Report**	**Virement From**	**Other Comments**
Various	EMR	2023/24 to 2026/27	N/A	N/A	Earmarked reserves held as at 31/3/23 - £2.190m. Planned additional income and expenditure noted in Table at 5.2, over a period of four financial years. Additional funds of £0.403m for Ukraine Resettlement – discussion under way to establish best use

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

There are potential legal and risk issues surrounding homelessness legislation and pathways are in place to as far as possible avoid the impact of those with positive decisions requiring presenting as homeless. Where a person receives a negative decision, they have no recourse to public funds. Anyone having no recourse to public funds (NRPF) will not be able to access most social security benefits, homelessness assistance and a local authority allocation of social housing, but in some cases may be able to receive accommodation and financial support from social services. For example, the local authority may have duties under social work legislation to support NRPF families with children, or vulnerable adults following assessment.

5.4 **Human Resources**

Additional staff have been employed in both the New Scots team and within community nursing services to support additional demand. This will remain under review with the addition of more staff should demand require it.

5.5 **Strategic Plan Priorities**

The approach to support and integration of all New Scots supports the Three themes within the Inverclyde Council Strategic Plan 2023/28 and the outcomes within the Partnership 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?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Protects characteristics

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Protects communities
People with protected characteristics feel included in the planning and developing of services.	Includes the views of our community
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Includes the views of our community
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Supports refugees within our community

(c) <u>Fairer Scotland Duty</u>

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?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	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.

(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.
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.

5.7 **Clinical or Care Governance**

HSCP Strategic and Operational Group oversee Asylum work in line with National Asylum Partnership Board and COSLA.

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

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

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

7.0 CONSULTATION

7.1 None

8.0 BACKGROUND PAPERS

8.1 None

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 9

Report To:	**Inverclyde Joint Integration Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rock** **Chief Officer** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/49/2023/AB**
Contact Officer:	**Alan Best** **Interim Head of Health and Community Care** **Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715212**
Subject:	**Progress of the Primary Care Improvement Plan (PCIP)**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide an update on our progress on delivery of the Primary Care Improvement Plan (PCIP) and how this contributes to the overall progression of the Transformation of Primary Care Services.

2.0 RECOMMENDATIONS

2.1 The Integration Board is asked to note the successes and progress achieved in delivering a multi-disciplinary approach to complement General Practice care through the delivery of Primary Care Improvement Plan (PCIP).

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 CONTEXT

3.1 Prior Integration Joint Board reports describe the background and context of the new contract provision of General Medical Services in Scotland. Inverclyde HSCP being an initial pilot site to test multi-disciplinary models of care in General Practice (GP) settings.

3.2 This contract maintains a vision of multi–disciplinary professionals working to support GP Practices, under the employment and direction of HSCPs. An innovative task, with the objective to support GPs at a very challenging time, in order to allow GPs to focus on care for patients with the most complex needs.

3.3 Delivery for HSCPs was based on a defined Memorandum of Understanding (MOU). The MOU established a national agreement between the BMA, Scottish Government, integration authorities and health boards to implement the 2018 Scottish GP contract. The MOU was refreshed in August 2021 producing a revised MOU, one that confirmed particular areas of focus between periods 2021 – 2023; and included Vaccination Transformation, Pharmacotherapy and Community Treatment and Care Services (CTAC).

3.4 As of October 2023, we have 50.44wte staff contributing to the delivery of Primary Care Transformation. Funding continues to be challenging, with Scottish Government only confirming our allocation for April 23 – March 24 in August of this year. This places the Programme Management Team under considerable pressure to achieve the delivery of the Scottish Government's defined MOU. We await clarification from Scottish Government on proposed funding moving forward into years 24 – 25 and a model for which this funding could be baselined.

4.0 INTRODUCTION

4.1 Inverclyde has a registered patient population of 80,524 (July 2023) across 13 GP Practices spanning from Gourock to Kilmacolm. Registration data shows a steady increase each quarter in the overall number of Practice registrations in Inverclyde; comparison to April 2023 quarter showing an increase of 196 registrations (80,328). The average Practice list size is 6,194, ranging from 2,871 patients to 14,695 patients in our largest practice.

4.2 Our registered Practice population has decreased by only 577 (81101) since January 2014; we have however adopted a more complex population which is having a significant impact on General Practice. As an area of significant deprivation, compounding factors contributing to the challenges in General Practice include an ageing population, migration, unemployment, fuel, food and childhood and household poverty.

4.3 Our PCIP implementation has enabled GP Practices to support patients in alternative settings, by the introduction of experts based on a multidisciplinary team model it is underpinned by seven key principles: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

4.4 We continue to progressively recruit and train staff to deliver services across the six Memorandum of Understanding (MOU) areas. Over the course of implementation we have reflected on lessons learned and adjusted our plan accordingly. This has included the implementation of a skill mixed workforce; which has provided opportunities for efficiencies, and built greater resilience into some services.

4.5 New delivery models of care and recruitment of multi-disciplinary professionals has allowed the transfer of some work from GP practices to HSCP staff within the context of Primary Care transformation. It is difficult to demonstrate 'time saved' for GPs as conditions including the pandemic and changes in our population has seen greater need placed on General Practices and work transferred has simply been replaced by other demands. It is important to note, that had the implementation of PCIP not been commissioned, General Practice would likely be facing a challenging future.

4.6 In line with the revised Memorandum of Understanding, our priorities continue to focus on advancing and accelerating our multidisciplinary models of care across CTAC, Pharmacotherapy, VTP followed by Urgent Care as defined. We will continue to commit support

to those valued models including Community Link Workers; which has been demonstrated as one of our most valuable assets in supporting General Practice.

5.0 PROGRESS REPORT ON MOU AREAS

5.1 The Vaccination Transformation Programme (VTP) is deemed one of biggest models of care transferred from General Practice to NHS Board and HSCPs. This approach has removed vaccination workload from General Practice, however, reduces those opportunistic moments with those patients' contacts, that only take place at these vaccination points.

5.2 Childhood vaccinations (pre-school and school based) were transferred at an early position in 2019/20. Now delivered in HSCP community clinics and schools with NHS GGC/HSCP hosted staff employed to deliver this programme. Maternity Services continue to deliver a model across GGC for pregnant women.

5.3 Responsibility for Travel Health vaccinations transferred to the Board on 1st April 2022. Initial guidance and travel advice is accessible through the NHS Scotland Fit for Travel website. As commissioned service, Citydoc provided travel health advice, risk assessment and delivery of travel vaccinations to Inverclyde and other HSCP areas.

5.4 Providing 3 months' notice, as of 30th September Citydoc no longer provide a Travel service. NHSGGC implemented a contingency arrangement from 1st October to deliver a NHS GGC Travel Health Service following approval from the Primary Care Programme Board and Adult Vaccination Group. With a further options appraisal to focus on a model post 2024. A Short Life Working Group for Travel Health with representation from key stakeholders to plan and implement the contingency plan is in place. This model will look to address the location of clinics, the feasibility of local access and the most cost effective approach for delivering a Travel Health Service.

5.5 Programmes for Adults, COVID boosters are incorporated within the current Autumn/Winter campaign. Care home residents, people aged 75 and over and those with weakened immune systems (12+years) being accelerated as a precautionary measure due to the emergence of BA.2.86. Both flu and COVID 19 booster are underway for the eligible cohorts and staffing groups at present with the aim of competition by 11th December 2023. Mobile patients attending our Town Halls are managed by a central vaccination team at NHS GG and HSCPs have responsibility for the vaccination of our vulnerable populations within their own home and care home environments.

5.6 There is learning from current delivery models which will influence the future establishment of a robust, efficient and sustainable long term vaccination programme in line with the needs of patients and the terms of the GMS 2018 contract. As such, a Small Life Working Group (SLWG) has been created for Vaccinations at Board Level with the focus on review and future considerations of adult service models. Each HSCP has different requirements and challenges; representation from Inverclyde has drawn focus to alternative venues and delivery models to better suit local need.

5.7 The appointment of a Team Lead (until Aug 2024) with oversight for Housebound Vaccinations and Community Treatment and Care (CTAC) is now in post. Both services having 2 part time Co-ordinators to manage daily operations. (until Aug 2024). Vaccinations and CTAC are successfully aligned under Community Nursing with plans to implement these roles as permanent fixtures should evidence and finances support.

5.8 Pneumococcal, Shingles and non-routine vaccinations are currently invited to central clinics or vaccinated at home. This again is an area prompted through the Vaccination SLWG for consideration on suitability of mass vaccination approach from both from a financial and local population need perspective. Without this programme transfer, our population would face further difficulty in accessing care; as would our clinicians experience an increase in demand for care without the capacity to delivery.

6.0 Pharmacotherapy Services

6.1 Adopting a tiered model approach to Primary Care Pharmacy has seen the expansion of existing pharmacy teams to introduce a shift from traditional pharmacy activities into one where we are able to provide a new medicines management service, referred to as the Pharmacotherapy Service.

6.2 The implementation of mix of Pharmacy professionals has allowed more flexibility in workforce roles, movement in skill mix, the development of a hub model and pharmacist provision for a minimum of 0.5wte/5,000 patients. With a workforce of 14.59wte delivering Pharmacotherapy service across Inverclyde supporting the transfer of Pharmacy activity from GPs to Advanced Pharmacists and Senior Pharmacists.

6.3 The establishment of a single point of access Hub has seen the onward transfer of lower-level Pharmacy activities (L1) from Senior Pharmacists to Pharmacy Technicians, allowing more complex activity being undertaken by Pharmacists. The Hubs focus on medication changes from Immediate Discharge Letters (IDLs), Out Patients Letters (OPL), Acute Requests (DMARDs, analgesics) and Serial Prescribing, medication reconciliation, medication queries and Prescribing quality improvement.

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

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

6.6 Cost efficiencies, quality prescribing and formulary compliance continue to be areas of focus moving ahead. A Prescribing Management & Pharmacotherapy Group, Pharmacy Development Group and Pharmacy Locality Group have been established locally to drive forward the required changes, review clinical and cost effective prescribing, governance structure around the prescribing and Prescribing education across Inverclyde HSCP.

7.0 Community Treatment and Care Services (CTAC)

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

7.2 Existing treatment room models located in Gourock, Greenock and Port Glasgow Health Centres have naturally integrated under the umbrella of Community Treatment and Care. Building on existing good practice and enhancing services for our GP Practices allows the incorporating of basic disease data collection and biometrics (such as blood pressure), the management of minor injuries and dressings, suture removal, and ear care within this delivery model. Other enhanced services will include leg ulcer management, Doppler assessment, over and above our traditional Treatment Room activities including wound dressings and suture/staple removal.

7.3 Additional resources (15.17wte) through PCIP has complemented our existing treatment workforce and has integrated well providing a more equitable service for patients and Practices alike. Two models of delivery are in place providing a Practice based model supported by Health Care Support Worker and Health Centre Model led by Nursing staff. We will continue to enhance and advance our model in a bid to providing the most welcoming Community Treatment and Care Service for our local population.

8.0 Urgent Care (Advanced Nurse Practitioners)

8.1 The Advanced Nurse Pracitioner role is one that is utilised in a variety of settings, in the case of PCIP delivery this is through an Unscheduled Care Home Visit model. A workforce of 7.68wte responding to a proportion of home visits for General Practitioners.
It is worth highlighting that only 1.8wte of our workforce are fully trained ANPs, with the remainder of the team nearing completion or remain in training. This requires significant investment with regards to time out from clinical duties for shadowing, mentoring, university and study leave, over and above clinical patient facing role and clinical note write up.

8.2 The establishment of a single point of contact Hub has been implemented to triage and manage urgent care. As previously indicated we are progressing a skill mix model, testing the role of Health Care Support Worker within the team to support the ANPs with triage of calls, preparatory and follow up activity. Support for our clinical team from an administrative perspective is being progressed to maximize clinical care.

8.3 We continue to experience significant movement of staff within the ANP team. The loss of ANPs to local GP Practices is contributing to the turnover of staff. It does support sustainability of General Practice however continues to present challenges in establishing a robust and sustainable service. We are therefore at a point in our journey that our current model requires review and reflection. Local engagement with GP Practices is underway to ascertain future direction as we continue to review, shape and adapt models for responding to urgent care locally.

9.0 Additional Professional Roles

9.1 The role of Advanced Practice Physiotherapist (APP) is delivered by 2.3wte (excluding time in MSK) with 61% of our GP Practices population accessing a Physiotherapist within a GP practice setting. The majority of patients signposted directly to the APP therefore reducing unnecessary GP attendances. This model of care has again experienced significant staff movement which has proved challenging to maintain a robust and sustainability service and no opportunity to expand to our wider GP community. This creates an inequitable service provision for practices and patients.

10.0 Community Link Workers (CLW)

10.1 Inverclyde's Community Link Worker model is built on a partnership between the HSCP and our Voluntary Sector Partner (CVS). CVS is an umbrella organisation for voluntary organisations and are our Third Sector Interface.

10.2 There is a significant cohort of patients who seek recurring and regular support from GPs, for what are often issues associated with loneliness, social isolation, a lack of community connection and associated 'social' issues. The CLW model was established to support such individuals with a variety of social, financial, mental health and practice issues.

10.3 The success of this programme allows a GP attached workforce of 8.4wte (1.8wte temporary) to provide a vital link service to all GP Practices across Inverclyde. The support of the Community Link Worker (CLW) is not time limited, however, the CLW always ensure the aim is to 'link' to appropriate resources to promote independence and support patients to feel empowered so that they know how to combat similar issues if they arise again. With support and onward referral, the main reasons for referral continue to include financial matters, Mental Health support, stress related issue, housing assistance and carer support.

10.4 Our Community Link Worker model is a valued asset attached to and based in all our 13 GP Practices in Inverclyde. They are firmly embedded within the Practice teams supporting the growth of professional and patient relationships. Although much of the Community links worker role is 'unseen', they are very much actively out in the community providing support to patients, often with complex issues, to remove barriers and to link with resources and services to improve their overall wellbeing. Further investment to secure the temporary 1.8wte and potential expansion of the model is a much needed priority moving forward.

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

11.0 POPULATION ENGAGEMENT

11.1 Through population engagement, explaining the true meaning of Primary Care and the range of professionals and services that work alongside our General Practitioners (GP), we will ensure our population are accessing the right care in the right place.

11.2 Our Primary Care Transformation journey will be shared through a variety of formats and activities including Primary Care Transformation Branding, Population Knowledge Survey, Community Engagement, Group Sessions, Information Stalls, Workforce Engagement sessions, Social and news Media, Transformation Webpage, Care Navigation/Signposting training to support our HSCP/GP Practice workforce.

11.3 Engagement will be supported by our overarching Primary Care Transformation film. This film is one that takes our population on a Transformation journey, explaining the new roles and professionals our population may now attend or speak to other than a GP, and the reasoning behind this transformation. This engagement programme will complement our existing Choose the Right Service brand; raising further awareness of services and resources accessible and one that supports a culture of appropriate use of our health and social care services.

12.0 POPULATION FEEDBACK

12.1 Feedback locally will be obtained via several methods:

1. a pre and post knowledge patient survey, patients having the option to complete electronically and paper format.
2. feedback will be captured in responses to our community engagement sessions delivered by our third sector partner Your Voice.
3. Care opinion as a route for service feedback

12.2 Contributing further to this will see the launch of a new Health and Care Experience Survey [Health and Care Experience Survey - gov.scot (www.gov.scot)] replacing the current GP and Local NHS Services Patient Experience Survey, asking for experiences of:

- accessing and using their GP Practice and Out of Hours services
- aspects of care and support provided by local authorities and other organisations
- caring responsibilities and related support

12.3 It is a postal survey sent to a random sample of people registered with a GP in Scotland. The survey has been run every two years since 2009. Scottish Government are working on a replacement Survey for 2023-2024. Testing with randomly selected population groups is ongoing through Autumn 2023. This will provide a mechanism for feedback from patients gathering the incorporating the wider health and care system.

13.0 SUMMARY

13.1 It is to be acknowledged that PCIP funding has enabled us to introduce a range of Multi-disciplinary professionals, which has both directly and indirectly diverted workload away from GPs and routed to the most appropriate professional or service.

13.2 It is therefore worth noting that without this investment that our GPs may not have been able to focus on the complexity of the Expert Medical Generalist role due to the significant impact the pandemic had had on our population and these new demands.

13.3 We are therefore drawing awareness to the following highlights:

- Population Engagement is key to delivering Primary Care Transformation, acceptance from our population of alternative services and professionals to complement GP care will deliver the best outcomes for our Transformation Journey.
- Our workforce and partners are our most valuable assets in changing the culture of use of services and the full understanding of Primary Care and our extended multi-disciplinary teams.
- Transfer of vaccinations has seen the largest General Practice workload shift, however feasibility in local delivery models needs further scoping as part of Board review.
- Community Link Worker activity continues to increase and support our communities with social elements; reducing the need for GP involvement in aspects of non-medical care. Further commitment on spend is required in this area to allow onward growth and support a very much needed model for our population.
- Advanced Nurse Practitioners provide an alternative to home visits, reducing the need for GP visit. Review of overall model and approach to urgent and unscheduled care in this context is required to achieve maximum coverage and impact.
- Community Treatment and Care services have enhanced and expanded nursing care which has seen a natural shift of activity from Practice Nurses and ultimately GPs to allow that focus on more complex care. Further opportunities within this model await.
- Advanced Practice Physiotherapist (APP) model, although limited spread, has allowed patients to see a specialist for MSK conditions, again something as a Generalist, GPs value.
- Skill mix within our multi-disciplinary teams adds a balance to our models of care, enabling clinicians to focus on complex care, whilst support staff delivery lower level activity and care.

13.4 As a final note, acknowledgement should be made to the continued increase in demand and pressures on our services. Nevertheless our MDT workforce and supporting Primary Care Team continue to strive in successful delivery of the new GP Contract and create accessible and equitable care for our local population.

14.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial	x	
Legal/Risk		x
Human Resources	x	
Strategic Plan Priorities	x	
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes	x	
Environmental & Sustainability		x
Data Protection		x

14.2 **Legal/Risk**

There are no legal issues raised in this report.

14.3 **Human Resources**

Workforce remains a significant challenge, driving additional pressure on delivery of PCIP services. MEMORANDUM OF UNDERSTANDING2 states a Task and Finish group will be convened to oversee planning and pipeline projections.

14.4 **Strategic Plan Priorities**

Relates to HSCP Strategic Plan, Big Action 4:

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

14.5 **Equalities**

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

x	YES – Assessed as relevant and an EqIA is required and has as such been completed, a copy of which will be made available on the Council's website: https://www.inverclyde.gov.uk/council-and-government/equality-impact-assessments
	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) How does this report address our Equality Outcomes?

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

(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?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.

x	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.

(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.
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.

14.6 **Clinical or Care Governance**

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

14.7 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	A wider MDT approach with additional/ extended skills to positively supporting individuals
People who use health & social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals/education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None

Resources are used effectively in the provision of health and social care services.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

14.8 **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.

14.9 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

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

15.0 DIRECTIONS

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

16.0 CONSULTATION

16.1 This report has been prepared by the Head of Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP) under the direction of the Primary Care Transformation Group.

16.2 Engagement through our New Ways, PCIP and now Primary Care Transformation journey; has been inclusive ensuring our key stakeholders are engaged in the development and shaping of our services.

16.3 In supporting our transformation agenda, it is recognised that in order for successful transfer of care; from GP to extended multidisciplinary professionals that population engagement is key.

16.4 Our culture change journey commenced during New Ways of Working. It was at that point our ‘Choose the Right Service’ brand and campaign was created. Working in partnership with our third sector partners and led by Your Voice; this model has advanced, and embedded in our communities. As we now know it, patients were seen for the ‘right care in the right place’.

16.5 On the next phase of our transformation journey, we have:

- Commissioned further population engagement through the third sector, focusing on the 'Transformation of Primary Care'.
- Created Development Groups for areas of the Memorandum of Understanding to ensure our stakeholders are represented and have input to the onward development of our services.
- Held engagement sessions for GP Practice workforce to engage and contribute to focus session on specific Memorandum of Understanding areas.
- Population engagement will take place through a variety of approaches including face to face, social media.

17.0 CONCLUSIONS

17.1 Headline messages from our Primary Care Implementation Plan journey, at October 2023 are:

- An additional 50.44wte staff have been recruited to the MDT roles.
- The additional workforce capacity has increased support for General Practice; as well as managing both existing and new workload in a sustainable way.
- The implementation of the new models and extended multidisciplinary teams are now an established part of core general practice provision; which has allowed a significant transfer of work from GP practices to the HSCP across all of the MOU as demonstrated above in each of the priority areas.

17.2 PCIP was developed within the available funding, focusing on those areas most closely linked to contractual commitments. Inverclyde HSCP continues to embrace these opportunities, utilising innovative approaches to skill mix, creating efficiencies and maximising impact. Inverclyde continues to exceed beyond this; and have significantly progressed all MOU defined areas and should be commended on this achievement.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health and Social Care Partnership**	**Report No:**	**IJB/53/2023/GK/AB**
Contact Officer:	**Gail Kilbane** **Interim Head of Service** **Mental Health, Alcohol and Drug Recovery and Homelessness Services** **Alan Best** **Interim Head of Health & Community Care**	**Contact No:**	**01475 715372**
Subject:	**Joint Inspection of Adult Services**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to advise the Integration Joint Board that the Chief Executive was notified on 02 October 2023 by the Care Inspectorate and Healthcare Improvement Scotland of the decision to jointly inspect health and social care services for adults in the Inverclyde Health and Social Care Partnership. Inspection activity will formally commence on Monday 23 October 2023.

1.3 With the agreement of Scottish Ministers, the inspection considers the following question: "*How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"*

1.4 The inspection in Inverclyde will consider the inspection question by examining the provision of services for and lived experience of **adults living with mental illness and their unpaid carers**.

1.5 In this inspection, the inspection team are primarily looking at people's experiences and outcomes over the preceding two-year period. Inspection activities will include:

- Consideration of the partnership's position statement and supporting evidence.
- Engagement with people who live with mental illness and their unpaid carers.

- A survey of relevant partnership staff, including third and independent sector.

- Reviewing selected health and social work records.

- Conversations with selected individuals and groups of professionals, including some of the people whose records we have reviewed and the staff groups that support them.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

(a) Notes the commencement of a Joint Inspection (adults) in the Inverclyde Health and Social Care Partnership; and
(b) Considers a future update following publication of the Joint Inspection (adults).

3.0 BACKGROUND AND CONTEXT

3.1 Under section 115 of the Public Services Reform (Scotland) Act 2010, together with regulations made under the 2010 Act, the Care Inspectorate and Healthcare Improvement Scotland have intimated their intention to commence an inspection of health and social care services for adults in the Inverclyde Health and Social Care Partnership. Inspection activity will commence on Monday 23 October 2023. This was notified to the Chief Executive by letter on Monday 2 October 2023 (appendix 1).

3.2 The inspection in Inverclyde will consider the inspection question '"How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?" and will do so by examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers.

3.3 In this inspection, the inspection team are primarily looking at people's experiences and outcomes over the preceding two-year period. This encompasses part of the period of the coronavirus pandemic but is not a pandemic-specific inspection programme.

3.4 As noted at paragraph 1.5 there is a range of inspection activity being carried out. In advance of this, the inspection team have requested information prior to inspection commencement.

3.5 At the time of this report submission, there is no confirmed publication date for the inspection report. However, the letter does note that during the first eight weeks the inspection team will be engaging with people and their carers with the assistance of local services and community groups. Accompanying documentation would also indicate that between week 20 and 26 draft report writing will commence.

3.6 The Inspection Team have provided Inverclyde HSCP a week-by-week guide of Inspection activity for a total of 35 weeks. The following key actions for Inverclyde HSCP to undertake are noted as follows;

- HSCP completes Pre-Inspection Return (PIR) from Social Care records (commencing 02/10/23 and concluding on 10/11/23)
- Inspection Team selects Initial Random Sample (100 cases) from Social Care records (week commencing 13/11/23)
- HSCP completes the Initial Case Tracker to provide information on Health inputs for people in the Initial Random sample (week commencing 27/11/23)
- HSCP prepares and uploads Health and Social Care records for individuals in the sample to enable direct access by the Inspectors (week commencing 18/12/23 and concluding on 03/01/24)
- HSCP receives Draft Inspection Report and responds to any factual inaccuracies (week commencing 25/03/24 and concluding on 29/03/24)
- HSCP receives Final Report (week commencing 01/04/24) and returns Improvement Plan (week commencing 13/05/24).

3.7 The Inspection Team have provided Inverclyde HSCP a week-by-week guide of Inspection activity for a total of 35 weeks. The following key actions undertaken by the Inspection Team undertake are noted as follows;

- Care and Inspectorate and Health Care Improvement Scotland give formal notification of the start of the inspection and advise of the Inspection Team (week commencing 02/10/23).

- The Inspection Team will begin to make contact with local services and groups with the aim of identifying people and carers who wish to participate in the inspection. The Inspection Team also hosts 'Partnership Meeting 1 (Briefing) - this meeting provides an inspection overview and allows key leaders in the HSCP to meet key members of the Inspection Team (week commencing 23/10/23).
- Inspection Team selects the initial random sample of people whose records will be reviewed, agrees timetable for engagement conversations and focus groups with local services and groups (week commencing 13/11/23)
- Inspection Team reviews people's records (week commencing 11/12/23)
- Inspection Team analyses evidence (week commencing 08/01/24), develops draft report (week commencing 15/01/24) ahead of submission to Care Inspectorate/Healthcare Improvement Scotland for quality assurance of inspection report (week commencing 29/01/24).

4.0 PROPOSALS

4.1 It is recommended that the Social Work and Social Care Scrutiny Panel notes the commencement of the joint inspection as advised in the appendix. The Panel are also asked to agree to a further update once the inspection report has been published.

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		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

None

5.4 **Human Resources**

None

5.5 **Strategic**

None

5.6 **Equalities, Fairer Scotland Duty & Children/Young People**

(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.	Protects characteristics
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Protects communities
People with protected characteristics feel included in the planning and developing of services.	Includes the views of our community
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Supports refugees within our community

(c) Fairer Scotland Duty

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

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty.

(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.
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.

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

5.9 **Environmental/Sustainability**

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

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

7.0 CONSULTATION

7.1 None

8.0 BACKGROUND PAPERS

8.1 Joint Inspection (Adults) in the Inverclyde Health and Social Care Partnership (Appendix 1).

Appendix 1

Louise Long
Chief Executive
Inverclyde Council
Municipal Buildings
24 Clyde Square
Greenock
PA15 1LY

Our Ref: KM/LC/VH
Date: 2 October 2023

Dear Ms Long

Joint Inspection (Adults) in the Inverclyde Health and Social Care Partnership

Under section 115 of the Public Services Reform (Scotland) Act 2010, together with regulations made under the 2010 Act, the Care Inspectorate and Healthcare Improvement Scotland will jointly inspect health and social care services for adults in the Inverclyde Health and Social Care Partnership, with inspection activity commencing on Monday 23 October 2023.

With the agreement of Scottish Ministers, the inspection will consider the following question:

> "**How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"**

The inspection in Inverclyde will consider the inspection question by examining the provision of services for and lived experience of **adults living with mental illness and their unpaid carers.**

To support us in considering the inspection question, we have developed a **quality improvement framework** and an **engagement framework**. We also have a **partnership guide** which will provide the partnership with detailed information about all the elements of the inspection.

Healthcare Improvement Scotland and the Care Inspectorate are very aware that health and social care partnerships are under significant pressures. We have designed our inspection activity to minimise the impact on the partnership as far as possible. During the first eight weeks, the inspection team will be engaging with people and their carers with the assistance of local services and community groups.

In this inspection, we are primarily looking at people's experiences and outcomes over the preceding two-year period. This encompasses part of the period of the coronavirus pandemic. This is **not** a pandemic-specific inspection programme. We are however mindful of the impact of the pandemic on the delivery of services and on people's experiences. The inspections and the subsequent published reports will take into account and reflect the context in which health and social care partnerships have been operating since the onset of the pandemic in March 2020.

/2

Joint Inspection (Adults) in the Inverclyde Health and Social Care Partnership

Our inspection activities will include:

- Consideration of the partnership's position statement and supporting evidence.
- Engagement with people who live with mental illness and their unpaid carers.
- A survey of relevant partnership staff, including third and independent sector.
- Reviewing selected health and social work records.
- Conversations with selected individuals and groups of professionals, including some of the people whose records we have reviewed and the staff groups that support them.

In discussion with the partnership, we will agree which inspection activities will be carried out remotely and which activities may be carried out in person.

We need you to make some arrangements and provide us with information before our inspection begins.

1. Please nominate a **co-ordinator** within the HSCP who will be the person who works directly with our team to manage arrangements for the inspection. We ask that the co-ordinator is someone with a level of seniority who can collaborate effectively with the inspection team and make key decisions and will be able to put us in touch with key staff, people and carers who will be able to support our engagement through surveys and conversations. We attach an inspection co-ordinator profile for your information. Please provide the name and contact details for the co-ordinator by Friday 13 October 2023.

2. From Monday 23 October we will be contacting services and groups that support people living with mental illness and their unpaid carers in your area, asking them to assist us in contacting people who would be willing to talk with us. To help us with this, please provide us with a list of the services and groups in your area that you consider to have the most involvement with people who are living with mental illness. The list may include contracted services, voluntary and community organisations, peer support groups and carer organisations. Please submit this on the **provider and services template** by Thursday 19 October 2023.

3. The pre-inspection return (PIR) needs to be returned to us by 12pm on Friday 10 November with details of all the people living with mental illness who are receiving social work services at the time the PIR is completed. You can find full guidance about this in the partnership guide and linked documents. We recommend that you ask staff with responsibility for social work and health business systems and data to review this as soon as possible so that they can consider what needs to be done and ask us any questions.

/3

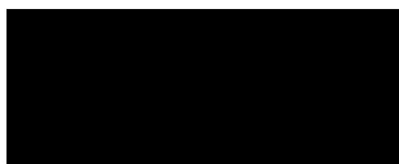
Joint Inspection (Adults) in the Inverclyde Health and Social Care Partnership

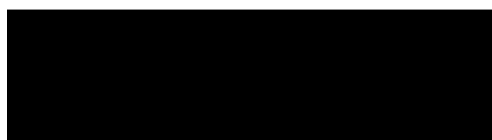
4. As well as ongoing dialogue, we will have four set meetings with you during the inspection. We refer to these meetings as partnership meetings and will agree with you whether each meeting should be held in person or via Microsoft Teams. The first meeting is a briefing meeting which usually takes 60 - 90 minutes and we aim to hold this on Tuesday 31 October (10.30am – 12.30pm). We suggest that no more than six partnership representatives should attend the meeting, to allow for productive discussion. Following the partnership meeting, we will meet separately with the co-ordinator to discuss the details of preparation for the inspection. As we expect to hold this meeting quite soon, you may wish to start identifying and contacting the people you would like to attend. We will make arrangements for the partnership meetings with the partnership's inspection co-ordinator.

The lead inspector for this inspection will be Val Holtom. Val can be contacted on 07870981801 or via email – val.holtom@careinspectorate.gov.scot. Val will be supported by Angela MacBain, strategic support officer. Angela can be contacted on 07771810729 or at angela.macbain@careinspectorate.gov.scot. Val will be in touch with you shortly after you have received this letter.

If you or any of your colleagues have any questions or need clarification about any of the points in this letter, please contact the lead inspector, Val Holtom using the contact details provided above.

Yours sincerely





Kevin Mitchell
Executive Director
Scrutiny and Assurance
Care Inspectorate

Lynsey Cleland
Director, Quality Assurance and Regulation
Healthcare Improvement Scotland

Cc Councillor Robert Moran, Chair, Integration Joint Board
Jonathan Hinds, Chief Social Work Officer
Geraldine Jordan, NHS Liaison Co-ordinator
Professor Angela Wallace, Nurse Director
Dr Jennifer Armstrong, Medical Director

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rocks Corporate Director Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/55/2023/CG**
Contact Officer:	**Craig Given Head of Finance, Planning and Resources Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715381**
Subject:	**Integration Scheme**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 To update the Integration Joint Board on work to review the Integration Scheme between Inverclyde Council and NHS Greater Glasgow and Clyde, and to present a draft revised Integration Scheme for approval to go out for consultation.

2.0 RECOMMENDATIONS

2.1 The Integration Joint Board is asked to:

a) Note the content of this report; and
b) Note the draft revised Integration Scheme for consultation.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') requires Local Authorities and Health Boards to jointly prepare an Integration Scheme. It sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored within their local area

3.2 Integration Schemes are required by statute to be reviewed within a "relevant period" of five years from initial publication. The Schemes for the six HSCPs across the Greater Glasgow and Clyde Health Board area received parliamentary approval at different times and are therefore subject to different review schedules. In order to ensure consistency where possible across the six HSCPs and to reduce duplication of effort it has been decided to carry out simultaneous reviews to enable revised Schemes to be agreed at the same time.

3.3 To take forward the joint review of the Schemes a pan-Partnership working group was established in the second half of 2019 to progress the review. The group is chaired by the Chief Officer of West Dunbartonshire HSCP (to provide a link back to the Chief Officers Group) and includes representatives from all six HSCPs and the Health Board. The group took responsibility for taking forward the review and revision of the Schemes, feeding back to and taking guidance from the Chief Officers Group with a view to developing revised Schemes for approval by the Cabinet Secretary, if approved by Councils and the Health Board.

3.4 Work to review the Schemes was delayed in 2020 shortly before going out to consultation following the intervention of the Chairman of the Health Board. The Chairman raised a number of queries in relation to the Schemes that required further discussion and editing. The review was subsequently further delayed by the focus on responding to the Covid-19 pandemic.

4.0 REVIEW ACTIVITY

4.1 The initial review of the Schemes for respective HSCPs sought to identify where edits were required, for example due to the emphasis in the original Schemes, on transitioning from shadow arrangements to fully implemented IJBs and because they made reference to activity which was to be undertaken within the relevant period for the first Schemes, and which is now complete.

4.2 Individuals within the group, and the group collectively, also considered content that required reviewing across all Schemes to encourage standardization of content and a higher level of consistency across Schemes. The Glasgow Scheme was used as a base document for all HSCPs, to which local variation was added if required.

4.3 The core content and structure of the draft revised Scheme for Inverclyde remains consistent with the existing Scheme, and therefore retains its close alignment with the model Integration Scheme approved by the Scottish Government and the requirements laid out within the Public Bodies Joint Working Integration Scheme Scotland Regulations 2014, which provide guidance on the required content of the Scheme.

4.4 Areas of the Scheme where revisions were made on review included the sections on Performance (section 10), Information and Data Handling (section 16), Complaints (section 17) and Risk Management (section 19). These changes were to reflect activity completed since approval of the first Scheme, to update to reflect current arrangements and to ensure consistency across the six Schemes. The section on Participation and Engagement will be completed following the consultation process to reflect how this was achieved, again in line with the expectations for the content of that section laid out in the guidance.

4.5 Section 8 (Local Operational Delivery Arrangements) has been revised substantially in how arrangements for hosted services are described. The previous iteration of the Scheme contained an Annex (3) which listed the services subject to hosting arrangements and which HSCP area was responsible for those services. In the new Scheme Annex 3 has been removed to reflect the fact that the guidance on drafting Integration Schemes does not require this level of detail, which could become inaccurate should hosting arrangements change within the lifetime of the Scheme.

4.6 The Scheme instead (at page 14 and S14.22) provides detail on how hosting arrangements are to be implemented, with the content jointly developed by representatives of all six HSCPs and adopted across each of the Schemes.

4.7 There has been some re-drafting of Section 14 of the Scheme (Finance). The Chief Finance Officer Group took the opportunity to collectively review the previous text and update for accuracy and consistency, with revised text again adopted by all HSCPs within the Health Board area.

4.8 The group has been in contact with the Scottish Government throughout the review on processes and timescales to obtain Cabinet Secretary approval for revised Schemes. Advice and guidance was also sought on any areas within Schemes that the Scottish Government had knowledge of from their experience of across the country that generally required improvement. Dialogue with colleagues from the Scottish Government is ongoing and necessary amendments will be collected as part of the consultation process and will be reflected in the final drafts when they are placed before Committee again for approval.

4.9 All six HSCPs are engaged with their Legal Services Teams to review the drafts and reflect the comments of the Scottish Government with a view to ensuring incorporation of any Legal advice for the final draft of the Schemes. The consultation period will therefore include working with Legal Services to ensure the draft and any amendments considered as part of the consultation process meet the statutory requirements surrounding review and development of Integration Schemes laid out in the Act.

4.10 Appendix 2 attached sums up the changes to the Integration Scheme document.

5.0 NEXT STEPS

5.1 The draft revised Scheme will be subject to consultation with the prescribed consultees as laid out in Prescribed consultees regulations and in accordance with section 46 of the Public Bodies (Joint Working) (Scotland) Act 2014.

5.2 It should be noted that the scope for consultation to influence the structure and content of the Scheme is limited due to the requirement to comply with the model Scheme prescribed by the Scottish Government and the nature of the arrangements outlined within an Integration Scheme. As a result, the working group is preparing a light touch consultation plan to be run from November to January.

5.3 Following the consultation exercise the feedback received will be used to make the necessary revisions to the draft Scheme and the updated draft will be presented to Committee (and the Health Board) for final approval in April 2024. If approved the Scheme will be presented to the Integration Joint Board for noting and subsequently submitted to the Cabinet Secretary for Ministerial approval.

6.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

6.2 **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					

6.3 **Legal/Risk**

Legal Services have been sighted on the updated scheme

6.4 **Human Resources**

N/A

6.5 **Strategic Plan Priorities**

N/A

6.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(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?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	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.

(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.
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.

6.7 **CLINICAL OR CARE GOVERNANCE**

N/A

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 **ENVIORNMENTAL/ 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.

6.10 **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.

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

8.1 N/A

9.0 BACKGROUND PAPERS

9.1 Appendix 2 attached sums up the changes to the Integration Scheme document. Appendix 3 attached is the Integration Scheme from 2018.

Appendix 1

Inverclyde Health and Social Care Partnership

Integration Scheme

Between

INVERCLYDE COUNCIL
And
GREATER GLASGOW AND CLYDE HEALTH BOARD

Draft clean version for consultation
September 2023

1. Introduction

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by the Scottish Ministers; children’s health and social care services and criminal justice social work services. The Act requires the parties to prepare jointly an integration scheme setting out how this joint working is to be achieved. To achieve this, the Health Board and Local Authority can either delegate between each other or can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a “lead agency” arrangement. Delegation to an Integration Joint Board is commonly referred to as a “body corporate” arrangement.

1.2 This document sets out the Integration Scheme (“the Scheme”) for Inverclyde, where Inverclyde Council and NHS Greater Glasgow and Clyde have agreed to a body corporate arrangement which is known as the Inverclyde Health and Social Care Partnership. The Scheme sets out the detail as to how the Health Board and Local Authority will integrate services. When the Scheme has been agreed locally, the Act requires the Health Board and Local Authority to submit jointly the Scheme for approval by Scottish Ministers. The Scheme follows the chosen model and includes the matters prescribed in Regulations.

1.3 Once the Scheme has been approved by the Scottish Ministers, the Inverclyde Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

1.4 As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of elected Councillors, NHS non-executive directors, and other Members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority

1.5 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Scheme.

Further, the Act gives the Health Board and the Council, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Council together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Vision and Values

2.1 Inverclyde Council and the Health Board are committed to maintaining the Inverclyde Health and Social Care Partnership, whose key vision is that Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.

2.2 This vision is underpinned by the core values of the Inverclyde Health and Social Care Partnership - dignity and respect, responsive care and support, compassion, wellbeing, be included and accountability.

3. Aims and Outcomes of the Integration Scheme

3.1 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

- 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 to reduce 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.

3.2 NHS Greater Glasgow and Clyde and Inverclyde Council have agreed that Children's and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included.

3.3 The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

3.4 The National Outcomes and Standards for Social Work Services in the Criminal Justice System are:

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

4. Integration Scheme

4.1 The Parties

The parties to this Integration Scheme are:-

The Inverclyde Council, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Municipal Buildings, Clyde Square, Greenock, PA15 1LY (“the Council”).

And

Greater Glasgow Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Greater Glasgow and Clyde“(NHSGG&C)) and having its principal offices at J B Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow, G12 0XH (“the Health Board”)

(Together referred to as “the Parties” and each being referred to as “the Party”)

5. Definitions and Interpretation

5.1 The following are definitions of terms used throughout the Integration Scheme:

"The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"Acute Hospital Services" means:

1. Accident and Emergency services provided in a hospital
2. Inpatient hospital services relating to the following branches of medicine:
   - i General Medicine
   - ii Geriatric Medicine
   - iii Rehabilitation Medicine
   - iv Respiratory Medicine
3. Palliative care services provided in a hospital;

"Chair" means the chair of the Integration Joint Board as appointed in accordance with the arrangements made under Article 4 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

"Chief Finance Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs appointed under Section 13 of the Act and Section 95 of the Local Government (Scotland) Act 1973;

"Chief Officer" means the Chief Officer of the Integration Joint Board as referred to in Section 10 of the Act and whose role is more fully defined in Part 9 of the Scheme;

"Chief Social Work Officer" means the individual appointed by the Council under Section 3 of the Social Work (Scotland) Act 1968; "Health and Social Care Partnership" is the name given to the Parties' service delivery organisation for functions which have been delegated to the Integration Joint Board;

"Health Leads" means individuals who have the professional lead for their respective healthcare profession(s) within the Health and Social Care Partnership;

"Host" means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the Health Board area;

"Hosted Services" means those services of the Parties subject to consideration by the Integration Joint Boards, the Parties agree will be managed and delivered by a single Integration Joint Board;

"Integrated Services" means the services of the Parties delivered in a Health and Social Care Partnership for which the Chief Officer has operational management responsibility;

"Integration Joint Board" means the Inverclyde Integration Joint Board established by Order under Section 9 of the Act;

"Integration Scheme Regulations" or "the Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

"Scheme" means this Integration Scheme;

"Services" means those Services of the Parties which are delegated to the Integration Joint Board as more specifically detailed in clause 3 hereof;

"Set Aside Budget" means the monies made available by the Health Board to the Integration Joint Board in respect of those functions delegated by the Health Board

which are carried out in a hospital within the Health Board area and provided for the areas of two or more Local Authorities;

"Strategic Plan" means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children and criminal justice social work in accordance with Section 29 of the Act.

5.2 Whereas in implementation of their obligations under section 2(3) of the Act, the Parties are required to jointly prepare an Integration Scheme for the area of the Local Authority setting out the information required under section 1(3) of the Act and the prescribed information listed in the Integration Scheme Regulations therefore in implementation of these duties the Parties agree as follows:

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4) (a) of the Act will remain in place for the Inverclyde Council area, namely the delegation of functions by the Parties to a body corporate that has been established by Order under Section 9 of the Act. This Scheme came into effect on 27 June 2015 when the Integration Joint Board was established by Parliamentary Order. The Scheme has been reviewed and revised in accordance with Section 44(2) of the Act and these changes will be applied on the date the revised Scheme receives approval through delegation by the Cabinet Secretary.

6. Local Governance Arrangements

6.1 Remit and Constitution of the Integration Joint Board

6.2 The role and remit of the Integration Joint Board is as set out in the Act.

6.3 Voting Members

6.4 The arrangements for appointing the voting membership of the Integration Joint Board are that each Party shall appoint four voting representatives.

6.5 Chair

6.6 The Chair and Vice Chair positions of the Integration Joint Board will rotate every two years between the Health Board and the Council, with the Chair being nominated from the voting representatives of one Party and the Vice Chair nominated from the voting representatives of the other.

6.7 Meetings

6.8 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business and all meetings of the Integration Joint Board shall be conducted in accordance with them.

7. Delegation of Functions

7.1 The functions that have been delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate are set out in Part 2 of Annex 1. The functions in Part 1 of Annex 1 have been delegated only to the extent that they relate to the services listed in Part 2 of Annex 1.

7.2 The functions that have been delegated by Inverclyde Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services to which these functions relate are set out in Part 2 of Annex 2.

8. Local Operational Delivery Arrangements

8.1 Responsibilities of the Integration Joint Board on behalf of the Parties

8.2 The remit of the Integration Joint Board is as set out in the Act and includes the following:-

- To prepare and implement a Strategic Plan in relation to the provision of the Integrated Services to adults and children, and criminal justice in the Inverclyde area in accordance with sections 29 to 48 of the Act.
- To allocate and manage the delegated budget in accordance with the Strategic Plan.
- The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer, is responsible for the operational management of the Integrated Services. These arrangements for the delivery of the Integrated Services will be conducted within an operational framework established by the Health Board and Council for their respective functions, ensuring both Parties can continue to discharge their governance responsibilities, in line with directions from the Integration Joint Board. The framework applies only to operational delivery.

8.3 The Integration Joint Board will put in place systems, procedures and resources to monitor, manage and deliver the Integrated Services.

8.4 The Integration Joint Board is operationally responsible for directing the delivery by the Parties of the functions and services. The Parties will provide reports to the Integration Joint Board on the delivery of the functions. The Integration Joint Board will respond to such reports, via directions to the Health Board and the Council in line with the Strategic Plan.

8.5 In accordance with Section 26 of the Act, the Integration Joint Board will direct the Council and the Health Board to carry out each function delegated to the Integration Joint Board. This will include Adult, Children and Families Health and Social Work Services and Criminal Justice Social Work Services. Payment will be made by the Integration Joint Board to the Parties to enable the delivery of these functions and services in accordance with the Strategic Plan.

8.6 Strategic Plan

8.7 The Integration Joint Board will maintain a representative Strategic Planning Group to develop and review the Strategic Plan. This will include assessing the potential impact of the Strategic Plan on the Strategic Plans of other integration authorities within the Health Board area.

8.8 The Parties will provide any necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by other Health Boards or within other local authority areas by people who live within Inverclyde.

8.9 The Parties commit to advise the Integration Joint Board where they intend to change service provision that will have an impact on the Strategic Plan.

8.10 Arrangements for emergency and Acute Services planning in the Health Board area will require joint planning with the other integration authorities within the Health Board area and the Health Board which retains operational responsibility for the delivery of these services.

9. Corporate Support

9.1 The Parties are committed to supporting the Integration Joint Board, providing resources for the professional, technical or administrative services required to support the development of the Strategic Plan and delivery of the Integrated Services

9.2 The existing planning, performance, quality assurance and development support arrangements and resources of the Parties will continue to be used as a model for the strategic support arrangements of the Integration Joint Board.

9.3 The arrangements for providing corporate support services will be subject to ongoing review within the annual budget setting and review processes for the Integration Joint Board.

9.4 The arrangements for providing these services will be subject to review aligned to the requirements of each Strategic Planning cycle, to ensure that undertakings within each Strategic Plan can be achieved, as part of the planning processes for the IJB and the Parties.

9.5 The Parties will provide the IJB with the corporate support services it requires to fully discharge its duties under the Act. The Parties will ensure that the Chief Officer is effectively supported and empowered to act on behalf of the IJB. This will include the Parties providing staff and resources to provide such support. In all circumstances, the direction of these corporate support services will be aligned to the governance and accountability arrangements of the functions being supported, as set out in this Scheme.

9.6 The Health Board will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service

users within the Health Board area for its service and for those provided by other Health Boards. Regional services are explicitly excluded.

9.7 The Council will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within Inverclyde for its services and for those provided by other councils.

9.8 The Parties agree to use all reasonable endeavours to ensure that the other Health Board area IJBs and any other relevant Integration Authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.

9.9 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Health Board area IJBs to ensure that they do not prevent the Parties and the IJB from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.

9.10 The Parties shall advise the IJB where they intend to change service provision of non-integrated services that will have a resultant impact on the Strategic Plan.

10. Performance Targets, Improvement Measures & Reporting Arrangements

10.1 The IJB will develop and maintain a Performance Management Framework in agreement with the Parties, which consists of a range of indicators and targets relating to those functions and services which have been delegated to the IJB. These will be consistent with national and local objectives and targets in order to support measurement of:

i) the achievement of the National Health and Wellbeing Outcomes;

ii) the Core Suite of National Integration Indicators;
iii) the quality and performance of services delivered by the parties through direction by the IJB;
iv) the overall vision of the partnership area and local priorities as set out within the Strategic Plan;
v) the corporate reporting requirements of both parties; and
vi) any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.

10.2 The Parties will provide the IJB with performance and statistical support resources, access to relevant data sources and will share all information required on services to permit analysis and reporting in line with the prescribed content as set out in regulations. The Council, Health Board and IJB will work together to establish a system of corporate accountability where the responsibility for performance targets are shared.

10.3 The Parties will provide support to the IJB, including the effective monitoring of targets and measures, in line with these arrangements and in support of the Performance Management Framework.

10.4 The Strategic Plan will be reviewed and monitored by the IJB in relation to these targets and measures. Where either of the Parties has targets, measures or arrangements for functions which are not delegated to the Integration Joint Board, but which are related to any functions that are delegated to the Integration Joint Board, these targets, measures and arrangements will be taken into account in the development, monitoring and review of the Strategic Plan.

10.5 The Performance Management Framework and associated reporting arrangements for the IJB will continue to be developed and reviewed regularly by the IJB and the

Parties, consistent with all national targets and reflective of all relevant statute and guidance.

10.6 The IJB will consider service quality, performance and impact routinely at its meetings and each year through its annual performance report, with associated reports also provided to the Parties.

10.7 The Parties and the Integration Joint Board are jointly responsible for the establishment of arrangements to:

- Create an organisational culture that promotes human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice including learning and development; and is transparent and open to innovation, continuous learning and improvement.
- Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- Ensure that the rights, experience, expertise, interests and concerns of service users, carers and communities are central to the planning, governance and decision-making that informs quality of care.
- Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- Deliver assurance that effective arrangements are in place to enable relevant health and social care professionals to be accountable for standards of care including services provided by the third and independent sector.
- Ensure that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.

- Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the third and independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
- Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- Provide assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrongdoing in line with local policies for whistleblowing and regulatory requirements.
- Establish clear lines of communication and professional accountability from point of care to officers accountable for clinical and care governance. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training, in order to be compliant with all professional regulatory requirements.
- Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication are valued, staff supported and innovation promoted.
- Provide a clear link between organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education.
- Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and

that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.

- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

11. Clinical and Care Governance

11.1 Except as detailed in this Scheme, all strategic, planning and operational responsibility for Integrated Services is delegated from the Parties to the Integration Joint Board and its Chief Officer for operational responsibilities through the Service Delivery Framework.

11.2 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework including the focus on localities and service user and carer feedback.

The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.

11.3 The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.

11.4 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will

promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

11.5 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

11.6 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

11.7 The Integration Joint Board will be responsible for operational oversight of Integrated Services, and through the Chief Officer, will be responsible for management of Integrated Services, except Acute Hospital Services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Hospital Services and the Health Board will be responsible for management of acute services.

11.8 As detailed in section 12 of the Scheme, the Chief Officer will be an officer of, and advisor to, the Integration Joint Board. The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the Corporate Management Teams of the Parties. The Chief Officer will manage the Integrated Services.

11.9 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance Group will be established, co-chaired by the Clinical

Director and Chief Social Work Officer, and will report to and advise the Chief Officer and the Integration Joint Board, both directly and through the co-chairs also being members of the Strategic Planning Group and being non-voting members of the Integration Joint Board. The Clinical and Care Governance Group will contain representatives from the Parties and others including:

- The Senior Management Team of the Partnership;
- Clinical Director;
- Lead Nurse;
- Lead Allied Health Professional;
- Chief Social Work Officer;
- Service user and carer representatives; and
- Third Sector and Independent Sector representatives.

11.10 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include Health Board professional committees, managed care networks and Adult and Child Protection Committees.

11.11 The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.

11.12 The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Health and Social Care Partnership area. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.

11.13 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer.

11.14 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of Integrated Services within the Partnership in order to then provide assurance to the Integration Joint Board.

11.15 Further assurance is provided through:

a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Clinical Director and Health Leads to report directly to the Health Board Medical Director and Nurse Director who in turn report to the Health Board on professional matters; and

(b) the role of the Clinical Governance Committee of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Clinical Governance Committee will also provide professional guidance to the local Clinical and Care Governance Group as required.

11.16 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from 11.16 (a) or (b) above.

11.17 The Health Board Clinical Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

11.18 The relationships between the different components of clinical and care governance are represented in diagram form at Annex 5.

11.19 Professional Leadership

11.20 The Health Board will nominate professional leads to be members of the Integration Joint Board. The Integration Joint Board will appoint professional leads to the Strategic Planning Group, in compliance with Section 32 of the Act.

11.21 NHS professional leads will relate to the Health Board's professional leads through formal network arrangements. The Health Board's professional leads will also be able to offer advice to the Chief Officer and to the Integration Joint Board.

11.22 The Health Board's Medical and Nursing Director roles support the Chief Officer and Integration Joint Board in relation to medical and nurse education and revalidation. The governance responsibilities of the Integration Joint Board and Chief Officer will also be supported by the Health Board's equalities and child protection functions.

12. Chief Officer

12.1 The Chief Officer will be appointed by the Integration Joint Board upon consideration of the recommendation of an appointment panel selected by the Integration Joint Board to support the appointment process, which panel will include the Chief Executives of each Party as advisors. The Chief Officer will be employed by one of the Parties and will have an honorary contract with the non-employing party. The Chief Officer will be jointly line managed by the Chief Executives of the Health Board and the Council. This will ensure accountability to both Parties and support a system-wide approach by the Health Board across all of its component integration authorities, and strategic direction in line with the Council's corporate priorities. The Chief Officer will be the accountable officer to the Integration Joint Board. The Chief Officer will become a non-voting member of the Integration Joint Board upon appointment to his/her role.

12.2 The Chief Officer will provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. As a member of both corporate management teams the Chief Officer will be able to influence policy and strategic direction of both Inverclyde Council and the Health Board from an integration perspective.

12.3 The Chief Officer will have delegated operational responsibility for delivery of Integrated Services, except Acute Hospital Services, with oversight from the Integration Joint Board. In this way the Integration Joint Board is able to have responsibility for both strategic planning and operational delivery. The operational delivery arrangements will operate within a framework established by the Health Board and the Council for their respective functions, ensuring both bodies can continue to discharge their governance responsibilities.

12.4 The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The Chief Officer will be operationally responsible through an integrated management team for the delivery of Integrated Services within the resources available.

12.5 In the event that the Chief Officer is absent or otherwise unable to carry out his or her functions, the Chief Executives of the Health Board and the Council will, at the request of the Integration Joint Board, jointly appoint a suitable interim replacement.

12.6 “The Chief Officer will have day to day operational responsibility to monitor delivery of the services set out in Annexes XXX, other than Acute Hospital Services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services. The IJB will have oversight of these operational management arrangements.

AND

"The IJB along with the other five IJBs in the Greater Glasgow and Clyde Health Board area will contribute to the strategic planning of Acute Hospital Services."

12.7 The Council agrees that the relevant Council lead responsible for the local housing strategy will be required to routinely liaise with the Chief Officer in respect of the Integration Joint Board's role in informing strategic planning for local housing as a whole and the delivery of housing support services delegated to the Integration Joint Board.

12.8 The Chief Officer will have accountability to the Integration Joint Board for Workforce Governance. The Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board's Staff Governance Committee and the Council's Staff Representative Forum.

13. Workforce

13.1 Sustained and successful delivery of Integrated Services is dependent on an engaged workforce whose skill mix adapts over time to respond to the clinical and care needs of the Inverclyde population. The Parties will work together to ensure effective leadership, management, support, learning and development across all staff groups. Staff employed in services whose functions have been delegated to the Integration Joint Board will retain their current employment status with either the Council or the Health Board and continue with the terms and conditions of their current employer. The Partnership will report on HR and wider Workforce governance matters to the Parties through their appropriate governance and Management Structures, including in relation to the Equality Act.

13.2 The Parties agree that Workforce Governance is a system of corporate accountability for the fair and effective management of staff. Staff managing functions within the IJB have a responsibility for managing staff employed by NHS GGC and (Inverclyde) Council and will therefore ensure that partner organisation governance standards are explicitly applied and staff are:

- Well Informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently with dignity and respect in an environment where diversity is valued
- Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community

13.3 The Chief Officer, on behalf of the Parties, will maintain a Workforce Plan describing the current shape and size of the workforce, how this will develop as services become more integrated, and what actions will need to be taken to achieve the necessary changes in workforce and skills mix. This is linked to an Organisational Development Plan that builds on the cultural integration that has already taken place, bringing health and social care values closer together through integrated teams and management arrangements, and underpinned by our vision and values as noted at Paragraph 2 of the Scheme.

13.4 The Parties are committed to ensuring their staff involved in health and social care service delivery have the necessary training, skills and knowledge to provide the people of Inverclyde with the highest quality services. The Parties recognise that their staff are well placed to identify how improvements can be made to services and will

continue to work together and with their staff to develop, establish and review plans for:

(a) Workforce planning and development;
(b) Organisational development;
(c) Learning and development of staff; and
(d) Engagement of staff and development of a healthy organisational culture.

13.5 The Chief Officer will receive advice from Human Resources and Organisational Development professionals who will work together to support the implementation of integration and provide the necessary expertise and advice as required. They will work collaboratively with staff, managers, staff side representatives and trade unions to ensure a consistent approach which is fair and equitable.

13.6 The Parties will report on workforce governance matters to the Chief Officer and the Integration Joint Board through their appropriate governance and management structures. In addition the Parties will establish formal structures to link the Health Board's area partnership forum and the Council's joint consultative forum with any joint staff forum established by the Integration Joint Board.

13.7 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at an early stage in decisions affecting them, including in relation to service change and development. These Partnership arrangements will meet the required national standards and link to both the Health Board and Council's staff consultative arrangements.

14. **Finance**

Introduction

14.1 This clause sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Council and the Health Board.

14.2 The Chief Finance Officer will be the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer.

Budgets

14.3 Delegated baseline budgets were subject to due diligence in the shadow year of the Integration Joint Board. These were based on a review of recent past performance and existing and future financial forecasts for the Health Board and the Council for the functions which were delegated. In the case of any additional functions to be delegated to the Integration Joint Board, after the original date of integration, these services will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Board and the Council for the functions which are to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integration Joint Board to fund these additional delegated functions. In the event that functions currently delegated are to be removed, this will require prior agreement between the parties and the Integrated Joint Board and will also be subject to due diligence.

14.4 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and forecast pressures and present it to the Council and the

Health Board for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:

- Activity changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board

This will allow the Council and the Health Board to determine the final approved budget for the Integration Joint Board. This should be formally advised in writing by the respective Directors of Finance to the Integration Joint Board by 1 March each year unless otherwise agreed by the Parties and the Integration Joint Board

14.5 The draft budget should be evidence based with full transparency on its assumptions which should include:

- Pay Awards
- Contractual uplift
- Prescribing
- Resource transfer
- Ring fenced funds

In the case of demographic shifts and volume, the Chief Finance Officer will evaluate financial impact in respect of the service which each of the Parties has delegated to the Integration Joint Board. In these circumstances the consequential impact will be incorporated into the draft proposals submitted by the Chief Finance Officer and considered by each Party as part of their budget deliberations each year.

14.6 Any material in-year budget changes proposed by either Party must be agreed by the Integration Joint Board. Parties may increase the payment in year to the Integration Joint Board for supplementary allocations in relation to the delegated services agreed for the Integration Joint Board, which could not have been reasonably foreseen at the time the Integration Joint Board budget for the year was agreed.

14.7 The Integration Joint Board will approve a budget and provide direction to the Parties by 31st March each year regarding the functions that are being delivered, how they are to be delivered and the resources to be used in delivery.

Set Aside Budgets

14.8 The Integration Joint Board has strategic planning responsibility along with the Health Board for Set Aside.

14.9 The method for determining the amount set aside for hospital services will follow guidance issued by the Integrated Resources Advisory Group and be based initially on the notional direct costs for the relevant populations use of in scope hospital services as provided by the Information Services Division (ISD) Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Financial Officer will keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. A joint strategic commissioning plan will be developed and will be used to determine the flow of funds as activity changes:-

- Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan;
- Projected activity and case mix changes due to changes in population need;

- Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between changes in capacity and the impact on resources

14.10 The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the Integration Joint Board and the Health Board. Changes will not be made in year and any changes will be made by annual adjustments to the Financial Plan of the Integration Joint Board.

Budget Management

14.11 The Integration Joint Board will direct the resources it receives from the Parties in line with the Strategic Plan, and in doing so will seek to ensure that the planned activity can reasonably be met from the available resources viewed as a whole, and achieve a year-end break-even position.

Budget Variance

14.12 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend , the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend and to instruct an appropriate action. If this does not resolve the overspend position, then the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. In the event that the recovery plan is unsuccessful and an overspend materialises at the year-end, uncommitted reserves held by the Integration Joint Board, in line with the reserves policy, would firstly be used to address any overspend. If after application of reserves an overspend remains the Parties may consider making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the

revised recovery plan agreed by the Parties and the Integration Joint Board. If the revised plan cannot be agreed by the Parties, or is not approved by the Integration Joint Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

14.13 Where an underspend materialises against the agreed budget, with the exception of ring fenced budgets, this will be retained by the Integration Joint Board will be used 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.

Unplanned Costs

14.14 Neither Party may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either the Council or the Health Board without the express consent of the Integration Joint Board and the other Party.

Accounting Arrangements and Annual Accounts

14.15 Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Council.

14.16 Any transaction specific to the Integration Joint Board e.g. expenses, will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

14.17 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and Health Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.

14.18 The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The Integration Joint Board Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. In order to agree the in-year transactions and year-end balances between the Council, Health Board and Integration Joint Board, the Integration Joint Board Chief Finance Officer will engage with the Directors of Finance of the Council and Health Board to agree an appropriate process.

14.19 Regular financial monitoring reports will be issued by the Integration Joint Board Chief Finance Officer to the Chief Officer in line with timescales agreed by the Parties. Financial Reports will include subjective and objective analysis of budgets and actual/projected outturn, and such other financial monitoring reports as the Integration Joint Board might require.

14.20 The Integration Joint Board will receive a minimum of four financial reports during each financial year. This will include reporting on the Acute Hospital Services activity and estimated cost against Set Aside Budgets.

Payments between the Council and the Health Board

14.21 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.

Hosted Services

14.22 Some of the functions that are delegated by the Health Board to all six Integration Joint Boards are provided as part of a single Glasgow and Clyde wide service, referred to below as “Hosted Services.” Integration Joint Boards are required to account for the activity and associated costs for all Hosted Services across their population using a methodology agreed by all partner Integration Joint Boards.

14.23 Within Greater Glasgow and Clyde, each Integration Joint Board can have operational responsibilities for services, which it hosts on behalf of other Integration Joint Boards. This includes the strategic planning for these services on behalf of other Integration

Joint Boards. Integration Joint Boards planning to make significant changes to Hosted Services which increase or decrease the level of service available in specific localities or service wide will consult with the other Integration Joint Boards affected prior to implementing any significant change.

Capital Assets and Capital Planning

14.24 Capital and assets and the associated running costs will continue to sit with the Parties unless otherwise agreed by the Party and the Integrated Joint Board. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Parties.

15. Participation and Engagement

15.1 The Parties undertake to work together to support the IJB in the production and maintenance of a participation and engagement strategy. The Parties agree to provide communication and public engagement support to the IJB to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the area of the Health Board.

16. Information-Sharing and Data Handling

16.1 The Parties have, along with all local authorities in the Health Board area, agreed to an Information Sharing Protocol. The Protocol is subject to ongoing review and positively encourages staff to share information appropriately about their service users when it benefits their care and when it is necessary to protect vulnerable adults or children.

16.2 The Parties are also bound by a joint local Information Sharing Protocol which has been developed from existing information sharing and data handling arrangements between the Parties and will set out the principles under which information sharing will be carried out.

16.3 The Parties will also continue to work together to agree the specific procedures for the sharing of information for any purpose connected to the carrying out of integration functions. These procedures will include the detailed arrangements, practical policies, designated responsibilities and any additional requirements.

16.4 Information Sharing Protocols have been ratified by the Parties and may be amended or replaced by agreement of the Parties and the Integration Joint Board.

16.5 The Parties will continue to develop information technology systems and procedures to enable information to be shared appropriately and effectively between the Parties and the Integration Joint Board.

16.6 The Chief Officer will continue to ensure appropriate arrangements are in place in respect of information governance.

17. Complaints

The Parties agree the following arrangements in respect of complaints.

17.1 The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the Integration Joint Board.

17.2 The Health Board and the Council will retain separate complaints policies and procedures reflecting distinct statutory requirements: the Patient Rights

(Scotland) Act 2011 makes provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 makes provisions for the complaints about social care services.

17.3 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. Complaints can be made by patients, service users and customers or their nominated representatives using a range of methods including an online form, face to face contact, in writing and by telephone. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the complainant. If the complainant remains dissatisfied, an internal review might be offered if appropriate. If the complainant still remains dissatisfied, the final stage will be the consideration of complaints by the Scottish Public Services Ombudsman (SPSO).

17.4 Where a complaint is made direct to the Integration Joint Board or the Chief Officer, the Chief Officer shall follow the relevant processes and timescales of the complaints procedure of the appropriate Party as determined by the nature of the complaint and the associated functions.

17.5 Complaints will be processed depending on the subject matter of the complaint made. Where a complaint relates to multiple services the matters complained about will be processed, so far as possible, as a single complaint with one response from the Integration Joint Board. Where a joint response to a complaint is not possible or appropriate this will be explained to the complainant who will receive separate responses from the services concerned. Where a

complainant is dissatisfied with a joint response, then matters will be dealt with under the respective review or appeal mechanisms of either party, and thereafter dealt with entirely separately.

17.6 The Parties agree to work together and to support each other to ensure that all complaints that require input from both Parties are handled in a timely manner. Details of the complaints procedures will be provided on line, in complaints literature and on posters. Clear and agreed timescales for responding to complaints will be provided.

17.7 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate, so long as the representative can demonstrate that the service user has authorised that person to act on behalf of the service user.

17.8 The Parties will produce a joint complaints report on an annual basis for consideration by the Integration Joint Board. This report will include details of the number and nature of complaints, and the proportion of complaints responded to within the agreed timescales.

17.9 The means through which a complaint should formally be made regarding Integrated Services and the appropriate member of staff within the Health & Social Care Partnership to whom a complaint should be made will be detailed on the Parties' websites and made available in paper copies within premises.

18. Claims Handling, Liability & Indemnity

18.1 The Council and the Health Board agree that they will manage and settle claims in accordance with common law of Scotland and statute.

18.2 The Parties will establish indemnity cover for integrated arrangements.

19. Risk Management

19.1 The IJB will have in place a risk management policy and strategy that will demonstrate a considered, practical and systemic approach to identifying risks, forecasting the likelihood and impact of these risks to service delivery and taking action to mitigate them. This particularly includes those related to the IJB's delivery of the Strategic Plan."

A Risk Management Policy and Strategy was agreed by the Integration Joint Board in August 2016 which is subject to regular review.

19.2 The Parties will support the Chief Officer and the Integration Joint Board with relevant specialist advice, (such as internal audit, clinical and non-clinical risk managers and health and safety advisers).

19.3 The Chief Officer will have overall accountability for risk management ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the Integration Joint Board. The Chief Officer working with the Chief Executives of the Parties will review existing strategic and operational risk registers on a six-monthly basis, identify the appropriate risks to move to the shared risk register and agree mitigations.

20. Dispute Resolution Mechanism

20.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the undernoted process:

a) The Chief Executives of the Parties will meet to resolve the issue;

b) If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.

c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of the Health Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

20.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish Ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Annex 1

Part 1

Functions Delegated by the Health Board to the Integration Joint Board.

Column A	*Column B*
The National Health Service (Scotland) Act 1978 All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978.	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.);

Column A	*Column B*
	section 86 (accounts of Health Boards and the Agency);
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	section 98 (charges in respect of non-residents);
	and paragraphs 4, 5, 11A and 13 of Schedule 1 (Health Boards).
	and functions conferred by—
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001,
	The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004)
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
	The National Health Service (Discipline Committees)
	(Scotland) Regulations 2006;
	The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and
	The National Health Service (General Dental Services) (Scotland) Regulations 2010.
	The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7	
(persons discharged from hospital)	

Column A	*Column B*
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by: section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation) section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer:

Column A	*Column B*
	patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Functions prescribed for the purposes of section 1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A	*Column B*
The National Health Service (Scotland) Act 1978 All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation);

Column A	Column B
	section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding); section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland)

Column A	*Column B*
	Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation) section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards);

Column A	*Column B*
	section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
Carers (Scotland) Act 2016 Section 12 (Duty to prepare young carer statement)	

Column A	*Column B*
Section 31 (Duty to prepare local carer strategy)	

Part 2

Services delegated by the Health Board to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
  - Geriatric medicine;
  - Rehabilitation medicine (age 65+);
  - Respiratory medicine (age 65+); and
  - Psychiatry of learning disability (all ages).

- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting
- School Nursing
- Speech and Language Therapy
- Specialist Health Improvement
- Community Children's Services
- CAMHS
- District Nursing services
- The public dental service.
- Primary care services provided under a general medical services contract,
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

Annex 2

Part 1

Functions Delegated by the Council to the Integration Joint Board

Column A Enactment conferring function	Column B Limitation
National Assistance Act 1948	
Section 45 (Recovery in cases of misrepresentation or non-disclosure)	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 (Reports as to arrangements for future care and upbringing of children)	
Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 6B (Local authority inquiries into matters affecting children)	
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

Column A Enactment conferring function	Column B Limitation
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 27 (supervision and care of persons put on probation or released from prison etc.)	
Section 27 ZA (advice, guidance and assistance to persons arrested or on whom sentence deferred)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for aliment)	
Section 83 (Variation of trusts)	
Section 86 (Recovery of expenditure incurred in the provisions of accommodation, services, facilities or payments for persons ordinarily resident in the area of another local authority from the other local authority)	

Column A Enactment conferring function	Column B Limitation
Children Act 1975	
Section 34 (Access and maintenance)	
Section 39 (Reports by local authorities and probation officers.)	
Section 40 (Notice of application to be given to local authority)	
Section 50 (Payments towards maintenance of children)	
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Health and Social Services and Social Security Adjudications Act 1983	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)	
Section 22 (Arrears of contributions charged on interest in land in England and Wales)	
Section 23 (Arrears of contributions secured over interest in land in Scotland)	
Foster Children (Scotland) Act 1984	
Section 3 (Local authorities to ensure well-being of and to visit foster children)	
Section 5 (Notification by persons maintaining or proposing to maintain foster children)	
Section 6 (Notification by persons ceasing to maintain foster children)	
Section 8 (Power to inspect premises)	
Section 9 (Power to impose requirements as to the keeping of foster children)	

Column A Enactment conferring function	Column B Limitation
Section 10 (Power to prohibit the keeping of foster children)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
Housing (Scotland) Act 1987	
Part II (Homeless Persons)	
Housing (Scotland) Act 2001	
Section 1 (Homelessness strategies)	
Section 2 (Advice on homelessness etc.)	
Section 5 (Duty of registered social landlord to provide accommodation)	
Section 6 (Duty of registered social landlord: further provision)	
Section 8 (Common housing registers)	
Section 92 (Assistance for Housing Purposes)	Only in so far as it relates to an aid or adaptation.

Housing (Scotland) Act 2006

Section 71(1)(b) (Assistance for housing purposes)	Only in so far as it relates to an aid or adaptation as defined at Section 1(2) of the Public Bodies (Joint Working) (Prescribed Local Authority Functions) (Scotland) Regulations 2014.

Children (Scotland) Act 1995

Section 17
(Duty of local authority to child looked after by them)

Section 20
(Publication of information about services for children)

Section 21
(Co-operation between authorities)

Section 22
(Promotion of welfare of children in need)

Section 23
(Children affected by disability)

Section 24
(Assessment of ability of carers to provide care for disabled children)

Section 24A
(Duty of local authority to provide information to carer of disabled child)

Section 25
(Provision of accommodation for children etc.)

Section 26
(Manner of provision of accommodation to children looked after by local authority)

Section 27
(Day care for pre-school and other children)

Section 29
(After-care)

Section 30
(Financial assistance towards expenses of education or training)

Section 31
(Review of case of child looked after by local authority)

Section 32
(Removal of child from residential establishment)

Section 36
(Welfare of certain children in hospitals and nursing homes etc.)

Section 38
(Short-term refuges for children at risk of harm)

Section 76 (Exclusion orders)	
Criminal Procedure (Scotland) Act 1995	
Section 51 (Remand and committal of children and young persons).	
Section 203 (Reports)	
Section 234B (Drug treatment and testing order).	
Section 245A (Restriction of liberty orders).	
Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 40 (Supervisory bodies)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions.
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions.
Community Care and Health (Scotland) Act 2002	
Section 4 (The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002)	

Section 5 (Local authority arrangements for residential accommodation out with Scotland.)	
Section 6 (Deferred payment of accommodation costs)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
Management of Offenders etc. (Scotland) Act 2005	
Section 10 (Arrangements for assessing and managing risks posed by certain offenders)	
Section 11 (Review of arrangements)	

Adoption and Children (Scotland) Act 2007

Section 1
(Duty of local authority to provide adoption service)

Section 5
(Guidance)

Section 6
(Assistance in carrying out functions under sections 1 and 4)

Section 9
(Assessment of needs for adoption support services)

Section 10
(Provision of services)

Section 11
(Urgent provision)

Section 12
(Power to provide payment to person entitled to adoption support service)

Section 19
(Notice under section 18: local authority's duties)

Section 26
(Looked after children: adoption not proceeding)

Section 45
(Adoption support plans)

Section 47
(Family member's right to require review of plan)

Section 48
(Other cases where authority under duty to review plan)

Section 49
(Reassessment of needs for adoption support services)

Section 51
(Guidance)

Section 71
(Adoption allowance schemes)

Section 80
(Permanence Orders)

Section 90
(Precedence of certain other orders)

Section 99
(Duty of local authority to apply for variation or revocation)

Section 101
(Local authority to give notice of certain matters)

Section 105
(Notification of proposed application for order)

Adult Support and Protection (Scotland) Act 2007

Section 4
(Council's duty to make inquiries.)

Section 5
(Co-operation.)

Section 6
(Duty to consider importance of providing advocacy and other.)

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc)

Section 11
(Assessment Orders.)

Section 14
(Removal orders.)

Section 16
(Right to move adult at risk)

Section 18
(Protection of moved person's property.)

Section 22
(Right to apply for a banning order.)

Section 40
(Urgent cases.)

Section 42
(Adult Protection Committees.)

Section 43
(Membership.)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders)

Section 37
(Child protection orders)

Section 42
(Parental responsibilities and rights directions)

Section 44
(Obligations of local authority)

Section 48
(Application for variation or termination)

Section 49
(Notice of application for variation or termination)

Section 60
(Local authority's duty to provide information to Principal Reporter)

Section 131
(Duty of implementation authority to require review)

Section 144
(Implementation of compulsory supervision order: general duties of implementation authority)

Section 145
(Duty where order requires child to reside in certain place)

Section 153
(Secure accommodation)

Section 166
(Review of requirement imposed on local authority)

Section 167
(Appeals to Sheriff Principal: Section 166)

Section 180
(Sharing of information: panel members)

Section 183
(Mutual Assistance)

Section 184
(Enforcement of obligations on health board under Section 183)

Social Care (Self- Directed Support) (Scotland) Act 2013

Section 5
(Choice of options: adults.)

Section 6
(Choice of options under section 5: assistances.)

Section 7 (Choice of options: adult carers.)	
Section 8 Choice of options: children and family members)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Carers (Scotland) Act 2016	
Section 6 (Duty to prepare adult carer support plan.)	
Section 21 (Duty to set local eligibility.)	
Section 24 (Duty to provide support.)	
Section 25 (Provision of support to carers; breaks from caring.)	
Section 31 (Duty to prepare local carer strategy,)	
Section 34 (Information and advice service for carers,)	
Section 35 (Short breaks services statements.)	

Annex 2

Part 2

Services currently provided by the Local Authority which are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people
- Occupational therapy services
- Re-ablement services, equipment and telecare

In addition Inverclyde Council will delegate:

- Criminal Justice Services
    - Criminal Justice Social Work
    - Prison Based Social Work
    - Unpaid Work
    - MAPPA

- Children & Families Social Work Services
    - Child Protection
    - Fieldwork Social Work Services for Children and Families
    - Residential Child Care including Children's Homes
    - Looked After & Accommodated Children

  - Adoption & Fostering
  - Kinship Care
  - Services for Children with Additional Needs
  - Throughcare
  - Youth Support / Youth Justice
  - Young Carers

- Services for People affected by Homelessness

- Advice Services

- Strategic & Support Services
  - Health Improvement & Inequalities
  - Quality & Development (including training and practise development, contract monitoring and strategic planning)
  - Business Support

Annex 4

Summary of Consultation **WILL BE UPDATED FOLLOWING REVIEW CONSULTATION PROCESS IS COMPLETE**

Type Of Consultee	Name of Group/Individual	Means of Consultation
Health Professionals	Inverclyde Staff Partnership Forum	Presentation at meeting and email to all staff
Social Care Professionals		
Primary Care	General Practitioners & Practice Managers	
Users of health care &/or social care	Inverclyde CHCP Advisory Group & People Involvement Network	Presentation at group meetings and distributed to network members
Carers of users of health care &/or social care	As Above and Inverclyde Carers Centre Board Inverclyde Carers Council	
Commercial Providers of health care &/or social care	Scottish Care CVS Inverclyde All Commissioned Service Providers	X 2 Provider Forum Sessions and distributed to all organisations
Non Commercial Providers of health care &/or social care	CVS Inverclyde Inverclyde Third Sector Interface All Grant Funded Third Sector Organisations	
Staff of Inverclyde CHCP who are not health or social care professionals		Via email to all staff
Senior Managers of Inverclyde Council	Corporate Management Team, Inverclyde Council	Presentations and briefing papers
Elected Members of Inverclyde Council	Inverclyde Health & Social Care Committee	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Non-Executive Directors of Health Board	Greater Glasgow Health Board	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Organisations operating in Inverclyde	Inverclyde Alliance Community Planning Partnership Board	Presentations and briefing papers
Other local authorities within the NHS GGC catchment	East Renfrewshire Council; West Dunbartonshire Council; Renfrewshire Council; East Dunbartonshire Council; Glasgow City Council.	Sharing draft Integration Scheme at various stages of development via email and officer meetings.

Notes

- Consultation has taken account of the parties' statutory obligations in relation to participation and engagement
- Consultation has been synchronised with existing consultation processes and forums to enable engagement with specific groups such as service users, carers, providers, the workforce and partners
- Consultation has taken place via a range of media to support open access for all groups

Annex 5

Annex 5

Clinical and Care Governance – Key Supports and Relationships

Appendix 2

INVERCLYDE HSCP Health and Social Care Partnership

REVIEW OF INVERCLYDE INTEGRATION SCHEME

Summary of Changes for Consultation

October 2023

DRAFT October 2023

Review of Inverclyde Integration Scheme
Summary of Changes

Section

1.INTRODUCTION

Paragraph Reference	Changes	Reason
1	No changes	

2.VISION AND VALUES

Paragraph Reference	Changes	Reason
2	Point 2.1 and 2.2 added	Added to reflect the HSCP vision and core values.

DRAFT October 2023

3. AIMS AND OBJECTIVES

Paragraph Reference	Changes	Reason
3	Removed 2.5 from scheme as no longer relevant new vision and values added as above	HSCP vision and core values added as new section 2

4. THE PARTIES

PARAGRAPH REFERENCE	CHANGES	REASON
4	No changes	

5.DEFINITIONS AND INTERPERTATIONS

PARAGRAPH REFERENCE	CHANGES	REASON
5	Point 5.1 added Removed definitions to Health and Social Care Set aside budget definition added	Omitted from original scheme Not referred to throughout the scheme. Omitted from original scheme

DRAFT - October 2023

DRAFT October 2023

6. LOCAL GOVERNMENT ARRANGEMENTS

PARAGRAPH REFERENCE	CHANGES	REASON
6	Point 6.6 - reworded.	Reworded to provide simpler explanation of the process to be followed.

7.DELEGATION OF FUNCTIONS

PARAGRAPH REFERENCE	CHANGES	REASON
7	No changes	

8.LOCAL OPERATIONAL DELIVERY

PARAGRAPH REFERENCE	CHANGES	REASON
8	Strategic Plan points 8.7 -8.10 added	Changes to wording, relevant at time been updated to reflect current position.

DRAFT - October 2023

9.CORPORATE SUPPORT

PARAGRAPH REFERENCE	CHANGES	REASON
9	Points 9.6-9.10 added.	To align with all HSCP's within GGC

10.PERFORMANCE TARGETS, IMPROVEMENT MEASURES AND REPORTING ARRANGMENTS

PARAGRAPH REFERENCE	CHANGES	REASON
10	Section 10.1 – 10.7 revised and reworded	To align with all HSCP's within GGC

11.CLINICAL AND CARE GOVERNANCE

PARAGRAPH REFERENCE	CHANGES	REASON
11	11.1, 11.2 and 11.7 reworded	To align with all HSCP's within GGC

12.CHIEF OFFICER

PARAGRAPH REFERENCE	CHANGES	REASON
12	Point 12.6 reworded	To align with all HSCP's within GGC

13.WORKFORCE

PARAGRAPH REFERENCE	CHANGES	REASON
13	Point 13.1 wording added Point 13.4-13.7 added	To align with all HSCP's within GGC

14.FINANCE

PARAGRAPH REFERENCE	CHANGES	REASON
14	Budgets 14.3 & 14.5 added Set Aside 14.8-14.10 added Budget Variance – reworded Accounting arrangements and Annual Accounts – reworded Hosted services 14.22- 14.23 added	Updated by all Chief Finance Officers for accuracy and consistency to align all 6 HSCP's

DRAFT – October 2023

DRAFT October 2023

15.PARTICIPATION AND ENGAGEMENT

PARAGRAPH REFERENCE	CHANGES	REASON
15	Heading changed from Communication and Engagement to Participation and Engagement. This section will be updated following consultation.	To align with all HSCP's within GGC

16.INFORMATION SHARING AND DATA HANDLING

PARAGRAPH REFERENCE	CHANGES	REASON
16	Reworded 16.1-16.6	To align with all HSCP's within GGC

17.COMPLAINTS

PARAGRAPH REFERENCE	CHANGES	REASON
17	Points 17.4-17.5 added	To align with all HSCP's within GGC

18.CLAIM HANDLING AND LIABILITY & IMDEMNITY

PARAGRAPH REFERENCE	CHANGES	REASON
18	No change	

19.RISK MANAGEMENT

	CHANGES	REASON
19	Point 19.1 added	To align with all HSCP's within GGC

20.DISPUTE RESOLUTION MECHANISM

PARAGRAPH REFERENCE	CHANGES	REASON
20	No change	

ANNEX

PARAGRAPH REFERENCE	CHANGES	REASON

DRAFT - October 2023

ANNEX 3	Annex 3 removed. Previous scheme contained annex 3	Annex 3 removed integration scheme doesn't require that detail and information could become inaccurate. All HSCP's removed Annex 3.

DRAFT October 2023

Appendix 3

Inverclyde Health and Social Care Partnership

Integration Scheme

Between

INVERCLYDE COUNCIL
And
GREATER GLASGOW AND CLYDE HEALTH BOARD

Approved – June 2015
Update Approved – April 2018

1. Introduction

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by the Scottish Ministers; children's health and social care services and criminal justice social work services. The Act requires the parties to prepare jointly an integration scheme setting out how this joint working is to be achieved. To achieve this, the Health Board and Local Authority can either delegate between each other, or can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a "lead agency" arrangement. Delegation to an Integration Joint Board is commonly referred to as a "body corporate" arrangement.

1.2 This document sets out the Integration Scheme ("the Scheme") for Inverclyde, where Inverclyde Council and NHS Greater Glasgow and Clyde have agreed to a body corporate arrangement which will be known as the Inverclyde Health and Social Care Partnership. The Scheme sets out the detail as to how the Health Board and Local Authority will integrate services. When the Scheme has been agreed locally, the Act requires the Health Board and Local Authority to submit jointly the Scheme for approval by Scottish Ministers. The Scheme follows the chosen model and includes the matters prescribed in Regulations. The body corporate arrangement is the one which most closely reflects Inverclyde's existing Community Health and Care Partnership arrangements, so following this option will support as smooth a transition as possible from our existing Community and Health Care Partnership (CHCP) arrangements to the new Inverclyde Health and Social Care Partnership (HSCP).

1.3 Once the Scheme has been approved by the Scottish Ministers, the Inverclyde Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

1.4 As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of elected Councillors, NHS non-executive directors, and other Members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority.

1.5 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Integration Scheme. Many of the requirements of the legislation will be met by building on the existing plans that have been developed through our integrated CHCP arrangements.

This should place the new Inverclyde HSCP in a strong starting position, as the principles and legislative intent are already firmly in place. Further, the Act gives the Health Board and the Council, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Council together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Aims and Outcomes of the Integration Scheme

2.1 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

- 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 to reduce 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.

2.2 NHS Greater Glasgow and Clyde and Inverclyde Council have agreed that Children's and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included.

2.3 National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed;

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

2.4 National Outcomes and Standards for Social Work Services in the Criminal Justice System are:

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

2.5 The Health and Social Care Partnership will adopt the Inverclyde CHCP vision and values which are consistent with the Act and policy intent. The vision is “Improving Lives”, underpinned the values that:

- We put people first;
- We work better together;
- We strive to do better;
- We are accountable.

Integration Scheme

The Parties

The parties to this Integration Scheme are:-

The Inverclyde Council, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Municipal Buildings, Clyde Square, Greenock, PA15 1LY ("the Council").

And

Greater Glasgow Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Greater Glasgow and Clyde"(NHSGG&C)) and having its principal offices at J B Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow, G12 0XH ("the Health Board")

(Together referred to as "the Parties" and each being referred to as "the Party")

1. Definitions and Interpretation

1.1 The following are definitions of terms used throughout the Integration Scheme:

"The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"Chair" means the chair of the Integration Joint Board as appointed in accordance with the arrangements made under Article 4 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

"Chief Finance Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs appointed under Section 13 of the Act and Section 95 of the Local Government (Scotland) Act 1973;

"Chief Officer" means the Chief Officer of the Integration Joint Board as referred to in Section 10 of the Act and whose role is more fully defined in Part 9 of the Scheme;

"Health and Social Care Partnership" is the name given to the Parties' service delivery organisation for functions which have been delegated to the Integration Joint Board;

"Health Leads" means individuals who have the professional lead for their respective healthcare profession(s) within the Health and Social Care Partnership;

"Host" means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the Health Board area;

"Hosted Services" means those services of the Parties more specifically detailed in Annex 3 which, subject to consideration by the Integration Joint Boards through the Strategic Plan process , the Parties agree will be managed and delivered on a pan Health Board basis by a single Integration Joint Board;

"Integrated Services" means the services of the Parties delivered in a Health and Social Care Partnership for which the Chief Officer has operational management responsibility;

"Integration Joint Board" means the Integration Joint Board to be established by Order under Section 9 of the Act;

"The Integration Scheme Regulations" or "the Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

"The Scheme" means this Integration Scheme;

"Services" means those Services of the Parties which are delegated to the Integration Joint Board as more specifically detailed in clause 3 hereof;

"Strategic Plan" means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children and criminal justice social work in accordance with Section 29 of the Act.

1.2 Whereas in implementation of their obligations under section 2(3) of the Act, the Parties are required to jointly prepare an Integration Scheme for the area of the Local Authority setting out the information required under section 1(3) of the Act and the prescribed information listed in the Integration Scheme Regulations therefore in implementation of these duties the Parties agree as follows:

> In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4) (a) of the Act will be put in place for Inverclyde Council area, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under Section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

Remit and Constitution of the Integration Joint Board

2.1 The role and remit of the Integration Joint Board is as set out in the Act.

Voting Members

2.2 The arrangements for appointing the voting membership of the Integration Joint Board are that each Party shall appoint four voting representatives.

Chair

2.3 The first Chair of the Integration Joint Board will be nominated by the Council from its voting representatives and the first Vice Chair will be nominated by the Health Board from its voting representatives.

2.4 The Chair and Vice Chair positions will rotate every two years between the Health Board and the Council, with the Chair being from one Party and the Vice Chair from the other.

Meetings

2.5 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business and all meetings of the Integration Joint Board shall be conducted in accordance with them.

3. Delegation of Functions

3.1 The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate, which are currently provided by the Health Board and which are to be integrated, are set out in Part 2 of Annex 1. The functions in Part 1 of Annex 1 are being delegated only to the extent that they relate to the services listed in Part 2 of Annex 1.

3.2 The functions that are to be delegated by Inverclyde Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services to which all of these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.

4. Local Operational Delivery Arrangements

Responsibilities of the Integration Joint Board on behalf of the Parties

4.1 The remit of the Integration Joint Board is as set out in the Act and includes the following:-

- To prepare and implement a Strategic Plan in relation to the provision of the Integrated Services to adults and children, and criminal justice in the Inverclyde area in accordance with sections 29 to 48 of the Act.
- To allocate and manage the delegated budget in accordance with the Strategic Plan.
- The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer, is responsible for the operational management of the Integrated Services. These arrangements for the delivery of the Integrated Services will be conducted within an operational framework established by the Health Board and Council for their respective functions, ensuring both Parties can continue to discharge their governance

responsibilities, in line with directions from the Integration Joint Board. The framework applies only to operational delivery.

4.2 The Integration Joint Board will put in place systems, procedures and resources to monitor, manage and deliver the Integrated Services.

4.3 The Integration Joint Board is operationally responsible for directing the delivery by the Parties of the functions and services. The Parties will provide reports to the Integration Joint Board on the delivery of the functions. The Integration Joint Board will respond to such reports, via directions to the Health Board and the Council in line with the Strategic Plan.

4.4 In accordance with Section 26 of the Act, the Integration Joint Board will direct the Council and the Health Board to carry out each function delegated to the Integration Joint Board. This will include Adult, Children and Families Health and Social Work Services and Criminal Justice Social Work Services. Payment will be made by the Integration Joint Board to the Parties to enable the delivery of these functions and services in accordance with the Strategic Plan.

Strategic Plan

4.5 The Integration Joint Board will establish a representative Strategic Planning Group to develop the Strategic Plan. This will include assessing the potential impact of the Strategic Plan on the Strategic Plans of other integration authorities within the Health Board area. All Integration Joint Boards within the Health Board area will share plans at consultation.

4.6 The Parties will provide any necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by other Health Boards or within other local authority areas by people who live within Inverclyde, and commit to an in-year review during the first year between the Parties and the Integration Joint Board to ensure that the necessary support and information are being provided.

4.7 The Health Board and the Council agree that where they intend to change service provision of non-integrated functions that may have an impact on the Strategic Plan, they will advise the Integration Joint Board.

4.8 The Integration Joint Board is responsible for stakeholder engagement in the production of the Strategic Plan and the development of locality arrangements to support the development of the Strategic Plan.

4.9 The consultation process for the Strategic Plan will include other integration authorities likely to be affected by the Strategic Plan, and the Parties as consultees. Through this process the Integration Joint Board will assure itself that the Strategic Plan does not have a negative impact on the plans of the other integration authorities within the Health Board area.

4.10 Arrangements for emergency and acute services planning in the Health Board area will require joint planning with the other integration authorities within the Health Board area and the Health Board which retains operational responsibility for the delivery of these services.

Performance Targets, Improvement Measures and Reporting Arrangements

4.11 Making use of an outcome focused approach and with regard to delivering services in accordance with the national outcomes, the Strategic Plan will provide direction for the performance framework identifying local priorities and associated local outcomes. Performance targets and improvement measures will be linked to the local outcomes to assess the timeframe for change and the scope of change that is anticipated. Initially performance will be gauged on a set of high-level indicators based on the national outcomes, and related to the delegated functions and resources.

4.12 The Council and the Health Board will work together to develop proposals on these targets, measures and arrangements to meet these requirements to put to the Integration Joint Board for agreement based on Council strategic plans and Single Outcome Agreements and local NHS strategic direction and national NHS Local Delivery Plan and related requirements, and based on the Scottish Government prescribed format once this is issued.

4.13 In the first year following the delegation of functions to the Integration Joint Board, a more detailed core set of indicators will be identified from publicly accountable and national indicators and targets that the Parties currently report against. This process will focus on the core suite of indicators for integration, and indicators that relate to services which sit within the Integration Authorities, and can be regarded as proxy

measures against delivering the national outcomes, and that allow assessment at local level against the Strategic Plan.

4.14 The Parties have obligations to meet targets for functions which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integrated functions.

4.15 Therefore, when preparing performance management information the effect on both integrated and non-integrated functions will be considered and details will be provided of any targets, measures and arrangements for the Integration Joint Board to take into account when preparing the Strategic Plan. Such targets, measures and arrangements will be prepared during the first year of the Integration Joint Board's establishment.

Corporate Support

4.16 The Parties are committed to supporting the Integration Joint Board, providing resources for the professional, technical or administrative services required to support the development of the Strategic Plan and delivery of the integration functions.

4.17 The existing Community Health and Care Partnership planning, performance, quality assurance and development support arrangements and resources will be used as a model for the future strategic support arrangements of the Inverclyde Integration Joint Board.

4.18 The arrangements for providing corporate support services will be subject to ongoing review in the first year following the delegation of functions to the Integration Joint Board.

5. Clinical and Care Governance

5.1 The Health Board's Chief Executive is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. This responsibility is delegated to the Chief Officer. The Chief Officer, as part of the Health Board's senior management team, will establish appropriate arrangements to discharge and scrutinise those responsibilities. These arrangements will link to the Health Board-wide support and reporting arrangements, including the systems for reporting of serious clinical incidents.

5.2 The Parties are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties are also accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act.

5.3 The Parties are responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan. This responsibility is delegated to the Chief Officer as part of both the Health Board's and Council's senior management team.

5.4 The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual clinical or care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.

5.5 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

5.6 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

5.7 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

5.8 In relation to Acute Hospital Services, the Integration Joint Board will be responsible for planning of such Services but operational management of such Services will lie with the Health Board and the Director for Acute Services of the Health Board.

5.9 As detailed in section 6 of the Scheme, the Chief Officer will be an officer of, and advisor to, the Integration Joint Board. The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the Corporate Management Teams of the Parties. The Chief Officer will manage the Integrated Services.

5.10 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance group will be established, co-chaired by the Clinical Director and Chief Social Work Officer, and will report to and advise the Chief Officer and the Integration Joint Board, both directly and through the co-chairs also being members of the Strategic Planning Group and being non-voting members of the Integration Joint Board. The Clinical and Care Governance group will contain representatives from the Parties and others including:

- The Senior Management Team of the Partnership;
- Clinical Director;
- Lead Nurse;
- Lead Allied Health Professional;
- Chief Social Work Officer;
- Service user and carer representatives; and
- Third Sector and Independent Sector representatives.

5.11 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include Health Board professional committees, managed care networks and Adult and Child Protection Committees.

5.12 The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.

5.13 The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Health and Social Care Partnership area. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.

5.14 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer.

5.15 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of Integrated Services within the Partnership in order to then provide assurance to the Integration Joint Board.

Further assurance is provided through:

(a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Clinical Director and Health Leads to report directly to the Health Board Medical Director and Nurse Director who in turn report to the Health Board on professional matters;

and

(b) the role of the Clinical Governance Committee of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Clinical Governance Committee will also provide professional guidance to the local Clinical and Care Governance group as required.

5.15 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.

5.16 The Health Board Clinical Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

5.17 The relationships between the different components of clinical and care governance and relationships are represented in diagram from at Annex 5.

Professional Leadership

5.18 The Health Board will nominate professional leads to be members of the Integration Joint Board. The Integration Joint Board will appoint professional leads to the Strategic Planning Group, in compliance with Section 32 of the Act.

5.19 NHS professional leads will relate to the Health Board's professional leads through formal network arrangements. The Health Board's professional leads will also be able to offer advice to the Chief Officer and to the Integration Joint Board.

5.20 The Health Board's Medical and Nursing Director roles support the Chief Officer and Integration Joint Board in relation to medical and nurse education and

revalidation. The governance responsibilities of the Integration Joint Board and Chief Officer will also be supported by the Health Board's equalities and child protection functions.

6. Chief Officer

6.1 The Chief Officer will be appointed by the Integration Joint Board upon consideration of the recommendation of an appointment panel selected by the Integration Joint Board to support the appointment process, which panel will include the Chief Executives of each Party as advisors. The Chief Officer will be employed by one of the Parties and will have an honorary contract with the non-employing party. The Chief Officer will be jointly line managed by the Chief Executives of the Health Board and the Council. This will ensure accountability to both Parties and support a system-wide approach by the Health Board across all of its component integration authorities, and strategic direction in line with the Council's corporate priorities. The Chief Officer will be the accountable officer to the Integration Joint Board. The Chief Officer will become a non-voting member of the Integration Joint Board upon appointment to his/her role.

6.2 The Chief Officer will provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. As a member of both corporate management teams the Chief Officer will be able to influence policy and strategic direction of both Inverclyde Council and the Health Board from an integration perspective.

6.3 The Chief Officer will have delegated operational responsibility for delivery of Integrated Services, except acute hospital services with oversight from the Integration Joint Board. In this way the Integration Joint Board is able to have responsibility for both strategic planning and operational delivery. The operational delivery arrangements will operate within a framework established by the Health Board and the Council for their respective functions, ensuring both bodies can continue to discharge their governance responsibilities.

6.4 The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The

Chief Officer will be operationally responsible through an integrated management team for the delivery of Integrated Services within the resources available.

6.5 In the event that the Chief Officer is absent or otherwise unable to carry out his or her functions, the Chief Executives of the Health Board and the Council will, at the request of the Integration Joint Board, jointly appoint a suitable interim replacement.

6.6 Inverclyde Integration Joint Board will be responsible for the strategic planning of the Integrated Services as set out in Annexes 1 and 2 of this Scheme. The Council and the Health Board will discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the Chief Officer, who is part of the Corporate Management Team of both the NHS Board and the Council.

6.7 The Council agrees that the relevant Council lead responsible for the local housing strategy will be required to routinely liaise with the Chief Officer in respect of the Integration Joint Board's role in informing strategic planning for local housing as a whole and the delivery of housing support services delegated to the Integration Joint Board.

6.8 The Chief Officer will have accountability to the Integration Joint Board for Workforce Governance. The Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board's Staff Governance Committee and the Council's Staff Representative Forum.

7. Workforce

7.1 Sustained and successful delivery of Integrated Services will be dependent on an engaged workforce whose skill mix adapts over time to respond to the clinical and care needs of the Inverclyde population. The Parties will work together to ensure effective leadership, management, support, learning and development across all staff groups, and will produce a Workforce Plan that will be prepared and put in place within the first year following the delegation of functions to the Integration Joint Board.

7.2 Workforce Governance is a system of corporate accountability for the fair and effective management of staff. Workforce Governance in the Integration Joint Board will therefore ensure that staff are;

- Well Informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently with dignity and respect in an environment where diversity is valued
- Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community

7.3 The Chief Officer, on behalf of the Parties, will develop a Workforce Plan during the first year describing the current shape and size of the workforce, how this will develop as services become more integrated, and what actions will need to be taken to achieve the necessary changes in workforce and skills mix. This will be linked to an Organisational Development Plan that builds on the cultural integration that has already taken place within the CHCP, bringing health and social care values closer together through integrated teams and management arrangements, and underpinned by our vision and values as noted at 2.5..

7.4 The Parties will engage with staff, staff representatives, stakeholders and partner organisations; and make use of relevant information and guidance from education and regulatory bodies for various staff groups; in planning this work, building a collaborative approach through co-operation and coproduction. Both the Workforce Plan and the Organisational Development Plan will be developed and put in place during the first year following the delegation of functions to the Integration Joint Board, and will be reviewed by the Parties on an annual basis.

7.5 Members of the management team may be employed by either the Health Board or the Council, and senior managers may be given honorary contracts from the party who is not their direct employer. These will allow delegated responsibility for both discipline and grievance with the Health Board and the Council employee groups.

7.6 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at

an early stage in decisions affecting them, including in relation to service change and development. . These Partnership arrangements will meet the required national standards and link to both the Health Board and Council's staff consultative arrangements.

8. Finance

Introduction to this clause

8.1 This clause sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Council and the Health Board.

8.2 The Chief Finance Officer (CFO) will be the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer.

Budgets

8.3 Delegated baseline budgets for 2015/16 will be subject to due diligence and based on a review of recent past performance, existing and future financial forecasts for the Health Board and the Council for the functions which are to be delegated.

8.4 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Council and the Health Board for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:

- Activity changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board
- Adjustments to address equity of resource allocation

This will allow the Council and the Health Board to determine the final approved budget for the Integration Joint Board.

8.5 Either Party may increase its in year payment to the Integration Joint Board.

8.6 The process for determining amounts to be made available (within the 'set aside' budget) by the Health Board to the Integration Joint Board in respect of all of the functions delegated by the Health Board which are carried out in a hospital in the area of the Health Board and provided for the areas of two or more Local Authorities will be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board and will be based on:

- Actual Occupied Bed Days and admissions in recent years;
- Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan;
- Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).

8.7 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Council, the Health Board and the Integration Joint Board. If the Strategic Plan sets out a change in hospital capacity, the resource consequences will be determined through a detailed business case which is incorporated within the Integration Joint Board's budget. This may include:

- The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need;
- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

Budget Management

8.8 The Integration Joint Board will direct the resources it receives from the Parties in line with the Strategic Plan, and in doing so will seek to ensure that the planned

activity can reasonably be met from the available resources viewed as a whole, and achieve a year-end break-even position.

Overspends

8.9 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. In the event that the recovery plan does not succeed, the first resort should be to the Integration Joint Board reserves, where available, in line with the Integration Joint Board's Reserves policy. The Parties may consider as a last resort making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Parties and the Integration Joint Board. If the revised plan cannot be agreed by the Parties, or is not approved by the Integration Joint Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

Underspends

8.10 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.

Unplanned Costs

8.11 Neither Party may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either the Council or the Health Board without the express consent of the Integration Joint Board and the other Party.

Accounting Arrangements and Annual Accounts

8.12 Any transaction specific to the Integration Joint Board e.g. expenses, will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

8.13 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and Health Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.

8.14 The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The year-end balances and in-year transactions between the Integration Joint Board and the Parties will be agreed in line with the NHS Board accounts timetable. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.

8.15 Monthly financial monitoring reports will be issued by the Chief Finance Officer to the Chief Office in line with timescales agreed by the Parties. Financial Reports will include subjective and objective analysis of budgets and actual/projected outturn, and such other financial monitoring reports as the Integration Joint Board might require.

8.16 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval, with a minimum of four financial reports being submitted to the Integration Joint Board. This will include reporting on the Acute activity and estimated cost against Set Aside budgets.

Payments between the Council and the Health Board

8.17 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.

8.18 In the event that functions are delegated part-way through the 2015-16 financial year, the payment to the Integration Joint Board for delegated functions will be that portion of the budget covering the period from the delegation of functions to the Integration Joint Board to 31 March 2016.

Capital Assets and Capital Planning

8.19 Capital and assets and the associated running costs will continue to sit with the Parties. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Parties.

9. Participation and Engagement

9.1 Consultation on this draft Integration Scheme has taken place as part of the Integration transitional arrangements during the year 2014/15, and in accordance with the requirements of the Act (consultation timetable referenced at Annex 4).

9.2 The stakeholders consulted in the development of this Scheme were:

- All stakeholder groups as prescribed in Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 (see Annex 4)
- The other five local authorities within the Health Board catchment area.

9.3 All responses received during consultation have been reviewed and taken into consideration in the production of this Scheme.

9.4 The Parties commit to agreeing shared principles for engagement and participation that the Integration Joint Board will use. This engagement strategy will be in line with the principles and practice endorsed by the Scottish Health Council and those

set out in the National Standards for Community Engagement, and will be developed and produced by the Strategic Planning Group that will include representation from the existing forums as detailed at 9.5. The participation and engagement strategy will be produced by the end of the first year of the delegation of functions to the Integration Joint Board.

9.5 Existing forums, including the CHCP People Involvement Network and Advisory Group and Third Sector Interface along with other community networks and stakeholder groups with an interest in health and social care provided by NHS Greater Glasgow & Clyde and Inverclyde Council will be part of the process of engagement.

10. Information-Sharing and Data Handling

10.1 The Council and the Health Board have worked along with all local authorities in the Health Board area through the Joint Information and Health Systems Group to develop, review and maintain an Information Sharing Protocol. The Information Sharing Protocol will be reviewed by the Integration Joint Board two years following the delegation of functions to the Integration Joint Board and at least every two years thereafter. The review will consider any future changes in information governance or data protection legislation, and the Integration Joint Board will consider, as part of the review process, any amendments required to improve the Information Sharing Protocol.

10.2 The Parties positively encourage their staff to share information appropriately about their service users when it benefits their care and when it is necessary to protect vulnerable adults or children. The document describes how the Parties will exchange information with each other - particularly information relating to identifiable living people, known legally as “personal data”. The purpose of the document is to explain why the partner organisations want to exchange information with each other and to put in place a framework which will allow this information to be exchanged in ways which respect the rights of the people the information is about and with their explicit consent to share, while recognising the circumstances in which staff must share personal data to protect others, without the consent of the individual. This protocol complies with the laws regulating this, particularly the Data Protection Act 1998.

10.3 This Protocol will be reviewed every two years and, as a consequence of submission to Information Commissioners Office (ICO) for endorsement, will be subject to audit at the discretion of the Information Commissioner. All Parties agree to such auditing and undertake to provide all necessary cooperation with the ICO in the event of an audit being held or considered.

11. Complaints

The Parties agree the following arrangements in respect of complaints.

11.1 The Parties will work together with the Chief Officer to agree a single streamlined process for complaints relating to integrated arrangements that complies with all applicable legal requirements. This will be based on the existing Inverclyde Community Health Care Partnership complaints procedures.

11.2 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. Complaints can be made by patients, service users and customers or their nominated representatives using a range of methods including an online form, face to face contact, in writing and by telephone. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the complainant. If the complainant remains dissatisfied, an internal review might be offered if appropriate. If the complainant still remains dissatisfied, the final stage will be the consideration of complaints by the Scottish Public Services Ombudsman (SPSO). In relation to social work complaints these are, subject to review, presently considered by a Social Work Complaints Review Committee prior to the Ombudsman.

11.3 The Parties agree to work together and to support each other to ensure that all complaints that require input from both Parties are handled in a timely manner. Details of the complaints procedures will be provided on line, in complaints literature and on posters. Clear and agreed timescales for responding to

complaints will be provided.

11.4 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate, so long as the representative can demonstrate that the service user has authorised that person to act on behalf of the service user.

11.5 The Parties will produce a joint complaints report on an annual basis for consideration by the Integration Joint Board. This report will include details of the number and nature of complaints, and the proportion of complaints responded to within the agreed timescales.

11.6 The means through which a complaint should formally be made regarding Integrated Services and the appropriate member of staff within the Health & Social Care Partnership to whom a complaint should be made will be detailed on the Parties' websites and made available in paper copies within premises.

12. Claims Handling, Liability & Indemnity

12.1 The Council and the Health Board agree that they will manage and settle claims in accordance with common law of Scotland and statute.

12.2 The Parties will establish indemnity cover for integrated arrangements.

13. Risk Management

13.1 The Parties along with all local authorities in the Health Board area have developed a model risk management policy and strategy to support integrated service delivery. This will be available to the Integration Joint Board at its first meeting for noting and approval. The first integrated risk register will be presented to the Integration Joint Board within six months following the delegation of functions to the Integration Joint Board.

13.2 The Parties will support the Chief Officer and the Integration Joint Board with relevant specialist advice, (such as internal audit, clinical and non-clinical risk managers and health and safety advisers).

13.3 The Chief Officer will have overall accountability for risk management ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the Integration Joint Board. The Chief Officer working with the Chief Executives of the Parties will review existing strategic and operational risk registers on a six-monthly basis, identify the appropriate risks to move to the shared risk register and agree mitigations.

14. Dispute Resolution Mechanism

14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the undernoted process:

a) The Chief Executives of the Parties will meet to resolve the issue;

b) If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.

c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of the Health Board

and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

14.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish Ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Annex 1

Part 1

Functions Delegated by the Health Board to the Integration Joint Board.

Column A	*Column B*
The National Health Service (Scotland) Act 1978 All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978.	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 (Health Boards). and functions conferred by— The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The Health Boards (Membership and Procedure) (Scotland)

Column A	*Column B*
	Regulations 2001, The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004) The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and The National Health Service (General Dental Services) (Scotland) Regulations 2010. The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by: section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation) section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer);

Column A	*Column B*
	section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Functions prescribed for the purposes of section 1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A	*Column B*
The National Health Service (Scotland) Act 1978 All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act	Except functions conferred by or by virtue of— section 2(7) (Health Boards);

Column A	*Column B*
1978	section 2CB (functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS contracts);
	section 17C (personal medical or dental services);
	section 17I (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38 (care of mothers and young children);
	section 38A (breastfeeding);
	section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);
	section 48 (residential and practice accommodation);
	section 55 (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 (permission for use of facilities in private practice);
	section 75A (remission and repayment of charges and payment of travelling expenses);
	section 75B (reimbursement of the cost of services provided in another EEA state);
	section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
	section 79 (purchase of land and moveable property);
	section 82 use and administration of certain endowments and other property held by Health Boards);
	section 83 (power of Health Boards and local health councils to hold property on trust);
	section 84A (power to raise money, etc., by appeals, collections etc.);
	section 86 (accounts of Health Boards and the Agency);
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	section 98 (charges in respect of non-residents); and
	paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
	The National Health Service (Primary Medical Services Performers

Column A	*Column B*
	Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation) section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005;

Column A	*Column B*
	and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
Carers (Scotland) Act 2016 Section 12 (Duty to prepare young carer statement) Section 31 (Duty to prepare local carer strategy)	

Part 2

Services delegated by the Health Board to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
  - Geriatric medicine;
  - Rehabilitation medicine (age 65+);
  - Respiratory medicine (age 65+); and
  - Psychiatry of learning disability (all ages).

- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting
- School Nursing
- Speech and Language Therapy
- Specialist Health Improvement
- Community Children’s Services
- CAMHS
- District Nursing services
- The public dental service.
- Primary care services provided under a general medical services contract,
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

Annex 2

Part 1

Functions Delegated by the Council to the Integration Joint Board

Column A Enactment conferring function	Column B Limitation
National Assistance Act 1948	
Section 45 (Recovery in cases of misrepresentation or non-disclosure)	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 (Reports as to arrangements for future care and upbringing of children)	
Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 6B (Local authority inquiries into matters affecting children)	
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

Column A **Enactment conferring function**	**Column B** **Limitation**
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 27 (supervision and care of persons put on probation or released from prison etc.)	
Section 27 ZA (advice, guidance and assistance to persons arrested or on whom sentence deferred)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for aliment)	
Section 83 (Variation of trusts)	
Section 86 (Recovery of expenditure incurred in the provisions of accommodation, services, facilities or payments for persons ordinarily resident in the area of another local authority from the other local authority)	

Column A Enactment conferring function	Column B Limitation
Children Act 1975	
Section 34 (Access and maintenance)	
Section 39 (Reports by local authorities and probation officers.)	
Section 40 (Notice of application to be given to local authority)	
Section 50 (Payments towards maintenance of children)	
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Health and Social Services and Social Security Adjudications Act 1983	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)	
Section 22 (Arrears of contributions charged on interest in land in England and Wales)	
Section 23 (Arrears of contributions secured over interest in land in Scotland)	
Foster Children (Scotland) Act 1984	
Section 3 (Local authorities to ensure well-being of and to visit foster children)	
Section 5 (Notification by persons maintaining or proposing to maintain foster children)	
Section 6 (Notification by persons ceasing to maintain foster children)	
Section 8 (Power to inspect premises)	
Section 9 (Power to impose requirements as to the keeping of foster children)	

Column A Enactment conferring function	Column B Limitation
Section 10 (Power to prohibit the keeping of foster children)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
Housing (Scotland) Act 1987	
Part II (Homeless Persons)	
Housing (Scotland) Act 2001	
Section 1 (Homelessness strategies)	
Section 2 (Advice on homelessness etc.)	
Section 5 (Duty of registered social landlord to provide accommodation)	
Section 6 (Duty of registered social landlord: further provision)	
Section 8 (Common housing registers)	
Section 92 (Assistance for Housing Purposes)	Only in so far as it relates to an aid or adaptation.

Housing (Scotland) Act 2006

Section 71(1)(b) (Assistance for housing purposes)	Only in so far as it relates to an aid or adaptation as defined at Section 1(2) of the Public Bodies (Joint Working) (Prescribed Local Authority Functions) (Scotland) Regulations 2014.

Children (Scotland) Act 1995

Section 17
(Duty of local authority to child looked after by them)

Sections 19
(Local authority plans for services for children).

Section 20
(Publication of information about services for children)

Section 21
(Co-operation between authorities)

Section 22
(Promotion of welfare of children in need)

Section 23
(Children affected by disability)

Section 24
(Assessment of ability of carers to provide care for disabled children)

Section 24A
(Duty of local authority to provide information to carer of disabled child)

Section 25
(Provision of accommodation for children etc.)

Section 26
(Manner of provision of accommodation to children looked after by local authority)

Section 27
(Day care for pre-school and other children)

Section 29
(After-care)

Section 30
(Financial assistance towards expenses of education or training)

Section 31
(Review of case of child looked after by local authority)

Section 32
(Removal of child from residential establishment)

Section 36
(Welfare of certain children in hospitals and nursing homes etc.)

Section 38
(Short-term refuges for children at risk of harm)

Section 76
(Exclusion orders)

Criminal Procedure (Scotland) Act 1995

Section 51
(Remand and committal of children and young persons).

Section 203
(Reports)

Section 234B
(Drug treatment and testing order).

Section 245A
(Restriction of liberty orders).

Adults with Incapacity (Scotland) Act 2000

Section 10
(Functions of local authorities.)

Section 12
(Investigations.)

Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 40 (Supervisory bodies)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions.
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions.

Community Care and Health (Scotland) Act 2002

Section 4 (The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002)	
Section 5 (Local authority arrangements for residential accommodation out with Scotland.)	
Section 6 (Deferred payment of accommodation costs)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
Management of Offenders etc. (Scotland) Act 2005	
Section 10 (Arrangements for assessing and managing risks posed by certain offenders)	
Section 11 (Review of arrangements)	

Adoption and Children (Scotland) Act 2007

Section 1
(Duty of local authority to provide adoption service)

Section 4
(Local authority plans)

Section 5
(Guidance)

Section 6
(Assistance in carrying out functions under sections 1 and 4)

Section 9
(Assessment of needs for adoption support services)

Section 10
(Provision of services)

Section 11
(Urgent provision)

Section 12
(Power to provide payment to person entitled to adoption support service)

Section 19
(Notice under section 18: local authority's duties)

Section 26
(Looked after children: adoption not proceeding)

Section 45
(Adoption support plans)

Section 47
(Family member’s right to require review of plan)

Section 48
(Other cases where authority under duty to review plan)

Section 49
(Reassessment of needs for adoption support services)

Section 51
(Guidance)

Section 71
(Adoption allowance schemes)

Section 80
(Permanence Orders)

Section 90
(Precedence of certain other orders)

Section 99
(Duty of local authority to apply for variation or revocation)

Section 101
(Local authority to give notice of certain matters)

Section 105
(Notification of proposed application for order)

Adult Support and Protection (Scotland) Act 2007

Section 4
(Council's duty to make inquiries.)

Section 5
(Co-operation.)

Section 6
(Duty to consider importance of providing advocacy and other.)

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc)

Section 11
(Assessment Orders.)

Section 14
(Removal orders.)

Section 16
(Right to move adult at risk)

Section 18
(Protection of moved person's property.)

Section 22
(Right to apply for a banning order.)

Section 40
(Urgent cases.)

Section 42
(Adult Protection Committees.)

Section 43
(Membership.)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders)

Section 37
(Child protection orders)

Section 42
(Parental responsibilities and rights directions)

Section 44
(Obligations of local authority)

Section 48
(Application for variation or termination)

Section 49
(Notice of application for variation or termination)

Section 60
(Local authority's duty to provide information to Principal Reporter)

Section 131
(Duty of implementation authority to require review)

Section 144
(Implementation of compulsory supervision order: general duties of implementation authority)

Section 145
(Duty where order requires child to reside in certain place)

Section 153
(Secure accommodation)

Section 166
(Review of requirement imposed on local authority)

Section 167
(Appeals to Sheriff Principal: Section 166)

Section 180
(Sharing of information: panel members)

Section 183
(Mutual Assistance)

Section 184
(Enforcement of obligations on health board under Section 183)

Social Care (Self- Directed Support) (Scotland) Act 2013

Section 5
(Choice of options: adults.)

Section 6
(Choice of options under section 5: assistances.)

Section 7
(Choice of options: adult carers.)

Section 8
Choice of options: children and family members)

Section 9
(Provision of information about self-directed support.)

Section 11
(Local authority functions.)

Section 12
(Eligibility for direct payment: review.)

Section 13
(Further choice of options on material change of circumstances.)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.

Section 16
(Misuse of direct payment: recovery.)

Section 19
(Promotion of options for self-directed support.)

Carers (Scotland) Act 2016

Section 6
(Duty to prepare adult carer support plan.)

Section 21
(Duty to set local eligibility.)

Section 24
(Duty to provide support.)

Section 25
(Provision of support to carers; breaks from caring.)

Section 31
(Duty to prepare local carer strategy,)

Section 34
(Information and advice service for carers,)

Section 35
(Short breaks services statements.)

Annex 2

Part 2

Services currently provided by the Local Authority which are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people
- Occupational therapy services
- Re-ablement services, equipment and telecare

In addition Inverclyde Council will delegate:

- Criminal Justice Services
    - Criminal Justice Social Work
    - Prison Based Social Work
    - Unpaid Work
    - MAPPA

- Children & Families Social Work Services
    - Child Protection
    - Fieldwork Social Work Services for Children and Families
    - Residential Child Care including Children's Homes
    - Looked After & Accommodated Children

  - Adoption & Fostering
  - Kinship Care
  - Services for Children with Additional Needs
  - Throughcare
  - Youth Support / Youth Justice
  - Young Carers

- Services for People affected by Homelessness

- Advice Services

- Strategic & Support Services
  - Health Improvement & Inequalities
  - Quality & Development (including training and practise development, contract monitoring and strategic planning)
  - Business Support

Annex 3 – Hosting Arrangements

The Parties will recommend to the Greater Glasgow and Clyde Integration Joint Boards that the Services listed in this annex are managed by one Integration Joint Board on behalf of the other Integration Joint Boards. Where an Integration Joint Board is also the Lead Partnership in relation to a Service in this annex the Parties will recommend that:

(a) It is responsible for the operational oversight of such Service(s);

(b) Through its Chief Officer will be responsible for the operational management on behalf of all the Integration Joint Boards; and

Such Lead Partnership will be responsible for the strategic planning and operational budget of the Hosted Services.

Service Area	Host Integration Joint Board
• Continence services outwith hospital	Glasgow
• Enhanced healthcare to Nursing Homes	Glasgow
• Musculoskeletal Physiotherapy	West Dunbartonshire
• Oral Health – public dental service and primary dental care contractual support	East Dunbartonshire
• Podiatry services	Renfrewshire
• Primary care contractual support (medical and optical)	Renfrewshire
• Sexual Health Services (Sandyford)	Glasgow
• Specialist drug and alcohol services and system-wide planning & co-ordination	Glasgow
• Specialist learning disability services and learning disability system-wide planning & co-ordination	East Renfrewshire
• Specialist mental health services and mental health system-wide planning & co-ordination	Glasgow
• custody and prison healthcare	Glasgow

Annex 4

Summary of Consultation

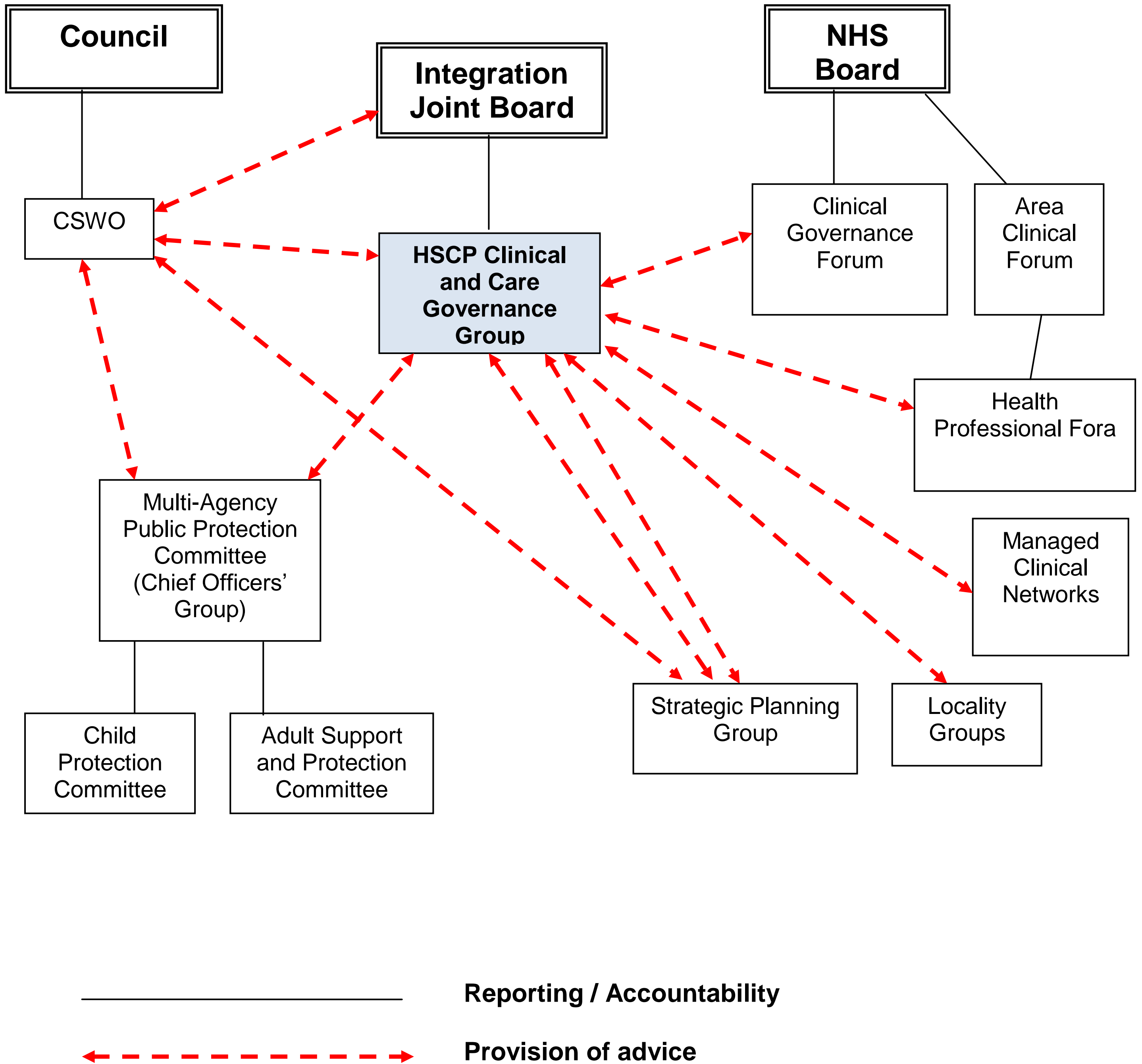
Type Of Consultee	Name of Group/Individual	Means of Consultation
Health Professionals	Inverclyde Staff Partnership Forum	Presentation at meeting and email to all staff
Social Care Professionals		
Primary Care	General Practitioners & Practice Managers	
Users of health care &/or social care	Inverclyde CHCP Advisory Group & People Involvement Network	Presentation at group meetings and distributed to network members
Carers of users of health care &/or social care	As Above and Inverclyde Carers Centre Board Inverclyde Carers Council	
Commercial Providers of health care &/or social care	Scottish Care CVS Inverclyde All Commissioned Service Providers	X 2 Provider Forum Sessions and distributed to all organisations
Non Commercial Providers of health care &/or social care	CVS Inverclyde Inverclyde Third Sector Interface All Grant Funded Third Sector Organisations	
Staff of Inverclyde CHCP who are not health or social care professionals		Via email to all staff
Senior Managers of Inverclyde Council	Corporate Management Team, Inverclyde Council	Presentations and briefing papers
Elected Members of Inverclyde Council	Inverclyde Health & Social Care Committee	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Non-Executive Directors of Health Board	Greater Glasgow Health Board	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Organisations operating in Inverclyde	Inverclyde Alliance Community Planning Partnership Board	Presentations and briefing papers
Other local authorities within the NHS GGC catchment	East Renfrewshire Council; West Dunbartonshire Council; Renfrewshire Council; East Dunbartonshire Council; Glasgow City Council.	Sharing draft Integration Scheme at various stages of development via email and officer meetings.

Notes

- Consultation has taken account of the parties' statutory obligations in relation to participation and engagement
- Consultation has been synchronised with existing consultation processes and forums to enable engagement with specific groups such as service users, carers, providers, the workforce and partners
- Consultation has taken place via a range of media to support open access for all groups

Annex 5

Clinical and Care Governance – Key Supports and Relationships



Reporting / Accountability

Provision of advice

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 13

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 November 2023**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/51/2023/KR**
Contact Officer:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 712722**
Subject:	**Chief Officer's Report**		

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 14th November 2023.

2.0 RECOMMENDATIONS

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

- **Delayed Discharge**
- **Bairns Hoose - Scottish Government Pathfinder**
- **The Lens**

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

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

4.0 BUSINESS ITEMS

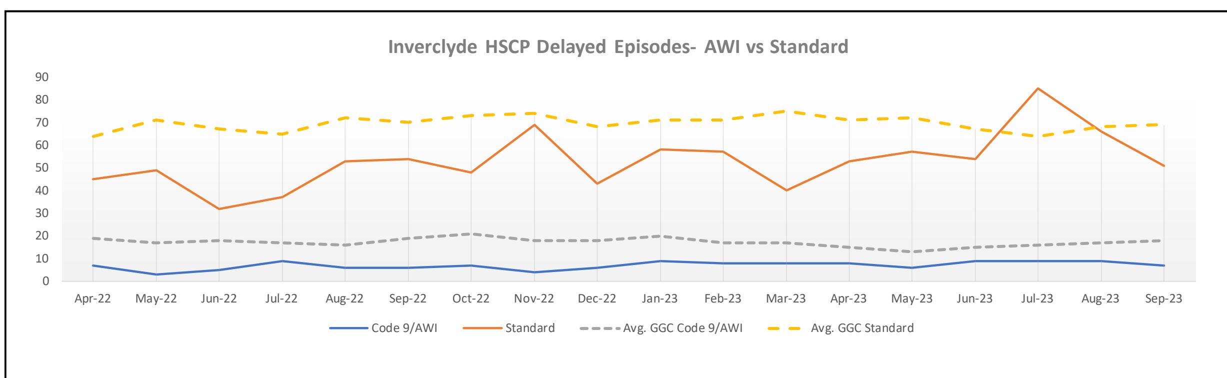
4.1 **Delayed Discharge**

Inverclyde HSCP works closely with colleagues in the acute system across NHS Greater Glasgow & Clyde to ensure that service users are discharged to their home as soon as services are available in the community. Delays where legal restrictions such as Adults with Incapacity legislation are managed to the best of the HSCP's abilities notwithstanding the legal timetables set by the Court system.

By far the vast majority of service users are discharged on time, when declared fit for discharge and then supported at home, including those with increased complexities and age by community Health & Social Care services.

In September 2021 to August 2022 Inverclyde discharged 1971 service users at an average of 164 discharges per month. To date from September 2022 to August 2023 Inverclyde HSCP we have consistently supported through discharge 2072 service users, an average of 173 discharges per month.

As a direct result of the service developments, including the deployment of additional Health Care Support Workers and Allied Health Professionals to support discharge and despite the recruitment challenges of a 12% reduction in internal Home Care support staffing and a reduction of 20% of the external Home Care commissioned capacity which has had to be absorbed by our internal service, Inverclyde HSCP has facilitated an increase of 5% on monthly discharge levels in 2022/23 compared to 2021/22.



Whilst Inverclyde HSCP recognises that its delayed figures have been challenging in 2023, we are seeing our delayed service user numbers returning to expected levels at this time of the year. Currently Inverclyde HSCP is under the GGC average in terms of delays. We do expect a major challenge over the winter months but recognise that the local winter planning that we have put in place will hopefully mitigate some of the impact of winter pressures.

The development of the Social Care Worker Grade 4 will support recruitment and retention within Care at Home Services and Inverclyde HSCP continues to support the robustness of the external Home Care market. Inverclyde HSCP is also developing a Kincare one off payment option to

provide short term support to families and carers to supplement care to family members to aid the discharge from hospital until a package of care is put in place by the HSCP.

Inverclyde HSCP robustly scrutinises its delays position and works in partnership with the acute system on a daily basis to ensure that no one is unduly delayed. We review our delay position locally weekly and in the winter period, daily to ensure real time reactivity. We work with commissioned providers to maximise capacity in Homecare and Care/Nursing Home to ensure delays are removed from the acute system as soon as free capacity is available.

4.2 **Bairns Hoose - Scottish Government Pathfinder**

In early summer the Scottish Government announced £6 million funding for six multi-agency pathfinder partnerships to develop Bairns Hoose. Bairns' Hoose - Scottish Barnahus: vision, values and approach - gov.scot (www.gov.scot)

This is an important milestone in the Scottish Government 's journey to transform care, justice, protection, and recovery for children.

The Pathfinders are delighted that our multi-agency partnership in North Strathclyde, led by Inverclyde opened Scotland's first Bairns Hoose in August and will be a pathfinder site. The pathfinder partnership in North Strathclyde involves four local authorities (Inverclyde, East Renfrewshire, Renfrewshire and East Dunbartonshire), two Police Scotland divisions, COPFS and NHS Greater Glasgow and Clyde and Children 1st .

The partnership look forward to working alongside the Scottish Government, Fife, North Strathclyde, Aberdeenshire, Aberdeen City, Tayside and the Outer Hebrides pathfinder sites to test the National Bairns Hoose Standards, so that every child gets the support they need to recover from hurt and harm, as this crucial systems reform rolls out.

Scotland's first Bairns Hoose was developed in partnership with Children 1st, the University of Edinburgh and Victim Support Scotland as well as local partners in the North Strathclyde area.

4.3 **The Lens**

Earlier this year, Inverclyde HSCP partnered with The Lens Project, an independent charity that works with organisations, to develop an Ideas to Action Programme. This partnership opportunity, working closely with local iPromise Team and staff in Children and Families was launched in September, where staff were encouraged to submit ideas that could improve the lives of children, young people and families. Twelve diverse applications were submitted and scored in terms of being able to:

- Keep The Promise – and help all children in Inverclyde to have “good childhoods”.
- Enable families to stay together (where it is safe to do so).
- Create earlier opportunities for help and whole family support (prevent crisis and harm).
- Listen, respond, and amplify the voice of families.
- Clearly understand and address risk.
- Enable creativity, innovative and demonstrate added value.
- Have the potential to be scaled and replicated.

Six ideas were selected and the teams behind them will move on to the Ideas to Action programme, a bespoke programme of practical workshops, coaching and peer support. Teams will move on to pitch their ideas at an Investment Event in December where senior leaders will agree next steps for development and implementation of ideas.

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		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		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?

Equalities Outcome	**Implications**
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.

(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?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	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.

(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.
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.

5.7 **Clinical or Care Governance**

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

5.8 **National Wellbeing Outcomes**

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

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

5.9 **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.

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

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

7.0 CONSULTATION

7.1 The 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.