



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 15 March 2024

A meeting of the Inverclyde Integration Joint Board will be held on Monday 25 March 2024 at 2pm.

Members may attend the meeting in person or via remote online access. Webex joining details have been sent to members and officers. Members are requested to notify Committee Services by 12 noon on Friday 22 March 2024 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.

VICKY POLLOCK
Interim Head of Legal & Democratic Services

**** to follow**

BUSINESS		
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ITEMS FOR ACTION:		
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3.	Financial Monitoring Report 2023/24 Period 9 Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
4. **	Inverclyde IJB 2024/26 Budget Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
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ROUTINE DECISIONS AND ITEMS FOR NOTING:		
6.	Progress of the Vaccination Transformation Programme Report by Chief Officer, Inverclyde Health & Social Care Partnership	p

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8.	Chief Officer's Report Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
9.	Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 25 September 2023 Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
<p>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.</p>		
<p>ROUTINE DECISIONS AND ITEMS FOR NOTING:</p>		
10.	Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 22 January 2024	p

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

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Enquiries to – Diane Sweeney - Tel 01475 712147

INVERCLYDE INTEGRATION JOINT BOARD – 22 JANUARY 2024

Inverclyde Integration Joint Board
Monday 22 January 2024 at 2pm

PRESENT:

Voting Members:

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Francesca Brennan	On behalf of Councillor Robert Moran, Inverclyde Council
Councillor Martin McCluskey	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council
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
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Chris Jones	Registered Medical Practitioner
Laura Moore	Chief Nurse, NHS GG&C

Non-Voting Stakeholder Representative Members:

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

Also present:

Jacqueline Kerr	Assistant Chief Officer, Adult Services and North West Locality, NHS Greater Glasgow & Clyde
Vicky Pollock	Legal Services Manager, Inverclyde Council
Gail Kilbane	Interim Head of Mental Health, Homelessness and Alcohol & Drug Recovery, Inverclyde Health & Social Care Partnership
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Audrey Howard	Interim Head of Public Protection (People)
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
Scott Bryan	Service Manager, Planning, Performance & Equalities, Inverclyde Health & Social Care Partnership
Karen MacVey	Legal, Democratic, Digital & Customer Services
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)

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Chair: Alan Cowan presided.

The meeting took place via video-conference.

1 Apologies, Substitutions and Declarations of Interest 1

Apologies for absence were intimated on behalf of:

Councillor Robert Moran	Inverclyde Council (with Councillor Francesca Brennan substituting)
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

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

Agenda item 9 (Reporting by Exception – Governance of HSCP Commissioned External Organisations) – Ms Boyd

Prior to the commencement of business, the Chair welcomed Ms Kerr and Councillor Brennan to the meeting and advised that agenda item 6 (NHS GGC Mental Health Strategy Refresh) would be swapped with agenda item 5 (Chief Social Work Officers Annual Report 2022-23) in the running order.

2 Minute of Meeting of Inverclyde Integration Joint Board of 14 November 2023 2

There was submitted the Minute of the Inverclyde Integration Joint Board of 14 November 2023. The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Referring to minute reference 80(3), the Chair requested that, as there was no meeting in April 2024, that the further report reviewing the success of the Kincare scheme be presented to the May 2024 meeting and that the Rolling Action List be updated to reflect this.

Referring to minute reference 84(2), the Chair noted that the Joint Inspection of Adult Services was also detailed in the Chief Officer's Report and requested that the update report, which will follow publication of the Care Inspectorate's report, be presented to the May 2024 meeting and that the Rolling Action List be updated to reflect this.

Decided: that the Minute and the above actions be agreed.

3 Financial Monitoring Report 2023/24 Period 7 3

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 31 October 2023. The report was presented by Mr Given.

Referring to the Earmarked Reserves, the Board asked if there would be a return of unspent funding, and Mr Given advised that the previous return was related to Covid funding and that, to date, he had not received any requests for further returns.

Referring to unspent funding for Carers, the Board sought reassurance that this funding would be retained to benefit Carers, and Mr Given advised that the money was earmarked for that purpose. Ms Rocks further added that there was detail on an independent review of adult respite and carers provision in the Chief Officer's Report later in the agenda.

Decided:

(1) that (a) the current Period 7 forecast position for 2023/24, as detailed in the report

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and 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) the position of the Transformation Fund, as detailed at appendix 6 to the report, be noted;

(4) that the current capital position, as detailed at appendix 7 to the report, be noted;

(5) that the draws on reserves, as detailed in the assumed financial position at sections 4 and 5 of the report, be approved;

(6) that the current Earmarked Reserves position, as detailed at appendix 8 to the report, be noted; and

(7) that the key assumptions within the forecasts, as detailed at section 10 to the report, be noted.

4 Rolling Action List

4

There was submitted a Rolling Action List of items arising from previous decisions of the IJJB. The Chair invited Ms Rocks and Mr Best to provide verbal updates on several of the entries.

Proposal for redesign of Homelessness Service to IJJB and Inverclyde Council: Ms Rocks advised that there was also an update on this matter within her Chief Officer's Report later in the agenda, that discussions were ongoing between HSCP and Inverclyde Council regarding affordability and cost, and requested that, as this was currently an operational matter, that it be removed from the Rolling Action List until such time as there was agreement on the model.

Update on Vaccination Transformation Programme: Mr Best advised that NHS GG&C had agreed to accommodate 20 ad-hoc vaccination appointments within local clinics, which should meet the demand for that service, and that going forward this would be monitored. The Board commented that a written update on this matter would also be beneficial. In responding to questions, Mr Best also confirmed that travel vaccinations were not included in this arrangement.

Annual report on Improving Cancer Model Journey – Ms Rocks advised that she was waiting on data from the Health Board and Macmillan Nurses and that it was the intention that this report would be on the agenda for the May meeting.

Decided: that (a) the entry for 'Proposal for redesign of Homelessness Service to IJJB and Inverclyde Council' be removed from the Rolling Action List, and (b) that the list be noted.

5 NHS GGC Mental Health Strategy Refresh

5

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the Mental Health Strategy refresh, and (2) appending for noting the document 'A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023-2028', which was approved by the NHS GG&C Board in August 2023. The report was introduced by Ms Rocks, who invited Ms Kerr to present it to the Board.

The Board noted that neurodevelopmental disorders were not included in the Strategy and asked how these would be managed. Ms Kerr advised that there would be investment in local community services and that the IJJB would be advised once this had been determined, Ms Kerr acknowledged that there was a significant pressure on existing services.

The Board commented that the proposals in the Strategy required funding and staffing

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and expressed a concern that there might be a bed reduction in Inverclyde. Ms Kerr provided an overview of the measures being taken to recruit staff and the benefits of treatment in a community setting, noting that staffing shortages was a national issue. She also provided reassurance that a whole-system approach could be taken if required, with qualified staff being redirected from Glasgow to ensure safe cover.

Referring to the Finance section of the Strategy document, the Board asked if there was an impact on services from the funding settlement, and Ms Kerr acknowledged there were pressures and that funding had not been finalised.

The Board asked what measures were being taken to reduce the reliance on agency staff, and Ms Kerr advised that agency staffing had reduced by 95% and that bank staff were being used, which reduced costs. She also advised of initiatives such as 'distraction boxes' and the roll-out of a Continuous Intervention Policy.

Decided:

- (1) that the progress made against the existing Mental Health Strategy 2018-2023, as detailed in the proposed Strategy refresh, be noted; and
- (2) that the 'A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023-2028' be noted.

6 Chief Social Work Officers Annual Report 2022-23

6

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Chief Social Work Officer Annual Report 2022-2023 for noting. The report was presented by Mr Hinds and was accompanied by a PowerPoint presentation.

Mr Hinds and the Chair thanked HSCP staff, and the Chair reflected on how the report highlighted the breadth and scope of the role of Chief Social Work Officer and the demands on the local workforce.

The Chair requested an update on the programme which funds final year MSc Social Work students in return for their commitment to work for Inverclyde HSCP for three years. Mr Hinds advised that the scheme was successful and provided detail on the participation figures, noting it was the intention to repeat the programme. The Chair requested that an update on the impact of this support and recruitment of Social Workers could be included in a subsequent Chief Officer's Report.

Referring to fostering and adoption, the Board asked (1) how the fostering allowances compared to other authorities, (2) if the ratio of approved adopters to children was average, and (3) if those applying to adopt could be encouraged to foster. Mr Hinds advised that (1) a recommended allowance had now been implemented nationally and that the rest of Scotland was now on an equal footing with Inverclyde, (2) the figures relating to the permanence journey of children changed yearly, and (3) that some potential adopters were dual registered and would foster before going on to adopt. Mr Hinds noted that the review of Children and Family Services should lead to further improvements. Ms Rocks added that the service was looking at adoption support with the placement of children into Inverclyde.

Referring to the figures provided in the Supporting Young People section of the Annual Report, the Board asked why 59 young people who were eligible for Throughcare were not being actively supported. Mr Hinds provided an overview of the service, advising that participation was voluntary, and noted that local figures were very strong and a testament to the work of the team involved.

The Board asked for an update on drug deaths and the challenges faced locally. Ms Kilbane provided an overview of the implementation of Medication Assisted Treatment (MAT) standards and the programmes and projects currently in place. Ms Rocks added that a focus was required on drug use by Care Experienced Young People, commenting on their exceptional and positive relationships with staff and that this would be fundamental in reducing drug death fatalities.

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Decided:

- (1) that the Board notes the content of the Chief Social Work Officer Annual Report 2022-2023 and its submission to the Office of the Chief Social Work Advisor to the Scottish Government; and
- (2) that the thanks and appreciation of the Board be conveyed to all HSCP staff.

7 Care at Home Inspection

7

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board on the positive outcome of a recent unannounced seven-day inspection of the Care at Home Service by the Care Inspectorate. The report was presented by Mr Best.

The Chair noted that external inspection can be a stressful time for staff involved and on behalf of the Board thanked all staff involved, and asked that they were made aware of the results of the inspection. Members of the Board provided personal anecdotes praising the Service and Mr Best assured that all staff, families and carers would be made aware of the results of the inspection.

Decided:

- (1) that the outcome of the successful inspection be noted; and
- (2) that the thanks and appreciation of the Board be conveyed to all Care at Home Services staff.

8 Chief Officer's Report

8

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Ms Rocks and provided updates on (1) Call Before You Convey Pilot for Care Homes, (2) Lens Project, (3) Joint inspection of Adult Services, (4) Homelessness Redesign, (5) Delayed Discharge, and (6) Independent Review of Respite. The report was presented by Ms Rocks who thanked Mr Best and Ms Moore for their work on the Call Before You Convey Pilot for Care Homes and advised that it was the intention to update the Board on the learning from this at a future meeting. Ms Rocks also advised that the final report on the Joint Inspection of Adult Services would be presented in May 2024, and not March 2024 as detailed in the report.

The Chair noted that both he and Councillor Moran had been impressed by the range of projects seeking support to transform or improve services and the presentations facilitated and coordinated by the Lens Project. Both looked forward to attending a further session on service transformation on 13 June 2024.

Decided: that the updates provided within the report and as advised by Ms Rocks at the meeting be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following items on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.

9 Reporting by Exception – Governance of HSCP Commissioned External Organisations

9

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 30 September 2023 to 1

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December 2023. The report was presented by Mr Given 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. 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.

Decided:

- (1) that the governance report for the period 30 September 2023 to 1 December 2023 be noted and as detailed in the private appendix; 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: 3

Report To:	Inverclyde Integration Joint Board	Date:	25 March 2024
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/10/2024/CG
Contact Officer:	Craig Given Chief Financial Officer	Contact No:	Internal
Subject:	Financial Monitoring Report 2023/24 Period 9		

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 December 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.
- 1.4 Funding of £68.156m was delegated by Inverclyde Council to the IJB for 2023/24. Subsequent adjustments for Fostering and Kinship Scottish recommended allowances and Ukraine resettlement support of £0.237m and £0.403m respectively have been added and are reflected in the Appendices, along with funding towards the additional cost of the 2023/24 Council pay award, giving a revised contribution of £70.042m.
- 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 9 totalling £8.118m, including pay award and Scottish Government funding allocations resulting in a revised budget for reporting purposes of £140.697m.
- 1.6 As at 31 December 2023, it is projected that the IJB revenue budget will have an overall overspend of £0.818m: -
- Social care services are projected to be overspent by £0.770m.
 - Health Services are projected to be overspent by £0.048m.

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, it has not been set against particular reserves at this point, but an adjustment has been made to the overall reserves position detailed.

- 1.7 As at 1st 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 £17.709m, and for the purposes of this report, assumes that the current projected overspend of £0.818m will be funded from reserves held at this stage, as noted at 1.6. The main movements on the reserves balance since last reporting are additional income in relation to refugee arrivals to be held for spend to support refugees in future years, some reprofiling of planned spend to next financial year, removal of the use of £0.5m of the Prescribing smoothing reserve and allowable earmarking of ADP funds.
- 1.8 The Social Work capital budget is £9.707m over the life of the projects with £2.601m originally projected to be spent in 2023/24. Slippage of £2.181m is being reported linked to the delay and the re-tender of the Community Hub project which is impacting the ability to achieve financial close and progress to the construction phase. Expenditure on all capital projects to 31 December 2023 is £0.147m (5.65% of approved budget, 35% 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 9 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. Approves the draws on reserves noted in the assumed financial position (Sections 4 and 5)
6. Notes the current Earmarked Reserves position (Appendix 8).
7. 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 £210.739m, with a projected overspend of £0.818m. The table below summarises the budget and funding from partners, together with the projected operating outturn for the year as at 31 December 2023. It is assumed that the projected overspend will be met from reserves at this stage.

	Revised Budget 2023/24 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services*	89,174	89,944	770
Health Services*	86,167	86,215	48
Set Aside	35,398	35,398	0
HSCP NET EXPENDITURE	210,739	211,557	818
FUNDED BY			
Transfer from / (to) Reserves	-	818	818
NHS Contribution to the IJB	140,697	140,697	
Council Contribution to the IJB	70,042	70,042	
HSCP FUNDING	210,739	211,557	818
Planned net Use of Reserves as at Period 9		5,735	
Projected HSCP operating (Surplus)/Deficit		818	
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)		6,553	

*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 9 for Social Care services. It is currently anticipated that Social Care services will overspend by £0.770m 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 £2.201m. This is an increase of £0.047m from the position reported at period 7. This reflects changes to packages since last reported, largely offset by a further £0.200m assumed draw on the

smoothing reserve held for this purpose. As previously reported, in the year prior to 2023/24 most of the residential placements overspend was met from Covid reserves. A review group continues to closely monitor these placements on a bi-monthly basis to ensure a focussed approach to ensure a focussed approach on bringing down the overall costs in the longer term. The group, along with Children and Families redesign work will contribute to the reduction of future recurring costs.

- Fostering, adoption and kinship is currently projecting an overspend of £0.214m, an increase of £0.055 since period 7, due to minor movements. A drawdown of £0.133m of the continuing care reserve is assumed (£0.130m at period 7).
- Also, within Childrens services, overspend of £0.105m is projected for a supported living placement, being offered as an alternative to an external residential placement.
- There is currently a projected net overspend of £0.807m against Children and Families Employee Costs, an increase in projected spend of £0.135m from the reported period 7 position. The increase is due to the anticipated part-year cost of providing a preventative outreach service (£0.122) offset by reduced costs following the closure of the Ravenscraig temporary children's home (0.063m) together with other minor movements across services.
- Learning disability client packages are currently projecting to overspend by £0.330m by the year end, an increase of £0.077m since last reported, mainly due to increases to some existing care packages. A smoothing reserve is held for Learning Disability client commitments should it be required as the financial year progresses.
- Within the Physical and Sensory Disability service an overspend of £0.274m was reported at Period 7. Further costs of £0.159m were projected for Period 9, therefore a budget allocation from Corporate Director contingency budgets of £0.260m along with an assumed drawdown from the client commitments smoothing reserve of £0.170m has brought this overspend broadly back to an online position at Period 9.
- A projected overspend of £0.271m is shown for the Homelessness service, an increase of £0.100m since the Period 7 position. The movement is mainly due to anticipated agency costs of £0.060m, together with an increase in the projected employee costs of £0.044m. It is anticipated that these additional costs will be managed within the overall position at this stage however a smoothing reserve is held by the service and a draw will be arranged in due course if required.

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 £0.903m, an increase in costs of £0.214m against the position reported at period 7, reflecting a share of the unfunded element of the 2023-24 pay award together with the full impact of the increased grades for social care support workers as a result of the Care and Support at Home Review for 2023-24, and other minor changes.
- The external care at home service continues to experience recruitment and retention issues and the number of providers able to provide services is currently limited, resulting in a projected underspend of £0.964m for 2023/24. This is a further reduction in projected costs of £0.174m since period 7 and reflects a reduction in client numbers, partially offset by a projected under recovery of income of £0.031m because of reduced client numbers.
- For Residential and Nursing placement costs the projected net underspend is £0.259m, which represents a reduction in projected costs of £0.068m from the position reported at

period 7. This is largely due to additional income recoveries of £0.099m for charging orders, £0.056m income from service users following financial assessment, offset by £0.073 increases in additional support packages for three service users.

- Staffing costs within Learning Disability are projecting an underspend of £0.259m by the year end due to the level of vacancies at present.
- Assessment and Care Management are projected to underspend by £0.282m. This is mainly due to respite and short breaks £0.115m reflecting latest commitments and employee costs of £0.165m due to the vacancy position within the service.
- Mental Health services is expected to underspend by £0.186m in relation to client commitments.
- Within Alcohol and Drugs Recovery Service there are underspends anticipated for both employee costs and client commitments of £0.048m and £0.228m respectively.

5.0 HEALTH

5.1 Appendix 3 shows the projected position as at Period 9 for Health services. It is currently anticipated that Health services will overspend by £0.048m in 2023/24 (£0.414m at Period 7)

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

- Mental Health In-Patient services is currently forecast to overspend by £1.766m. This is mainly attributable to an overspend on employee costs of £1.503m due to continuing recruitment issues, enhanced observations and increased clinical activity for nursing and medical staff. The non pay element of £0.262m relates mainly to costs for a placement with a specialist provider.
- The prescribing budget is currently projecting an overspend of £1.367m. Inverclyde volumes are currently 3% higher than in the previous year and costs per item are 6% (61p) higher than in 2022/23, however indications are that some pricing reductions are improving the overall position. There are a number of other factors affecting prescribing costs including increased fuel costs, supply issues, the effect of Brexit and the conflict in Ukraine. At Period 7, the overall Health position meant that an assumed draw of £0.5m was included in projections. Due to the reduction in the overall projected overspend at Period 9, this assumption has now been removed.

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 £0.202m, Health and Community Care £0.448m, Alcohol and Drug Recovery Services £0.360m, Mental Health – Communities £0.372m, Admin and Management £0.260m and Strategy and Support Services £0.260m.
- An underspend of £0.728m 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. At this late stage in the year, it is unlikely that these will be utilised therefore are now being fully included in projections.
- Finally, remaining non pay budgets throughout services are projected to underspend by £0.275m, an increase in costs of £0.095m since last reported. This is spread throughout a number of services.

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 £17.709m 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 £6.553m against current reserves, including an assumption that the current projected overspend of £0.818m will be funded from reserves at the year end and that a further draw of £0.2m will be made from the Childrens residential placements smoothing reserve and £0.170m from the Client Commitments smoothing reserve. The previously assumed draw of £0.5m from the prescribing reserve has now been removed as noted at 5.3.

6.3 The current projected overall position is summarised below: -

	Opening Balance 2023/24	New Funds in Year	Total Funding	Projected Spend 2023/24	Projected C/fwd to 2024/25
	£000s	£000s	£000s	£000s	£000s
Ear-Marked Reserves					
Scottish Government Funding - funding ringfenced for specific initiatives	4,283		4,283	1,879	2,404
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	8,501		8,501	1,570	6,931
Transformation Projects - non recurring money to deliver transformational change	3,251		3,251	681	2,570
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	1,002	5,590
TOTAL Ear-Marked Reserves	22,627	0	22,627	5,132	17,495
General Reserves	1,635		1,635	603	1,032
In Year (Surplus)/Deficit going (to)/from reserves				818	(818)
TOTAL Reserves	24,262	0	24,262	6,553	17,709

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 £1.839m. Spend against the plan is done on a bid's 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 originally projected to be spent in 2023/24. Slippage of £2.181m is being reported linked to the delay and the re-tender of the Community Hub project which is impacting the ability to achieve financial close and progress to the construction phase. Expenditure on all capital projects to 31 December 2023 is £0.147m (5.65% of approved budget, 35% of the revised projection). Appendix 7 details capital budgets.

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 is in place. Demolition and first stage building warrants are in place with second stage submitted. Engagement continues in respect of the current statutory approvals and the re-tender exercise;
- Detail design stage has been completed. As previously reported, there has been slippage on the high-level programme due to delays associated with the market testing process with a re-tender exercise currently underway which has included a value engineering review of the foundation and groundworks proposals;
- Hub Stage 2 conclusion is pending completion of the re-tender process which is currently projected to be by the end of 1st Quarter 2024;
- 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 a re-tender exercise;
- 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. Up-dates on progress are included in the Learning Disability newsletters that are sent out to a wider group of service users, families, carers, staff and the wider community, published on social media platforms and council web pages.

9.3 SWIFT replacement

The discovery phase of the implementation of the ECLIPSE system is ongoing, with officers carrying out detailed due diligence in relation to the content of OLM's Discovery Report. A report is currently being prepared for the Council's Corporate Management team to set out the next steps. The ongoing exercise means that no milestone payments will occur until 2024/25 financial year, and this is reflected in Appendix 7.

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. Spend is progressing on this allocation for 2023/24 financial year.

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>

INVERCLYDE HSCP**REVENUE BUDGET 2023/24 PROJECTED POSITION****PERIOD 9: 1 April 2023 - 31 December 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	74,070	72,813	(1,257)	-1.7%
Property Costs	1,128	1,349	1,571	222	16.5%
Supplies & Services	7,412	8,335	7,617	(718)	-8.6%
Payments to other bodies	50,866	52,960	54,444	1,484	2.8%
Family Health Services	27,531	28,330	28,330	0	0.0%
Prescribing	19,781	20,142	21,509	1,367	6.8%
Resource transfer	18,975	19,589	19,589	0	0.0%
Income	(23,648)	(29,434)	(29,714)	(280)	1.0%
HSCP NET DIRECT EXPENDITURE	165,337	175,341	176,159	818	0.5%
Set Aside	35,398	35,398	35,398	0	0.0%
HSCP NET TOTAL EXPENDITURE	200,735	210,739	211,557	818	0.4%

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	4,266	3,248	(1,018)	-23.9%
Management & Admin	4,860	4,731	4,312	(419)	-8.9%
Older Persons	31,064	31,671	29,486	(2,185)	-6.9%
Learning Disabilities	10,249	11,060	10,962	(98)	-0.9%
Mental Health - Communities	5,139	5,469	4,773	(696)	-12.7%
Mental Health - Inpatient Services	10,328	11,323	13,089	1,766	15.6%
Children & Families	16,809	16,846	20,098	3,252	19.3%
Physical & Sensory	2,906	3,200	3,209	9	0.3%
Alcohol & Drug Recovery Service	2,892	4,110	3,396	(714)	-17.4%
Assessment & Care Management / Health & Community Care	9,801	13,542	12,744	(798)	-5.9%
Criminal Justice / Prison Service	97	97	178	81	0.0%
Homelessness	1,159	1,231	1,502	271	22.0%
Family Health Services	27,402	28,330	28,330	0	0.0%
Prescribing	19,968	20,333	21,700	1,367	6.7%
Resource Transfer	18,975	19,132	19,132	0	0.0%
HSCP NET DIRECT EXPENDITURE	165,337	175,341	176,159	818	0.5%
Set Aside	35,398	35,398	35,398	0	0.0%
HSCP NET TOTAL EXPENDITURE	200,735	210,739	211,557	818	0.4%
FUNDED BY					
NHS Contribution to the IJB	97,181	105,299	105,347	48	0.0%
NHS Contribution for Set Aside	35,398	35,398	35,398	0	0.0%
Council Contribution to the IJB	68,156	70,042	70,812	770	1.1%
HSCP NET INCOME	200,735	210,739	211,557	818	0.4%
HSCP OPERATING (SURPLUS)/DEFICIT			818		
Anticipated movement in reserves *			5,735		
HSCP ANNUAL ACCOUNTS PROJECTED REPORTING (SURPLUS)/DEFICIT			6,553		

* See Reserves Analysis for full breakdown

SOCIAL CARE**REVENUE BUDGET 2023/24 PROJECTED POSITION****PERIOD 9: 1 April 2023 - 31 December 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	39,649	38,970	(679)	-1.71%
Property costs	1,122	1,341	1,563	222	16.55%
Supplies and Services	1,211	1,223	1,179	(44)	-3.60%
Transport and Plant	355	355	319	(36)	-10.14%
Administration Costs	772	810	913	103	12.72%
Payments to Other Bodies	50,866	52,960	54,444	1,484	2.80%
Income	(23,648)	(26,296)	(26,576)	(280)	1.06%
SOCIAL CARE NET EXPENDITURE	68,156	70,042	70,812	770	1.10%

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	13,502	16,982	3,480	25.77%
Criminal Justice	97	97	178	81	83.51%
Older Persons	31,064	31,671	29,486	(2,185)	-6.90%
Learning Disabilities	9,669	10,382	10,339	(43)	-0.41%
Physical & Sensory	2,906	3,200	3,209	9	0.28%
Assessment & Care Management	2,824	2,014	1,732	(282)	-14.00%
Mental Health	1,735	1,756	1,554	(202)	-11.50%
Alcohol & Drugs Recovery Service	1,017	1,125	763	(362)	-32.18%
Homelessness	1,159	1,231	1,502	271	22.01%
Finance, Planning and Resources	1,949	2,532	2,571	39	0.00%
Business Support	2,831	2,532	2,496	(36)	0.00%
SOCIAL CARE NET EXPENDITURE	68,156	70,042	70,812	770	1.10%

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	70,042	70,812	770	1.10%
Projected Transfer (from) / to Reserves				(770)	

HEALTH**REVENUE BUDGET 2023/24 PROJECTED POSITION****PERIOD 9: 1 April 2023 - 31 December 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	34,421	33,843	(578)	-1.68%
Property	6	8	8	0	0.00%
Supplies & Services	5,074	5,947	5,206	(741)	-12.46%
Family Health Services (net)	27,531	28,330	28,330	0	0.00%
Prescribing (net)	19,781	20,142	21,509	1,367	6.79%
Resource Transfer	18,975	19,589	19,589	0	0.00%
Income	(0)	(3,138)	(3,138)	0	0.00%
HEALTH NET DIRECT EXPENDITURE	97,181	105,299	105,347	48	0.05%
Set Aside	35,398	35,398	35,398	0	0.00%
HEALTH NET DIRECT EXPENDITURE	132,579	140,697	140,745	48	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
HEALTH					
Children & Families	3,904	3,344	3,116	(228)	-6.82%
Health & Community Care	6,977	11,528	11,012	(516)	-4.48%
Management & Admin	2,029	2,199	1,816	(383)	-17.42%
Learning Disabilities	580	678	623	(55)	-8.11%
Alcohol & Drug Recovery Service	1,875	2,985	2,633	(352)	-11.79%
Mental Health - Communities	3,404	3,713	3,219	(494)	-13.30%
Mental Health - Inpatient Services	10,328	11,323	13,089	1,766	15.60%
Strategy & Support Services	657	806	604	(202)	-25.06%
Family Health Services	27,402	28,330	28,330	0	0.00%
Prescribing	19,968	20,333	21,700	1,367	6.72%
Financial Planning	1,082	928	73	(855)	0.00%
Resource Transfer	18,975	19,132	19,132	0	0.00%
HEALTH NET DIRECT EXPENDITURE	97,181	105,299	105,347	48	0.05%
Set Aside	35,398	35,398	35,398	0	0.00%
HEALTH NET DIRECT EXPENDITURE	132,579	140,697	140,745	48	0.03%

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	140,697	140,745	48	0.03%
Transfer (from) / to Reserves				(48)	

Budget Movements 2023/24
Inverclyde HSCP

Appendix 4

Inverclyde HSCP - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
	2023/24	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	16,809	37	197	(197)	0	16,846
Criminal Justice	97	0	0	0	0	97
Older Persons	31,064	0	383	226	0	31,673
Learning Disabilities	10,249	7	609	194	0	11,059
Physical & Sensory	2,906	0	242	52	0	3,200
Assessment & Care Management/ Health & Community Care	9,801	98	(224)	3,869	0	13,544
Mental Health - Communities	5,139	34	164	132	0	5,469
Mental Health - In Patient Services	10,328	94	905	(4)	0	11,323
Alcohol & Drug Recovery Service	2,892	27	274	917	0	4,110
Homelessness	1,159	0	56	15	0	1,230
Strategy & Support Services Management, Admin & Business Support	3,688	2,354	(2,491)	712	0	4,263
Family Health Services	4,860	23	(272)	121	0	4,732
Prescribing	27,402	0	10	918	0	28,330
Resource Transfer	19,968	0	0	365	0	20,333
Set aside	18,975	0	157	0	0	19,132
Set aside	35,398	0	0	0	0	35,398
Totals	200,735	2,674	10	7,320	0	210,739

Social Care - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
	2023/24	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	12,905		(40)	637		13,502
Criminal Justice	97		0	0		97
Older Persons	31,064		383	226		31,673
Learning Disabilities	9,669		518	194		10,381
Physical & Sensory	2,906		242	52		3,200
Assessment & Care Management	2,824		(757)	(52)		2,015
Mental Health - Community	1,735		(54)	75		1,756
Alcohol & Drug Recovery Service	1,017		18	90		1,125
Homelessness	1,159		56	15		1,230
Strategy & Support Services	1,949		54	528		2,531
Business Support	2,831		(420)	121		2,532
Totals	68,156	0	0	1,886	0	70,042

Health - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
	2023/24	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	3,904	37	237	(834)		3,344
Health & Community Care	6,977	98	533	3,920		11,528
Management & Admin	2,029	23	147			2,199
Learning Disabilities	580	7	91			678
Alcohol & Drug Recovery Service	1,875	27	256	827		2,985
Mental Health - Communities	3,404	34	218	57		3,713
Mental Health - Inpatient Services	10,328	94	905	(3)		11,324
Strategy & Support Services	657	6	102	41		806
Family Health Services	27,402		10	918		28,330
Prescribing	19,968			365		20,333
Financial Planning	1,082	2,348	(2,646)	143		927
Resource Transfer	18,975		157			19,132
Set aside	35,398					35,398
Totals	132,579	2,674	10	5,434	0	140,697

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	39,649
Property costs	1,341
Supplies and Services	1,223
Transport and Plant	355
Administration Costs	810
Payments to Other Bodies	52,960
Income (incl Resource Transfer)	(26,296)
SOCIAL CARE NET EXPENDITURE	70,042
Social Care Transfer from EMR	770
Health Transfer from EMR *	48
Total anticipated transfer from EMR at year end	818 *

OBJECTIVE ANALYSIS	Budget 2023/24 £000
SOCIAL CARE	
Children & Families	13,502
Criminal Justice	97
Older Persons	31,671
Learning Disabilities	10,382
Physical & Sensory	3,200
Assessment & Care Management	2,014
Mental Health	1,756
Alcohol & Drugs Recovery Service	1,125
Homelessness	1,231
Finance, Planning and Resources	2,532
Business Support	2,532
SOCIAL CARE NET EXPENDITURE	70,042

* to be funded by reserves held for IJB

This direction is effective from 25 March 2024

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	34,421
Property costs	8
Supplies and Services	5,947
Family Health Services (net)	28,330
Prescribing (net)	20,142
Resources Transfer	19,589
Income	(3,138)
HEALTH NET DIRECT EXPENDITURE	105,299
Set Aside	35,398
NET EXPENDITURE INCLUDING SCF	140,697

Health Transfer from EMR	48
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OBJECTIVE ANALYSIS	Budget 2023/24 £000
HEALTH	
Children & Families	3,344
Health & Community Care	11,528
Management & Admin	2,199
Learning Disabilities	678
Alcohol & Drug Recovery Service	2,985
Mental Health - Communities	3,713
Mental Health - Inpatient Services	11,323
Strategy & Support Services	806
Family Health Services	28,330
Prescribing	20,333
Financial Planning	928
Resource Transfer	19,132
HEALTH NET DIRECT EXPENDITURE	105,299
Set Aside	35,398
NET EXPENDITURE INCLUDING SCF	140,697

This direction is effective from 25 March 2024

HSCP Transformation Board
UJB Transformation Fund Monitoring Report

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

Project No	Project Title	Service Area	Service Manager	Approved IJB/TB	Social Care/ Health Spend	Updated Agreed Funding (see amendment tab for detail)	2021/22 Spend	2022/23 Spend	2023/24 Spend	Balance to spend	Report on outcomes due by	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	TB	Social Care	98,600	9,715	32,621	56,264	0		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. Spend complete
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	Scott Bryan	IJB	Health	131,000		34,884	46,723	49,393		Post filled 12 September 22.
038	Ipromise - Mind of my own - digital resource to allow young people to access software 24/7.	Children's Services	Lesley Ellis	TB	Social Care	53,176		35,949		17,227		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	HSCP wide	Marie Keirs	IJB	Social Care	497,729				497,729		Recruitment delayed due to ongoing 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	IJB	Social Care	179,760		14,382	96,728	68,650		Alan Stevenson has confirmed 1wte started 30/1/23, 2.5wte started 27/2/23 and remaining 1.5wte started 10/4/23.
041	Learning Academy - newly qualified social worker supported year and practice teaching hub. 2 year project.	Strategy & Support Services	Arlene Mailey	TB	Social Care	53,690		6,190	16,360	31,140		Staff member in post 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	Katrina Phillips	TB	Health	32,000			13,923	18,077		Post 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	Katrina Phillips	TB	Health	58,000		18,424	12,638	26,938		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	Katrina Phillips	TB	Health	16,000			12,516	3,484		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	IJB	Health	136,434			35,214	101,220		Band 3 admin post started 1/4/23. Band 7 started 4/7/23.
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	TB	Health	85,060			4,968	80,092		Post filled from 10/11/23.
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	TB	Social Care	50,000				50,000		Bids being submitted for consideration

INVERCLYDE HSCP - CAPITAL BUDGET 2023/24

PERIOD 9: 1 April 2023 - 31 December 2023

Project Name	Est Total Cost	Current year				Future years			
		Actual to 31/03/23	Approved Budget 2023/24	Revised Estimate 2023/24	Actual to 31/12/23	Estimate 2024/25	Estimate 2025/26	Estimate 2026/27	Future Years
		£000	£000	£000	£000	£000	£000	£000	£000
Social Work									
New Community Hub	9,507	332	2,401	320	147	5,450	3,405	0	0
Swift Upgrade	200	0	200	0	0	200	0	0	0
Social Work Total	9,707	332	2,601	320	147	5,650	3,405	0	0

Classification - No Classification

Summary of Balance and Projected use of reserves

EMR type/source	Balance at 31 March 2023 £000	Projected net spend/ (Additions) 2023/24 £000s	Projected balance as at 31 March 2024 £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	(89)	110	110	Health	Katrina Phillips	Katrina Phillips	Fully committed for fixed term posts
Alcohol & Drug Partnerships	894	383	511	511	Health	Katrina Phillips	Katrina Phillips	Fully committed - remaining balance relates to MIST posts, allowable earmarking for use in 24/25 and CORRA income for Residential Rehab project
Primary Care Improvement Programme	156	136	20	20	Health	Alan Best	Pauline Atkinson	Small underspend expected at this stage service are working to identify additional spend
Community Living Change	292	178	114	114	Health/Council	Alan Best	Laura Porter	Balance is for ongoing committed posts
Winter planning - MDT	253	220	33	33	Health	Alan Best	Debbi Maloney	Fully committed - balance to fund costs of committed posts and equipment spend 23/24
Winter planning - Health Care Support Worker	331	207	124	124	Health	Laura Moore - Chief Nurse	Laura Moore - Chief Nurse	Fully committed - balance is for ongoing Band 5 and 6 posts commitments
Winter pressures - Care at Home	1,059	299	760	760	Council	Alan Best	Joyce Allan	Care and support at home review commitments plus ongoing care at home requirements being progressed. Maximising indep post (CM) add one off costs
Winter pressures - Interim Beds	92	92	0	0	Council	Alan Best	Laura Porter	Complete
Care home oversight	65	(23)	88	88	Health	Laura Moore - Chief Nurse	Laura Moore - Chief Nurse	Any unused funds at year end to be earmarked for continuation of workstreams including Call before you convey
Learning Disability Health Checks	32	32	0	0	Health	Alan Best	Laura Porter	To fund central team work re LD Health checks led by East Renfrewshire
Cares	304	0	304	304	Council	Alan Best	Alan Best	A range of commitments under way to be incurred in 2024/25 financial year with further developments ongoing
MH Recovery & Renewal	784	444	340	340	Health	Katrina Phillips	Katrina Phillips	Any unused funds at year end to be earmarked for continuation of board wide facilities improvement and workforce wellbeing initiatives
Sub-total	4,283	1,879	2,404	2,404				Board wide commitment
EXISTING PROJECTS/COMMITMENTS								
Integrated Care Fund	108	0	108	108	Council	Alan Best	Alan Best	Ind sector lead costs committed 23/24 and 24/25
Delayed Discharge	93	28	65	65	Council	Alan Best	Alan Best	Fully committed - to delay long term care bed reductions in 24/25
Welfare	341	248	93	93	Council	Alan Best	Emma Cummings	Fully committed
Primary Care Support	569	99	470	470	Health	Hector McDonald	Pauline Atkinson	A number of initiatives ongoing within these funds e.g. Thrive under 5, Smoking prevention, GP premises improvement
SWIFT Replacement Project	372	156	216	216	Council	Craig Given	Marie Keirs	For project implementation and contingency
Rapid Relhousing Transition Plan (RRTP)	180	146	34	34	Council	Alan Best	Alan Best	Fully committed
LD Estates	500	0	500	500	Council	Alan Best	Laura Porter	LD Hub non capital spend reserve
Refugee Scheme	2,190	(800)	2,990	2,990	Council	Alan Best	Emma Cummings	For continued support for refugees in Inverclyde area. New Scots Team, third sector support, interpreting, education support etc. Income received to fund planned spend over 23/24 and next 3 financial years at this stage
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	Katrina Phillips	Alan Crawford	Fully committed
Contribution to Partner Capital Projects	1,099	4	1,095	1,095	Council	Kate Rocks	Craig Given	Community 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	Audrey Howard	Arlene Mailev	Training board led spend for MSC students, staff support. Grow your own and ongoing Social work Adult/Child protection training
Homelessness	450	403	47	47	Council	Alan Best	Alan Best	Redesign transition funding. Balance committed for continuation of temp posts in 24/25
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	175	500	500	Council	Various	Various	Temporary posts over 23/24 and 24/25 financial years
ADRS fixed term posts	109	85	24	24	Council	Katrina Phillips	Katrina Phillips	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	Full spend now incurred. Additional funds identified to extend programme
Wellbeing	15	14	1	1	Council	Alan Best	Alan Best	Third sector now engaged for delivery of wellbeing campaign
Sub-total	8,501	1,570	6,931	6,931				
TRANSFORMATION PROJECTS								
Transformation Fund	1,739	126	1,613	1,613	Shared	Kate Rocks	Various	£1.259m of full balance is committed. Spend will be incurred over this year and next two financial years
Additions Review	292	55	237	237	Shared	Katrina Phillips	Katrina Phillips	Redesign transition funding
Mental Health Transformation	637	147	490	490	Shared	Katrina Phillips	Katrina Phillips	Fully committed towards ANP service within MH
JJB Digital Strategy	583	353	230	230	Shared	Alan Best	Joyce Allan	Analogue to Digital commitments - spending plan ongoing
Sub-total	3,251	681	2,570	2,570				
BUDGET SMOOTHING								
Adoption/Fostering/Residential Childcare	1,500	500	1,000	1,000	Council	Jonathon Hinds	Molly Coyle	
Prescribing	1,091	0	1,091	1,091	Health	Alan Best	Alan Best	
Continuous Care	425	133	292	292	Council	Jonathon Hinds	Molly Coyle	
Residential & Nursing Placements	1,286		1,286	1,286	Council	Alan Best	Alan Best	
LD Client Commitments	600		600	600	Council	Alan Best	Laura Porter	
Client Commitments - general	605	170	435	435	Council	Kate Rocks	Craig Given	
Pay contingency	1,085	199	886	886	Council	Craig Given	Craig Given	£0.199m used to fund budget gap for 2023/24
Sub-total	6,592	1,002	5,590	5,590				
Total Earmarked	22,627	5,132	17,495	17,495				
UN-EARMARKED RESERVES								
General	1,635	603	1,032	1,032	JJB	Craig Given		£0.603m used to fund budget gap for 2023/24
Un-Earmarked Reserves	1,635	603	1,032	1,032				
TOTAL Reserves	24,262	5,735	18,527	18,527				
Final projected overspend to be funded from reserves		818	(818)	(818)				Projected overspend to be funded from reserves. Allocate at year end
FINAL PROJECTED POSITION	24,262	6,553	17,709	17,709				

INVERCLYDE INTEGRATION JOINT BOARD
 ROLLING ACTION LIST
 25 MARCH 2024

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 HJB and Inverclyde Council	Chief Officer	January 2024	Paper to January 2024 REMOVE – removal agreed at last meeting (22 January 2024)	Work Ongoing	Open
15 May 2023 (Para 34) 26 June 2023 (Para 41)	Update on Vaccination Transformation Programme	Chief Officer	March 2024	Paper to HJB March 2024 REMOVE – report at this meeting	Work Complete	Closed
25 September 2023 (Para 72(2))	Further report on progress in implementing Public Sector Equality Duty Compliance and Improvement Plan	Chief Officer	May 2024	Paper to May 2024	Work ongoing	Open
14 November 2023 (Para 80(3))	Further report on success and governance of Kincaire Scheme	Chief Officer	April 2024	Paper to April 2024 Amended at 22 January 2024 meeting - to May 2024	Work ongoing	Open
14 November 2023 (Para 81(2))	Further report on progress with Workforce Plan	Chief Officer	November 2024	Paper to November 2024	Work Ongoing	Open
14 November 2023 (Para 84(2))	Update report on Joint Inspection of Adult Services following publication of inspection report	Chief Officer	After publication of report	- Amended at 22 January 2024 meeting - paper to June 2024	Work Ongoing	Open

14 November 2023 (Para 85 (3))	Report on initial saving proposals	Chief Finance Officer	To a future meeting	Budget will be set at March 2024	Work Ongoing
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Annual Report Schedule and forward planning

<p><u>March</u></p> <ul style="list-style-type: none"> Budget Setting 24/25 Finance Monitoring 	<p><u>May</u></p> <ul style="list-style-type: none"> Finance Monitoring Inverclyde HSCP Strategic Plan Further progress report on implementing Public Sector Equality Duty Compliance and Improvement Plan Further report on success and governance of Kincaire Scheme Update report on Joint Inspection of Adult Services following publication of inspection report
<p><u>June</u></p> <ul style="list-style-type: none"> Draft Annual Accounts Proposed Dates of Future Meetings Update on Joint Inspection of Adult Services following publication of inspection report Annual Report on IJB resilience arrangements as a Category 1 Responder Finance Monitoring 	<p><u>September (date TBC)</u></p> <ul style="list-style-type: none"> Audited Annual Accounts Clinical & Care Governance Annual Performance Report Digital Strategy Equalities Duty Update Finance Monitoring Directions Annual Report
<p><u>November (date TBC)</u></p> <ul style="list-style-type: none"> Workforce Update PCIP update (6 monthly update) Finance Monitoring Further report on progress with Workforce Plan 	<p><u>January (date TBC)</u></p> <ul style="list-style-type: none"> Finance Monitoring Chief Social Work Annual Report Homelessness Redesign Update on Vaccination Programme Annual Report on Improving Cancer Journey Model

Report To: Inverclyde Joint Integration Board **Date:** 25 March 2024

Report By: Kate Rocks,
Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:** IJBA/8/2024/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 Vaccination Transformation Programme

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 current position for the Vaccination Transformation Programme (VTP) as part of the wider Primary Care Transformation Agenda and delivery through the Primary Care Improvement Plan (PCIP).

2.0 RECOMMENDATIONS

- 2.1 The Integration Board is asked to note the progress of the Vaccination Transformation Programme and the proposed review of model delivery as part of the ongoing delivery of Primary Care Improvement Plan (PCIP).

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 INTRODUCTION

3.1 The Vaccination Transformation Programme (VTP) is deemed one of the biggest models of care transferred from General Practice to NHS Boards and HSCPs. The Vaccination element of the Primary Care Transformation is one of a complex nature from a financial, delivery and cross functional nature. For the purposes of this report there will be a specific focus on:

- Travel health advice and vaccination service
- Non-routine, also referred to as ad-hoc Vaccinations.
- Seasonal Programmes

4.0 PROGRESS ON TRAVEL VACCINATION PROGRAMME

4.1 Responsibility for delivery of Travel Health Vaccinations transferred to NHSGG&C Board on 1st April 2022. Initial guidance and travel advice is accessible through the NHS Scotland Fit for Travel website. This service is one that is created to:

- Provide a patient-centred, accessible, consistent, and comprehensive service for patients requiring travel assessment, vaccination, medicines, and advice.
- Provide access to NHS travel advice and vaccinations for all patient groups including children in order to protect patients travelling to high risk destinations.
- Be able to provide accurate and up-to-date information about travel health risks and vaccine(s) to patients.

4.2 From April 2022, contracts for the delivery of Travel Health Services in Greater Glasgow and Clyde were awarded to City Doc covering partnerships including Inverclyde.

4.3 In July 2023, CityDoc gave notice of their intent to withdraw from the contract. Subsequently, as of 31 August 2023, the provision of travel health services to the corresponding 7 of 8 geographical lots has been provided by the NHSGG&C Travel Health Contingency Service following a rapid planning and implementation response. The Contingency Service is currently being delivered from Eastbank Conference and Training Centre in Shettleston.

4.4 The objective of the Contingency Service remains to provide a patient-centred, comprehensive, consistent, and accessible travel advice and vaccination service for patients. The Service remains available to all travellers who require advice and / or vaccinations for travelling to a destination considered at risk of tropical disease and includes the provision of vaccinations to children. More generic advice on travel can be sought online at the NHS Fit for Travel website, NHS Inform or by telephoning NHS Inform.

4.5 The core aspects of the Travel Health service includes a pre-travel risk assessment and management plan; pre-travel advice, the prescription and administration of vaccines that are currently available free of charge in the NHS. Diphtheria, Polio and Tetanus, Hepatitis A, Typhoid, and Cholera. An assessment of malaria risk and provision of advice on malaria prevention is also available if needed. Travellers with complex itineraries and/or underlying health conditions that may require specialist advice may be referred to The Brownlee Pre-Travel Clinic.

4.6 The Travel Health Service play a role in signposting to non-NHS provided travel health services, including prescription of anti-malarial prophylaxis and vaccines which are not available free of charge in the NHS.

4.7 The rapid nature of the planning and implementation of the Contingency Service may present a number of unforeseen risks regarding access, inclusion, equalities and the provision of a comprehensive 'one-stop' travel health service. The service was selected for EQIA as it will provide a standardised and transparent method of highlighting these risks and the additional mitigating actions required as well as informing the planning and implementation of a future permanent model.

4.8 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.

4.9 Inverclyde has an average of 18 Travel risk assessments and 25 Travel vaccinations per month that is delivered through the Travel Health Service. Each HSCP has different requirements and challenges; representation from Inverclyde has drawn focus to alternative venues and delivery models to better suit local need. This is something that is out with the decision of the HSCP and lies with Public Health and NHSGG&C.

5.0 NON-ROUTINE VACCINATIONS

5.1 During Adult life other vaccines or repeated courses of vaccines are sometimes required, examples being if you have undergone or are about to undergo a transplant, chemotherapy, have been exposed to a blood borne virus or had a dog or human bite. These vaccinations are referred to as Non routine vaccinations, includes those vaccinations that are out with normal programmes of delivery.

5.2 These Vaccinations are arranged by a Consultant or GP and could also include a vaccine missed during childhood. A GP or Consultant will refer appropriate patients for any vaccinations required. Thereafter the Vaccination Service arrange for the vaccines required and contact the patient with an appointment on receipt of referral. Those population groups about to or undergoing treatment or who have been exposed to a blood borne virus will be prioritised over routine referrals.

5.3 Patients who require immunisation as part of treatment receive non routine vaccinations at the same local location as the NHSGG&C Shingles, Pneumococcal, Covid and Influenza clinics. On average there are between 20 – 25 non routine vaccination requests for Inverclyde per month. There are 20 appointment slots allocated each month locally within normal mass clinic environment this is provided as 5 appointments every week, scheduled at 10am/12pm/2pm/4pm/6pm.

5.4 To put this into context and from the data intelligence available; there were 83 referrals routed via GPs between period November 2022 to October 2023. With Secondary Care referring 87 across a shorter period between April 2023 – September 2023.

5.5 When the service experiences a large demand in requests, an additional clinic is hosted at the Glasgow Mosque. Such a backlog would mainly occur due to Autumn and Winter programmes. Anyone that was deemed urgent during Autumn and Winter campaigns would attend the local clinic during this period. The Board are currently reviewing vaccination models of delivery, of which part will be to maintain vaccination delivery locally within non routine clinics.

5.6 Non routine vaccinations for Housebound and Care Homes patients are administered by the HSCP Housebound Vaccination Team. Over period 10th January 2023 – 29th January 2024 our local team administered 283, of which 11 were to Care homes.

6.0 SEASONAL WINTER CAMPAIGN

6.1 In the broader context across both Adults and Children's winter vaccination programmes, uptake rates across patient cohorts are detailed below. The HSCP Housebound Vaccination Team are to be commended, in particular for the uptake rate of our Care Home populations for both Covid (87.6%) and Influenza vaccinations (89.4%). Also, for their contributions to the healthy uptake rates across the full range of cohorts within our housebound population.

6.2

Inverclyde HSCP - Covid -19 Uptake as at 4 th February 2024				
Cohort	Vaccinated	Population	% Uptake	Scotland Uptake %
Age 75+	6570	7901	83.20%	83.90%
Age 65 – 74	7142	9567	74.70%	74.40%
Older People Care Home Residents	486	555	87.60%	88.50%
Frontline Healthcare Workers	504	1776	28.40%	34.90%
Weakened Immune System	1270	2157	58.90%	59.10%
At Risk 12 to 64	3,249	12990	35.30%	37.20%
All Social Care Workers	599	3093	19.40%	20%

6.3

It is to be positively acknowledged that Inverclyde’s seasonal Covid-19 vaccination uptake rates are comparable with that of Scotland’s percentage uptake.

6.4

With regards to at risk young children, this forms part of the childhood immunisation programme. It is important to highlight that the Covid-19 vaccine was only introduced in June of 2023 for at risk children between 6 months and 2 years old.

6.5

For clarification, months June to September 2023 was the initial first dose, with October to December being the second dose for this cohort. January to March 2024 is therefore classed as a Winter Booster. It is also worth noting that there is a need for a 12 week gap between each dose.

6.6

Although early data is provided below, it is relevant to note that this data set is mixture of both first and second doses. At risk status can vary and the data is based on this status and record being amended and updated. For example, a child may be a risk at one point of their childhood and then no longer deemed within the at risk category and until the record is updated this child would remain within this category.

6.7

Covid-19				
Cohort	Vaccinated	Population	%Uptake	Scotland Uptake %
At Risk 5 to 11	29	487	6%	6.9%
At Risk 6 months to 2 years	0	93	0.0%	5%

6.8

The 7th February brought confirmation of a Spring 2024 Covid 19 Booster. The Joint Committee on Vaccination and Immunisation (JCVI) advises that a COVID-19 vaccine should be offered to:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed (as defined in tables 3 or 4 in the [COVID-19 chapter of the Green Book](#))

6.9 This should be offered around 6 months after the last vaccine dose, although operational flexibility around the timing of the spring dose in relation to the last vaccine dose is considered appropriate (with a minimum interval of 3 months between doses). More information on operational flexibility will be provided in the [COVID-19 chapter of the Green Book](#)

6.10 The current status of flu vaccinations are noted as follows.

Inverclyde HSCP – Influenza Uptake as at 4th February 2024

Cohort	Vaccinated	Population	% Uptake	Scotland % Uptake
Age 75+	6600	7901	83.50%	84.50%
Age 65 - 74	7307	9567	76.40%	75.50%
Age 50 - 64	7292	18900	38.60%	42.50%
Older People Care Home Residents	499	555	89.90%	89.20%
Weakened Immune System	1374	2134	64.40%	63.70%
All Health Care Workers	1061	2842	37.30%	42%
At Risk age 18-64	5638	14535	38.80%	42.50%
All Social Care Workers	763	3091	24.70%	25.70%

6.11 Once again, it is to be acknowledged that Inverclyde’s seasonal Influenza vaccination uptake rates are comparable with that of Scotland’s percentage uptake. There is a recognition that there is still room for improvement in specific age cohorts and across our health and social care workforce. This is an area of focus for future campaigns both at a local and NHSGGC level.

7.0 FUTURE ADULT VACCINATION DELIVERY MODEL

7.1 Vaccination models are under review across NHSGG&C, moving from a pandemic developed model to one that is:

- Flexible but consistent
- Sustainable and patient centred
- Focused on workforce, finance, resources, and sustainability.

There are 3 areas identified for focus:

1) Maximise vaccination uptake/coverage:

- Overall uptake/coverage
- Equality of uptake/coverage

2) Maximise quality of service:

- Access e.g. convenience, travel times, appointment availability, outreach
- Clinical quality e.g. adherence to quality standards and NICE guidelines
- Patient experience e.g. satisfaction levels

3) Maximise efficiency of delivery:

- Procurement and supply, e.g. wastage
- Venue costs
- Staffing Model

Any proposed changes across NHSGG&C will be shared with Integration Joint Board members and through normal structures including the Adult Vaccination Group, GP & PCIP Oversight Group and Primary Care Programme Board.

8.0 SUMMARY

8.1 Transfer of vaccinations has seen the largest General Practice workload shift, however feasibility in local delivery models needs further scoping as part of a NHSGG&C Board review. We are therefore drawing awareness to the following highlights:

- It is to be acknowledged that there is a contingency model in place for delivery of Travel Vaccinations and advice.
- It is worth noting that current models of delivery and access points are being reviewed as part of future delivery models through the NHSGG&C Travel Vaccination Short Life Working Group.
- With regards to non routine vaccinations, this will be incorporated into the wider review of models across the Adult Vaccination Programme.

8.2 The HSCP 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. They will continue to contribute to the development and adaption of any existing NHSGG&C future planning models.

9.0 IMPLICATIONS

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	X	
Clinical or Care Governance	X	
National Wellbeing Outcomes	X	
Children & Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

9.1 Legal/Risk

There are no legal issues raised in this report.

9.2 Human Resources

Workforce remains a significant challenge in the delivery of vaccinations across NHSGG&C.

9.3 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.

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

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

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The rapid nature of the planning and implementation of the Contingency Service for Vaccinations may present a number of unforeseen risks regarding access, inclusion, equalities and the provision of a comprehensive 'one-stop' travel health service. Future planning models should be build on maximising vaccination uptake/coverage and Equality of uptake/coverage
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.	NHSGGC current contingency service for Travel Vaccinations has an EQIA in place which provides a standardised and transparent method of highlighting these risks and the additional mitigating actions required as well as informing the planning and implementation of a future permanent NHSGGC Travel Health Service.
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.	The current contingency service has an EQIA in place to ensure that approaches are inclusive of our resettled communities.

9.5 Clinical or Care Governance

Clinical and Care Governance implications arising from this report is managed through a number of strands at a NHSGG&C Board level and at a HSCP level.

9.6 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.	Immunisation and vaccinations are critical to the prevention and control of infectious disease outbreaks. Maximising vaccination uptake and coverage is of vital importance for the health and wellbeing of our population delivered through a focus on Overall uptake and Equality of uptake and coverage.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The current contingency service has an EQIA in place to ensure that vaccination approaches are inclusive of protected characteristics.
People who use health & social care services have positive experiences of those services, and have their dignity respected.	Maximise quality of vaccination service to ensure that our population have positive experiences through area of focusing including Access, Clinical quality and Patient experience
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Maximise quality of vaccination service to ensure that our population are supported to maintain or improve quality of life through area of focusing including Access, Clinical quality and Patient experience.
Health and social care services contribute to reducing health inequalities.	Immunisation and vaccinations are critical to the prevention and control of infectious disease outbreaks. Maximise vaccination uptake and coverage is of vital importance for the health and wellbeing of our population. This is also the case for addressing health inequalities in relation to vaccination access and update.
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.	Any review of vaccinations model will focus on maximising the efficiency of delivery including: Procurement and supply, e.g. wastage Venue costs and Staffing Models.

9.7

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.

9.8 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.

9.9 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.

10.0 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	

11.0 CONSULTATION

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. Engagement has been inclusive ensuring our key stakeholders are engaged in the development and shaping of our services. As part of the review of current Vaccination delivery models engagement will form part of this process.

12.0 CONCLUSIONS

12.1 The Primary Care Implementation Plan was developed within the available funding, focusing on those areas most closely linked to contractual commitments. The overall delivery of Vaccinations sits within the remit of NHSGG&C Public Health Directorate, complemented by HSCP models for delivery of vaccinations to residents in care homes, and those requiring home visit care. It is currently out with the scope of any one. HSCP to adjust existing models. Individual HSCPs can however contribute and play a key role in future planning models of Vaccination across NHSGG&C.

12.2 Inverclyde HSCP continues to contribute to the ongoing development and reshaping of NHSGG&C Vaccination model and local HSCP Housebound Model; in order to bring an equitable and sustainable service delivery model to the community. There are positive steps moving forward, working in partnership with the NHSGGC Public Health Directorate to deliver effective, efficient and equitable vaccination services to populations across NHSGGC.

Report To: Inverclyde Integration Joint Board **Date:** 25 March 2024

Report By: Kate Rocks
Chief Officer
Inverclyde Health & Social Care Partnership **Report No:** IJB/09/2024/AB

Contact Officer: Alan Best
Interim Head of Health & Community Care **Contact No:**

Subject: Macmillan Improving the Cancer Journey

1.0 PURPOSE

- 1.1 For Decision For Information/Noting
- 1.2 This report is to update the Integration Joint Board on the development and progress of the Macmillan Improving the Cancer Journey (ICJ) following its commencement on 1st November 2022 in Inverclyde.

2.0 SUMMARY

- 2.1 There are 2,989 people currently living with a cancer diagnosis in Inverclyde.
- 2.2 The Inverclyde Improving the Cancer Journey (ICJ) is funded and supported by Macmillan Cancer Support (Scotland) and Scottish Government. Inverclyde Council hosts the ICJ and NHS Greater Glasgow & Clyde is a key partner in the project.
- 2.3 Your Voice Inverclyde Community Care Forum were commissioned to implement and deliver the service on behalf of Inverclyde Council.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the impact and progress of the Improving the Cancer Journey project in Inverclyde during the first year of implementation.
- 3.2 The Integration Joint Board is asked to note that Macmillan has set a minimum reach target of 22 unique, newly diagnosed service users accessing the Inverclyde ICJ service per month. The service has exceeded this target each month of its first year. The combined annual target of service users was 264 with the service exceeding this by supporting 389 people with a cancer diagnosis.

Kate Rocks
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

- 4.1 Macmillan Cancer Support (Scotland) has committed £320,000 over three years to provide an ICJ service in Inverclyde. This funding is used to employ 1.5 Whole Time Equivalent (WTE) Wellbeing Practitioners and a 0.5 administrator.
- 4.2 Inverclyde HSCP provided a further 0.5 WTE Wellbeing Practitioner post which enhanced delivery for the duration of the award. This is up to the value of £15,248 per annum.
- 4.3 A three-year direct award was made to Your Voice Inverclyde Community Care Forum to deliver the project outcomes across Inverclyde.
- 4.4 The Governance of the project is undertaken by the ICJ Board Group which consists of representatives from Macmillan, Your Voice, and Service Users with lived experience of cancer, HSCP Officers, NHS GGC and Ardgowan Hospice.
- 4.5 An ICJ working group has also been set up on a multi-agency partnership approach to progress the development of the service. This group meets on a quarterly basis.

5.0 Outcomes and Performance

- 5.1 Inverclyde ICJ sets out to:
 - (i) To invite all residents of Inverclyde with a cancer diagnosis to complete a Holistic Needs Assessment (HNA) and develop an individual care plan that includes carers and family members.
 - (ii) To provide a named Wellbeing Practitioner to support the individual person, their carer or family members affected by cancer.
 - (iii) To facilitate the delivery of effective and integrated Health and Social Care support solutions, based on individual needs.
 - (iv) Demonstrate the case for longer term sustainability of the service through performance outcomes and reporting.
- 5.2 A performance report is produced by Macmillan and Your Voice and presented at quarterly Inverclyde ICJ board group meetings to review progress and any planned development work. The attached document is for November 2022 to December 2023 reporting period (appendix 1).
- 5.3 A performance target was set by the ICJ as a baseline measure to ascertain if the project would be viable in the longer term. This is based on the expected number of Health Needs Assessments produced within a monthly period. As set out in the attached report, this baseline figure was surpassed within the first month of the service commencing.
- 5.4 Macmillan has set a minimum reach target of 22 unique, newly diagnosed service users accessing the Inverclyde ICJ service per month. The service has exceeded this target each month of its first year. The combined annual target of service users was 264 with the service exceeding this by supporting 389 people with a cancer diagnosis.
- 5.5 The success of the ICJ has been due to the link with the Macmillan benefits advice service within the HSCP. The ICJ has worked in partnership with the worker in sharing referrals received by both services. The ICJ has worked with the Macmillan advice worker to utilise the established network of contacts within our hospitals.

6.0 Macmillan ICJ launch

- 6.1 In November 2023, the Inverclyde Macmillan ICJ had its official launch held at the Beacon Art Centre. The Chief Executive of Macmillan Cancer Support was among the invited guests. This was a great opportunity for those individuals and families with lived experience of cancer to share their journey with others, elected members and other professionals. These individual stories were powerful and indicated the impact that cancer has on the individual but also, on their family's carer's relative's friends and work colleagues. These insights were invaluable and greatly appreciated.

7.0 IMPLICATIONS

7.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

LEGAL

- 7.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

- 7.4 Has an Equality Impact Assessment been carried out?

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

- 7.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improves Access to services
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.	Keeps our community Safe
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.	Promotes diversity
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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

7.6 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.	The provision of practical, emotional, financial and social support enables those with a diagnosis of cancer to identify their own needs concerns and solutions.
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.	Signposting to community supports and groups prevents social isolation and inclusion.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Signposting and making referrals to services for unpaid carers including carers assessment and support planning will assist them to maintain their relationships and caring roles.
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

8.0 DIRECTIONS

8.1

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	

9.0 CONSULTATION

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

9.2 As you will note from the attached report, the Inverclyde ICJ has been a success in delivering support and wellbeing to people living in Inverclyde with a diagnosis of cancer.

10.0 BACKGROUND PAPERS

10.1 None

Inverclyde Macmillan Improving the Cancer Journey

Board Group Report

December 2023

Content

03 Results & Outcomes

09 Service User Demographics

13 Further Information

'Since ICJ came on the scene help seems to know no boundaries.'

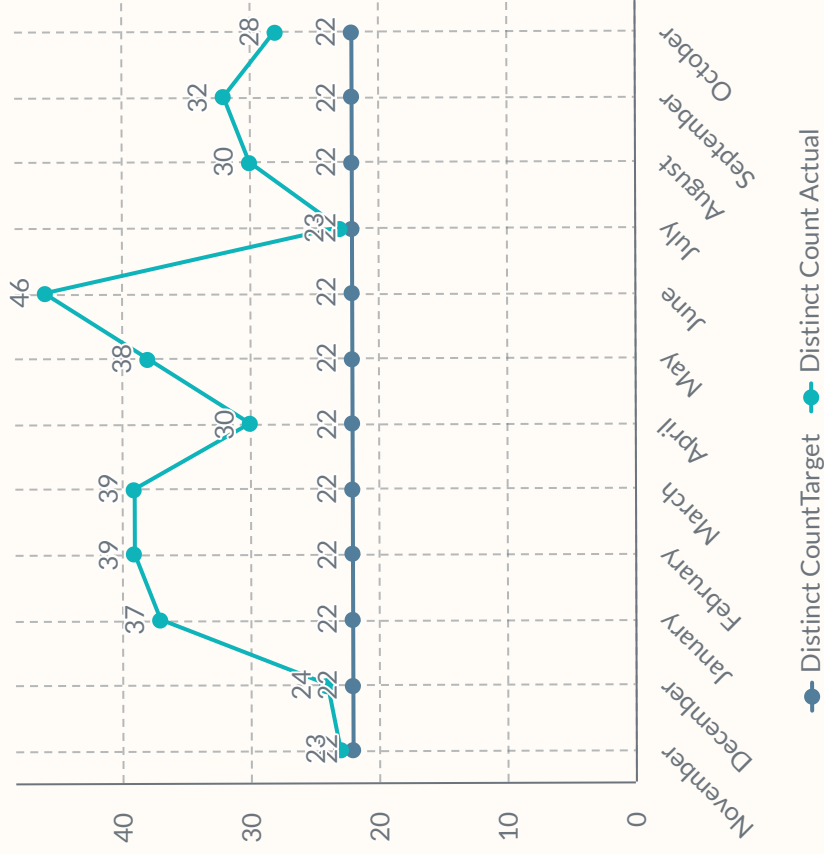
ICJ Service User



03 Measured Against Target

Macmillan has set a minimum reach target of 22 unique, newly diagnosed service users accessing the Inverclyde ICJ service per month. These must be new clients, who fully engage with the programme, and receive a locked care plan.

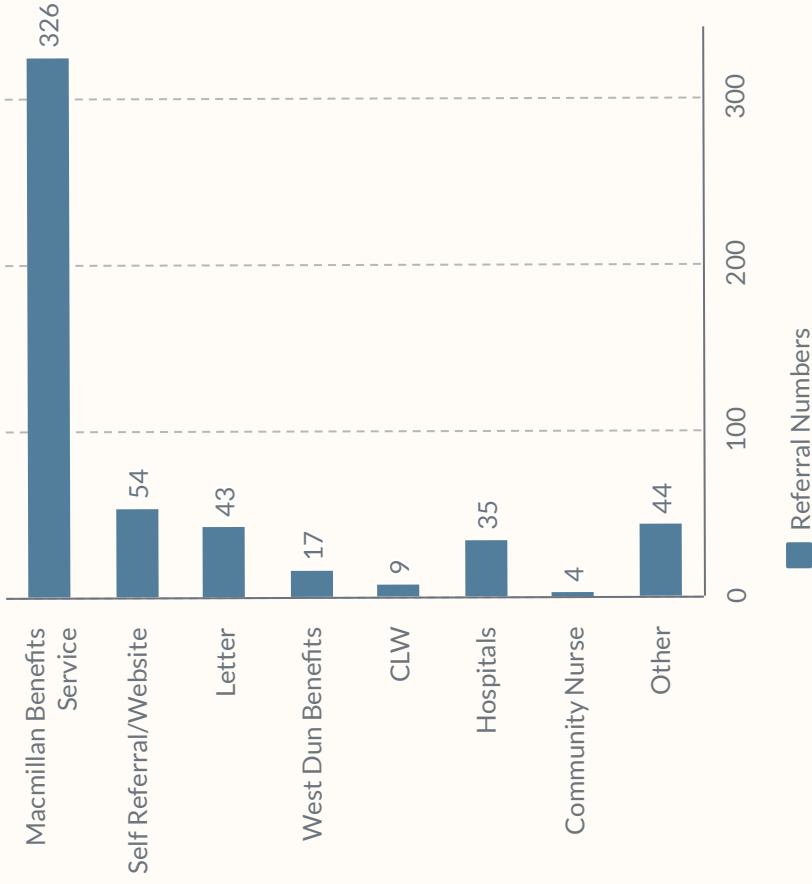
The service has exceeded target each month of its first year. 264 was the combined annual target. The service actually saw 389.



Where Referrals Came From

There have been 532 referrals into the service, since the mid-point of November 2022. Works out at about 44 referrals per month.

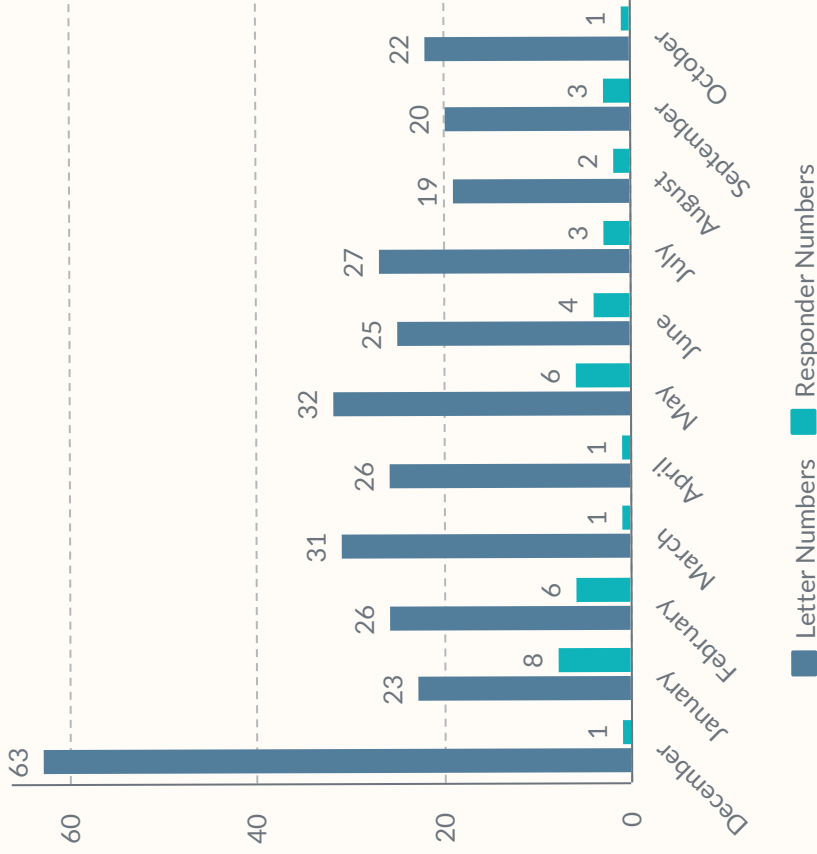
61% of our referrals come from the Macmillan benefits team in Inverclyde.



05 PHS Letter

Table to the right shows the numbers of invite letters being sent out to patients in Inverclyde per month and beside that responder numbers to the letter.

314 letters have been issued.
36 people have responded.
A response rate of 12%.

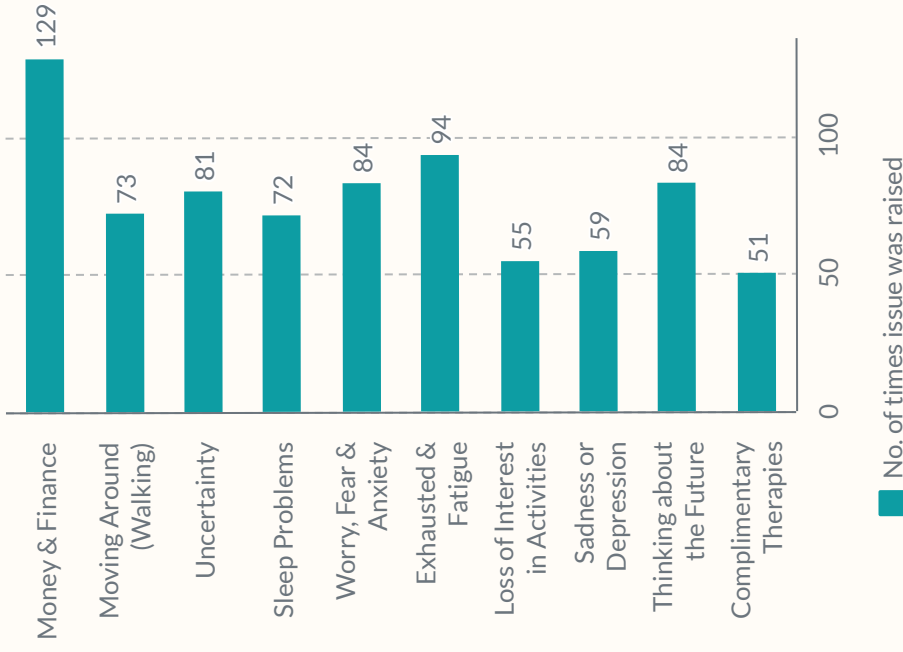


06 Top Concerns Raised

There have been 2621 concerns raised by ICJ service users in Inverclyde, who've completed a holistic needs assessment.

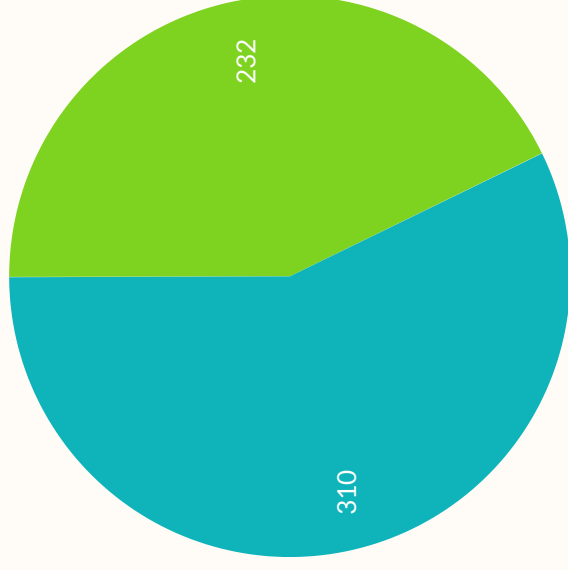
We've had 542 HNAs returned meaning that works out at approximately 5 issues per head.

Top 10 concerns raised to the right.



Gender Breakdown of Service Users

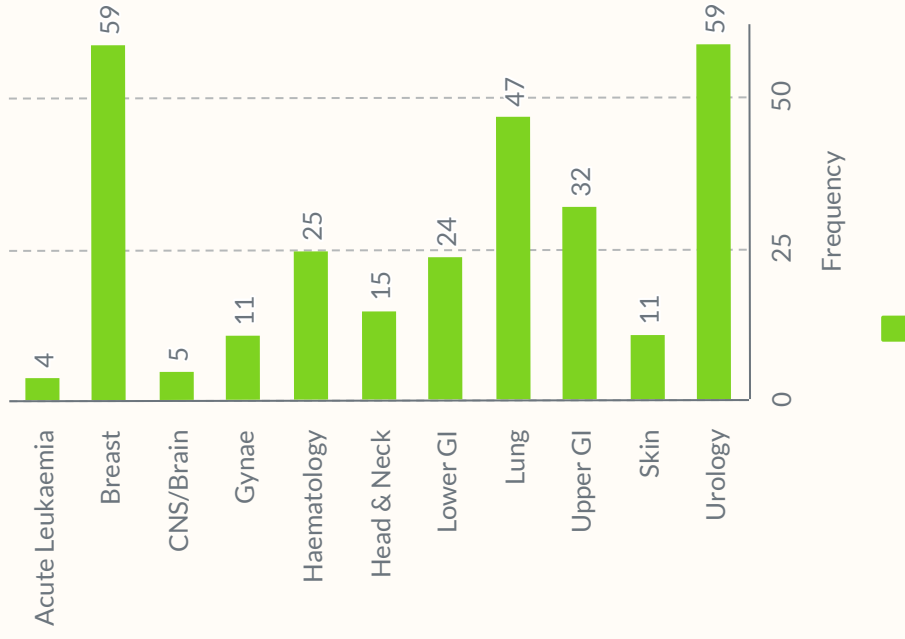
In other ICJs it is normal to see more women seek support than men. A 60/40 split is fairly representative.



Male (42.8%) Female (57.2%)

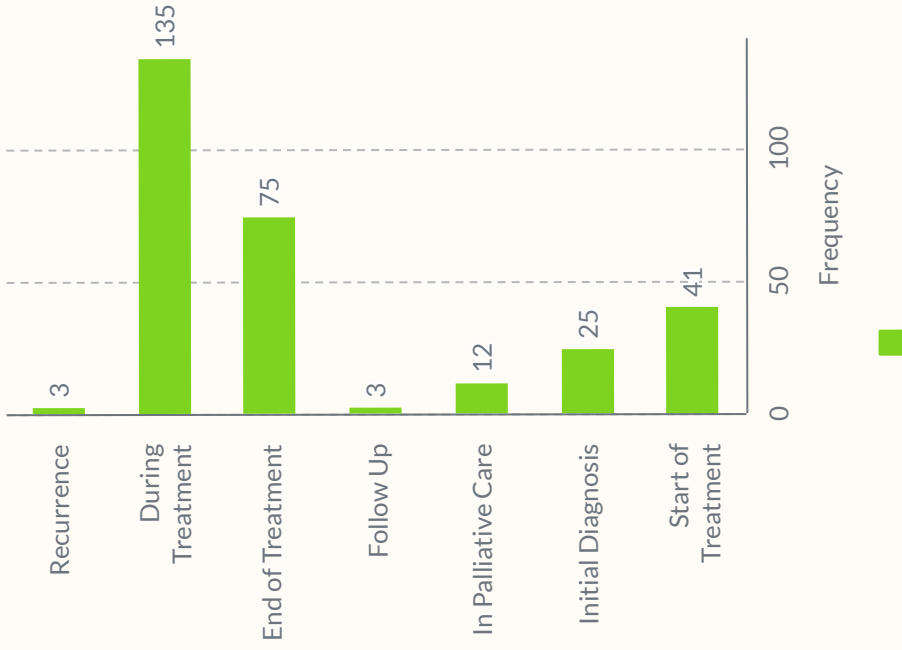
08 Conditions

Breast cancer and Urology are the most common types of cancers affecting ICJ service users so far in Inverclyde, closely followed by lung.



09 Pathway Stage

Inverclyde ICJ aims to engage with as many service users as possible as early on in their journey as possible, and this is reflected in the numbers using ICJ while starting or receiving treatment.



10 Age Range

Our current case load sees close to a 50/50 split between working age and retirement age service users.



Further Information

If you have any questions about this report specifically or the Renfrewshire ICJ service in general, please get in touch:

Email: andrew.mclinden@renfrewshire.gov.uk

Tel: 07393 753 349

Report To:	Inverclyde Integration Joint Board	Date:	25 March 2024
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/11/2024/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 25 March 2024.

2.0 RECOMMENDATIONS

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

- Grow your own
- Joint Inspection of Adult Services update
- Delayed discharge
- Staff awards
- Strategic Commissioning Plan update
- Equality Mainstreaming Report 2016 to 2024 and Equality Outcomes Plan 2024-28

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 Grow Your Own scheme (Social Worker recruitment)

Social Worker recruitment continues to be a local and national challenge. As such, we have developed a local “Grow your Own” scheme, as a long-term plan to support recruitment and retention of Social Work staff across the HSCP. In addition to funding for final year MSc Social Work students, the Inverclyde “Grow your Own” scheme has commenced with the offer of financial assistance to four staff who had, through their own initiative, embarked on their Social Work qualifications. To ensure a more formal process around the scheme to ensure equitable and transparent access, this scheme presents an opportunity to further professionalise the workforce by targeting our paraprofessional workforce.

Year One will provide for up to 6 candidates to undertake the Social Work qualification whilst providing a good practice learning experience within Inverclyde HSCP. At the conclusion of study, candidates will be eligible to apply for Social Work vacancies within the HSCP and agree to remain in their posts for a minimum of 3 years. Early scoping exercises have identified more than 50 employees interested in the scheme; this shows a clear interest across the HSCP in pursuing a professional qualification. Our first group of candidates will commence their studies in September 2024, with their experiences informing the further development of the scheme in year two and beyond. This represents a key offer in showcasing Inverclyde HSCP as an employer of choice for Social Workers.

4.2 Joint Inspection of Adult Services

Following on from the record reading process, and from the 30 cases in the main sample, the inspection team selected ten cases to take part in Team Around the Person sessions the week beginning 12 February 2024. These sessions involved the Inspection Team meeting with the individual service user and a second session with the staff team involved with the service user. There were no major issues raised from this process. Eight scrutiny focus groups then took place during the week of 19 February 2024, including sessions with frontline staff, team managers, senior managers, third sector partners, commissioners and planners, strategic leaders, the homelessness team and the Chief Officer. Briefing information and debriefing sessions were held with staff to inform them of some of the question/issues the Inspectors might raise. In addition, two informal observation visits took place at Greenock Health Centre and the Community Mental Health Team.

Two of the four planned Partnership meetings have now taken place, the most recent on 25 January 2024 where the inspection team discussed emerging messages from inspection activity and provided an opportunity for senior managers to provide further information. The remaining meetings will take place on 6 March and 17 April 2024, at which the inspection team will share a Draft Final Report and high-level messages related to quality indicators prior to publication of the final inspection report.

Inspection activity will continue until publication of the final report on 7 May 2024, following which the HSCP develop an improvement action plan which will be submitted to the Care Inspectorate within six weeks.

4.3 Delayed Discharge

Services continue to experience pressures in relation to delays when discharging service users from the Acute system. This increase is being seen across Scotland and is not unique to Inverclyde.

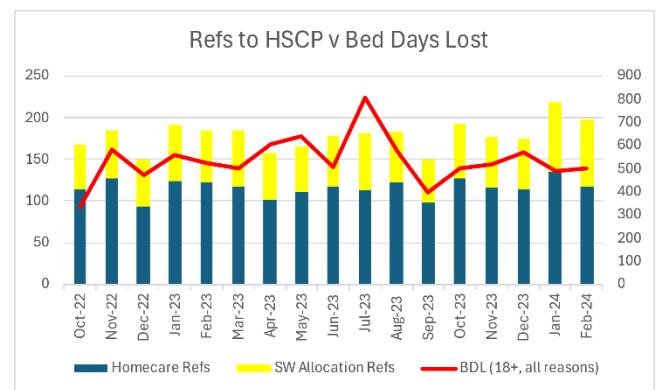
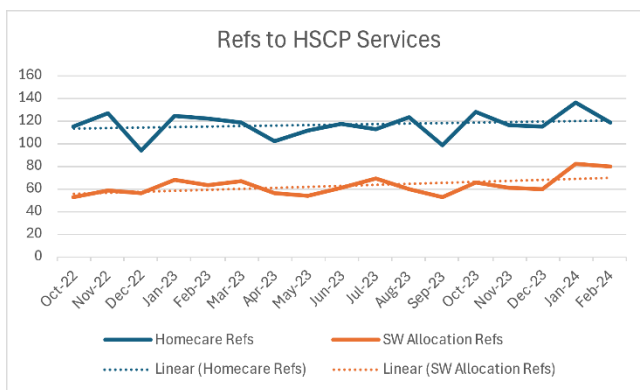
Our main area of pressure remains around availability of capacity for Care at Home Services, which continues to experience a high level of demand.

Delays as a result of Adults with Incapacity legislation remains at a low level compared with other partners across NHS GGC.

Services have been impacted by seasonal respiratory illnesses resulting in a higher level of short-term absence in line with previous yearly trends. This has impacted on Care at Home capacity.

Discharge teams continue to operate at a high level and we are starting to see an uptake of Kincare payment options which will help in the prevention of hospital delays.

There has been an increase in referral volume throughout the winter period which is in line with increases being seen across Scotland and is not unique to Inverclyde. Care at Home referrals has increased by 5.06% when comparing October-February 2022/2023 to October to February 2023/2024. Social work referrals have increased by 14.37% over the same period.



We are experiencing pressures around availability of Care Homes locally, which is being compounded by a local care home being closed to admissions, it expected to re-open in April. In particular there is a high volume of care homes declining people due to high levels of complexity which there are unable to meet. Care at Home continue to experience pressures due to an increase in volume of referrals.

There has been an increase in delays as a result of Adults with Incapacity legislation. However, this remains at a low level compared with other partners across NHS GGC. AWIA case conferences are happening within agreed timeframes, which is an improvement due to improved processes and joint working.

Kincare remains available to families who choose to provide or organise support independently however uptake has been low.

An initiative with District Nursing Hybrid Team, RES Out of Hours Service and Care at Home has been successful at preventing delays and reducing the number of delayed a person is delayed.

Despite the increase in referral volume over the winter period, there has been only a slight increase in bed days lost when comparing October-February 2022/2023 to October to February 2023/2024 of 4.22% which remains lower than the increased referral volume

4.4 HSCP Employee Awards Ceremony

Our staff awards were held on Friday 23 February at the Beacon and was well represented and received by both HSCP staff and IJB Board Members. The main theme of the day was an opportunity for everyone involved in the HSCP to celebrate the successes of our staff and for the formal recognition to be given to everyone in the HSCP. Our Chair of the IJB Councillor Robert Moran and Chief Officer Kate Rocks gave a number of keynote addresses which were well received by all those who attended. All the winners of the category will be submitted to the NHSGG&C and to Inverclyde Council staff awards Ceremonies.

4.5 Strategic Commissioning Plan 2024-2027 Update

Development of our new Strategic Commissioning Plan for 2024-27 is under way. Underpinning the plan is the need to address the significant inequalities in Inverclyde that lead to poor health and wellbeing outcomes. The plan will set out how we must work differently and be more effective at directing our resources to the people and communities who need them most.

The plan will be mindful of and complimentary to the local and national policy landscape, and will have clear alignment to other key strategies, including the Local Outcome Improvement Plan, GGC Mental Health Strategy, Children's Services Plan and the Criminal Justice Outcomes Plan (CJOIP).

Taking on board feedback from stakeholders and partners, we have identified four key strategic priorities to progress over the life of the next plan. These are.

- Provide Early Help and Intervention
- Improve Mental Health and Wellbeing
- Support Inclusive, Safe and Independent Communities
- Strengthen Supports to Families and Carers.

We consulted on these priorities in January and February this year. There was high overall support, with 'Agree' and 'Strongly Agree' accounting for over **90%** of the responses against each priority.

These priorities will succeed the Six Big Actions agreed in 2019.

Engagement is currently ongoing with each HSCP service area to identify their key ambitions for the people and Inverclyde, and the key delivery actions to support the implementation of the plan.

Work is also progressing to produce an appropriate performance outcomes framework to measure effectiveness of the plan.

It is intended that the new Strategic Commissioning Plan will be presented to IJB in May to seek approval for publication and implementation.

4.6 Equality Mainstreaming Report 2016 to 2024 and Equality Outcomes Plan 2024-28

Following the EHRC audit of Integrated Joint Boards compliance with Public Sector Equality, we continue to deliver our local Equalities improvement plan. Over the past year, we have made significant improvement to mainstream equalities into our day-to-day practice in the HSCP. Our improvements include:

- The establishment of an HSCP Equality Group, with membership including HSCP senior management and third sector partners.
- The establishment of an equalities peer support network. This group identifies and develops service-based equality champions to support colleagues to be mindful of the Public Sector Equality Duty.
- Review of the Equality Impact Assessment (EIAs) process in the HSCP, providing training and advice to those responsible for completing EIAs.

- Identifying and promoting Equality Awareness training across the HSCP.
- Improved communication around Equality Obligations.

Implementing the improvement plan continues and we are on track to deliver our Equality Outcomes and Mainstreaming Report and a new set of Equality Outcomes. We will be submitting this to the next IJB for approval with earlier submission in draft to EHRC by the end of April 2024.

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

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 SEPTEMBER 2023

Inverclyde Integration Joint Board Audit Committee

Monday 25 September 2023 at 1.00pm

Present:

Voting Members:

David Gould (Chair)	Greater Glasgow & Clyde NHS Board
Councillor Lynne Quinn (Vice Chair)	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council
Alan Cowan	Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Ciorstaidh Reichle	On behalf of Diana McCrone, Staff Representative, Greater Glasgow & Clyde NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde

Also present:

Chris Paisley	KPMG LLG
Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Marie Keirs	On behalf of Craig Given, Chief Finance Officer, Inverclyde Health & Social Care Partnership
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Gail Kilbane	Alcohol & Drug and Homelessness Service Manager, Inverclyde Health & Social Care Partnership
Audrey Howard	Interim Head of Justice & Children's Services, Inverclyde Health & Social Care Partnership
Iain Strachan	Head of Legal, Democratic, Digital & Customer Services, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council

Chair: David Gould presided.

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

20 Apologies, Substitutions and Declarations of Interest 20

An apology for absence was intimated on behalf of:
 Diana McCrone Staff Representative, Greater Glasgow & Clyde NHS Board (with Ciorstaidh Reichle substituting)

No declarations of interest were intimated.

21 Minute of Meeting of IJJB Audit Committee of 26 June 2023 21

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 SEPTEMBER 2023

of 26 June 2023.

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

Decided: that the Minute be agreed.

22 Annual Accounts for the Financial Year Ended 31 March 2023

22

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending (1) the representation letter to KPMG LLP, being the IJJB's external auditor, (2) the Audited Annual Accounts 2022/23, and (3) KPMG LLP's Annual Audit Report to the IJJB and the Controller of Audit.

The report was presented by Ms Keirs, who thanked the team responsible for completing the accounts in challenging circumstances, and Mr Paisley was then invited to present the KPMG LLP report. Mr Paisley thanked Ms Keirs and Mr Given for their efficient and comprehensive responses made during the auditing process.

The Board commented favourably on the report and acknowledged the long-standing strong governance of the IJJB.

The Chair formally thanked Mr Given, Ms Keirs, KPMG LLP and their wider teams for their work on the Audited Annual Accounts.

Decided:

(1) that it be recommended to the IJJB 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 IJJB;

(2) that the Letter of Representation, as detailed at appendix 1 of the report, be endorsed and it be recommended to the IJJB that this be signed by the Chief Financial Officer of Inverclyde Health & Social Care Partnership;

(3) that the content of the ISA (260) report, as detailed at appendix 3 to the report, be noted;

(4) that it be noted that a further version of the ISA (260) report will be presented to the IJJB in November, following completion on the wider Scope and Best Value Work by KPMG LLP; and

that the thanks of the Committee be extended to Inverclyde Health & Social Care Partnership officers and KPMG LLP for their work on the Audited Annual Accounts.

23 IJJB Audit Committee Rolling Annual Workplan

23

There was submitted a list of rolling actions arising from previous meetings of the IJJB Audit Committee.

Decided: that the Rolling Annual Workplan be noted.

24 Internal Audit Progress Report 5 June to 1 September 2023

24

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 5 June to 1 September 2023.

The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting. Ms Priestman also advised members that there would be an informal development session arranged for November which would include Best Value.

The Committee sought clarity on any possible duplication of work between Internal and External Audit, and Ms Priestman provided a comprehensive explanation of the governance arrangements and processes.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 SEPTEMBER 2023

Decided: that the progress made by Internal Audit for the period 5 June to 1 September 2023 be noted.

25 Status of External Audit Action Plans at 31 August 2023 25

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 31 August 2023.

The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.

Decided: that the progress to date in relation to the implementation of external audit actions be noted.

26 Inverclyde Integration Joint Board – Directions Update August 2023 26

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IJJB to Inverclyde Council and NHS Greater Glasgow & Clyde in the period March 2023 to August 2023.

The report was presented by Ms Pollock, this being the sixth such report.

The Board requested clarification on the frequency of Directions reports, and Ms Pollock confirmed that the IJJB Audit Committee received two reports a year and the IJJB an annual report.

Decided: that the contents of the report be noted.

27 Inverclyde Adult Support and Protection Partnership – Adult Support and Protection Quality Improvement Plan 2021-22 Update 27

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the progress to date of the Adult Support and Protection Quality Improvement Plan 2021-22 following the 2022/23 audit to capture impact. The report was presented by Ms Rocks.

Referring to the summary of progress at paragraph 3.8 of the report, the Committee asked what actions would arise from this. Ms Rocks advised that the governance arrangements would be assessed, and emphasised that the HSCP was not responsible for external partners. It was agreed that this matter would be discussed offline by Ms Rocks and the Chair.

Decided:

(1) that the content of the report and progress to date of the Adult Support and Protection Quality Improvement Plan 2021-22 be noted;

(2) that the impact of the 2022/23 audit and the additional actions identified to progress further improvements be noted; and

(3) that it be noted that the 2022/23 audit and progress of the Adult Support and Protection Quality Improvement Plan will be approved at the Public Protection Chief Officers Group.

28 IJB Risk Register 28

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IJJB Strategic Risk Register, and (2) appending the most recent Risk Register reviewed by officers in August 2023. The report was presented by Ms Keirs.

The Committee requested that officers review the format of the Register, and consider including the previous risk score in order to show the direction of travel.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 SEPTEMBER 2023

The Board sought reassurance on the governance of risk relating to the finances of external providers, particularly if they could no longer provide services, and Ms Keirs provided an overview of the governance checks and processes in place.

The Board asked if there was a risk connected to any possible Scottish Government approved pay increases. Ms Keirs advised that previous pay increases has been funded by the Scottish Government and the expectation was that this would continue. Ms Keirs noted that should this not be the case then the financial plan would require to be updated. Ms Rocks further added that there had been a lot of work internally and that HSCP hourly rates were already over the £12 rate proposed by the Scottish Government, which reduced the risk for the HSCP overall, and that this was therefore not a significant risk for Inverclyde HSCP.

The Board commented on the slow progress of Locality Planning and sought confirmation that the two groups formed were resilient and meeting. Ms Rocks advised that the groups were meeting and were progressing and maturing. The Board further requested that officers consider if Locality Planning should have been removed from the Risk Register.

Referring to paragraph 4.1 of the report and the removal of Risk 11 'Equalities Legislation' as HSCP were now compliant with an Improvement Plan in place, the Board sought clarification on the process for removing 'live' issues and whether this should be downgraded rather than removed. Ms Rocks and Mr Best provided an overview of the governance process in place for this matter, and it was agreed that the role of the Committee in risk management, including Risk Appetite, in relation to the CIPFA Guidance for Audit Committees would be included in the informal development session that Ms Priestman had mentioned earlier in the meeting.

The Chair requested that officers consider adding narrative to the report to clarify the governance arrangements for risks which were removed due to being managed by improvement plans.

Decided: that the content of the report be noted.