

PLEASE NOTE DATE OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 13 June 2019

A meeting of the Inverclyde Integration Joint Board will be held on **Monday 24 June 2019** at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
		Page
1.	Apologies, Substitutions and Declarations of Interest	
<u>Item for Noting:</u>		
2.	Inverclyde Integration Joint Board – Membership Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Action:</u>		
3.	Inverclyde Integration Joint Board Audit Committee – Appointment of Members and Vice-Chair Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4.	Minute of Meeting of Inverclyde Integration Joint Board of 14 May 2019	p
5.	Rolling Action List	p
6.	2018/19 Draft Annual Accounts Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	Inverclyde IJB Budget 2019/20 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	Annual Performance Report 2018-2019 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership NB: There will also be a presentation on this item	p
9.	Locality Planning Groups (LPGs) Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

10.	Early Mental Wellbeing Help for Children and Young People (Primary Care) Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Item for Noting:</u>		
11.	Annual Report – Clinical and Care Governance 2018-2019 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

Enquiries to - **Sharon Lang** - Tel 01475 712112

Report To:	Inverclyde Integration Joint Board	Date:	24 June 2019
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/089/19
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board – Membership Update		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board (IJB) in respect of its voting and non-voting membership arrangements.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.
- 2.2 Inverclyde Council, at its meeting on 6 June 2019, confirmed its nominations for members and the Chair of the IJB.
- 2.3 This report updates the IJB in respect of its current membership.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
1. notes the appointment by Inverclyde Council of Councillor Jim Clocherty as Chair of the Inverclyde Integration Joint Board;
 2. notes the re-appointment by Inverclyde Council of:

Councillor Jim Clocherty with Councillor Robert Moran as proxy;
Councillor Luciano Rebecchi with Councillor Gerry Dorrian as proxy;
Councillor Lynne Quinn with Councillor Ronnie Ahlfeld as proxy;
Councillor Elizabeth Robertson with Councillor John Crowther as proxy;

as voting members of the Inverclyde Integration Joint Board; and
 3. notes that Heather Davis has been agreed as the proxy member for Christina Boyd, Carer Representative, for meetings of the Inverclyde Integration Joint Board.

4.0 BACKGROUND

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

5.0 VOTING MEMBERSHIP AND IJB CHAIR APPOINTMENT

- 5.1 Inverclyde Council agreed at its meeting on 6 June 2019 to the re-appointment of the following voting members to the IJB for a further term of office of 2 years:

Councillor Jim Clocherty with Councillor Robert Moran as proxy;
Councillor Luciano Rebecchi with Councillor Gerry Dorrian as proxy;
Councillor Lynne Quinn with Councillor Ronnie Ahlfeld as proxy; and
Councillor Elizabeth Robertson with Councillor John Crowther as proxy.

- 5.2 Inverclyde Council also confirmed the appointment of Councillor Jim Clocherty as Chair of the IJB.

6.0 NON-VOTING MEMBERSHIP

- 6.1 The Carers’ Representative on the IJB, Christina Boyd, has advised that her named proxy to cover attendance at IJB meetings will be Heather Davis.

7.0 PROPOSALS

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

6.0 IMPLICATIONS

Finance

- 6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

6.3 None.

Equalities

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

6.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

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

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

7.0 DIRECTIONS

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

8.0 CONSULTATIONS

8.1 The Corporate Director (Chief Officer) and the Head of Board Administration of Greater Glasgow and Clyde NHS Board has been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 N/A

Inverclyde Integration Joint Board Membership as at June 2019

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Chair) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Elizabeth Robertson	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor John Crowther
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice-Chair) Mr Simon Carr Dr Donald Lyons Ms Dorothy McErlean	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Professional Nurse Advisor Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	Proxy – Ms Gemma Eardley
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Third Sector Interface	
A service user	Mr Hamish MacLeod	Proxy - Ms Margaret Telfer

	Inverclyde Health and Social Care Partnership Advisory Group	
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

Report To:	Inverclyde Integration Joint Board	Report To:	24 June 2019
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/090/19
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board Audit Committee - Appointment of Members and Vice-Chair		

1.0 PURPOSE

- 1.1 The purpose of this report is to agree the appointment of members of and the Vice-Chair of the Inverclyde Integration Joint Board Audit Committee ("IJB Audit Committee")

2.0 SUMMARY

- 2.1 The IJB agreed the powers, remit and membership of the IJB Audit Committee on 20 June 2016, 24 January 2017, 12 June 2017 and 14 May 2019. While the appointment of the Chair of the IJB Audit Committee was agreed on 14 May 2019, it was agreed to continue consideration of the appointment of Vice-Chair and the appointment of members to allow Inverclyde Council to confirm its nominations for members of the IJB.
- 2.2 The Council confirmed its nominations on 6 June 2019. It is necessary to now to complete the appointment of members and appoint a new Vice-Chair of the IJB Audit Committee.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
1. appoints:
 - 2 Inverclyde Council voting members; and
 - 2 non-voting membersto serve on the Inverclyde Integration Joint Board Audit Committee, with nominations and appointments being made at the meeting.
 2. appoints a Vice-Chair to the Inverclyde Integration Joint Board Audit Committee, having due regard to the requirements set out in Paragraph 3.1 of the Inverclyde Integration Joint Board Audit Committee Terms of Reference, with the nomination and appointment being made at the meeting;

4.0 BACKGROUND

4.1 On 20 June 2016, 24 January 2017, 12 June 2017 and 14 May 2019, the IJB agreed the powers, remit and membership of the IJB Audit Committee. As Inverclyde Council has now confirmed its nominations for members of the IJB, the Vice-Chair appointment on the IJB Audit Committee requires to be filled by a voting member of the IJB. As membership of the IJB Audit Committee is a matter for decision by the IJB, it also requires to agree the appointment of voting and non-voting members to the IJB Audit Committee.

5.0 AUDIT COMMITTEE - MEMBERSHIP

5.1 The current membership of the IJB Audit Committee is set out at Appendix 1.

5.2 Membership of the IJB Audit Committee comprises 4 IJB voting members (2 from the NHS Board and 2 from Inverclyde Council), with an additional 2 members drawn from the wider non-voting membership of the IJB.

5.3 The voting members from the NHS Board have been agreed and the Chair has been appointed from these voting members.

5.4 The term of office of the current Inverclyde Council IJB voting members and the non-voting members on the IJB Audit Committee has expired and it is now necessary for the IJB to either re-appoint the existing members or nominate new members of the IJB Audit Committee.

6.0 AUDIT COMMITTEE – VICE-CHAIR APPOINTMENT

6.1 Alan Cowan was confirmed as Chair of the IJB Audit Committee by the IJB on 14 May 2019. Consideration of the appointment of Vice-Chair was continued to the next IJB meeting pending Inverclyde Council confirming its nominations for members of the IJB.

6.2 The IJB now requires to appoint the Vice-Chair (from the Council members) of the IJB Audit Committee.

6.3 Paragraph 3.1 of the IJB Audit Committee's Terms of Reference (attached at Appendix 2) sets out the requirements for appointing a Vice-Chair.

7.0 PROPOSALS

7.1 It is proposed that the IJB agrees a) the appointment of 2 Inverclyde Council voting members and 2 non-voting members and b) the Vice-Chair appointment to the IJB Audit Committee.

8.0 IMPLICATIONS

Finance

8.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

- 8.3 None.

Equalities

- 8.4 There are no equality issues within this report.

- 8.4.1 Has an Equality Impact Assessment been carried out?

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

- 8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

- 8.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None

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

9.0 DIRECTIONS

9.1	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	

10.0 CONSULTATIONS

10.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

11.1 N/A

**Inverclyde Integration Joint Board
Audit Committee Membership – as at 14 May 2019**

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Luciano Rebecchi Councillor Lynne Quinn *Vice-Chair is vacant	Councillor Gerry Dorrian Councillor Ronnie Ahlfeld
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair) Dr Donald Lyons	
SECTION B. NON-VOTING MEMBERS		
Third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Sector Interface	
A staff representative (NHS Board)	Ms Diana McCrone	

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

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

5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Audit Committee may co-opt additional advisors as required.
6	Meeting Frequency
6.1	The Audit Committee will meet at least three times each financial year. There should be at least one meeting a year, or part thereof, where the Audit Committee meets the external and Chief Internal Auditor without other senior officers present.
7	Authority
7.1	The Audit Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
8	Duties
8.1	The Audit Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. Acting as a focus for value for money and service quality initiatives;
	2. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	3. Monitoring the annual work programme of Internal Audit;
	4. To consider matters arising from Internal and External Audit reports;
	5. Review on a regular basis action planned by management to remedy weaknesses or other criticisms made by Internal or External Audit
	6. Review risk management arrangements, receive annual Risk Management updates and reports.
	7. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	8. To consider annual financial accounts and related matters before submission to and approval by the IJB;
	9. To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;
	10. The Audit Committee may at its discretion set up short term working groups for review work. Membership of which will be open to anyone whom the Audit Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;
	11. Promoting the highest standards of conduct by Board Members;
	12. Monitoring and keeping under review the Codes of Conduct

	maintained by the IJB, and.
	13. Will have oversight of Information Governance arrangements as part of the performance and audit process.
9	Conduct of Meetings
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.

INVERCLYDE INTEGRATION JOINT BOARD – 14 MAY 2019

Inverclyde Integration Joint Board

Tuesday 14 May 2019 at 2pm

Present: Councillors J Clocherty, L Quinn, J Crowther (for E Robertson), Mr S Carr, Dr D Lyons, Ms D McErlean, Dr H MacDonald, Dr D McCormick, Dr C Jones, Ms L Long, Ms F Houlihan (for Ms S McAlees), Ms L Aird, Ms G Eardley, Mr H MacLeod, Mr I Bruce Ms C Boyd and Mr S McLachlan.

Chair: Mr Carr presided.

In attendance: Mr A Stevenson, Head of Health & Community Care, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms H Watson, Head of Strategy & Support Services, Mr A Brown, Service Manager (Assessment & Care), Ms E Cummings, Programme Manager, Innovation, Primary Care Lead, Mr B Young, Health Improvement Lead Officer, Ms A Hunter, Service Manager (Addictions & Homelessness), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

29 Apologies, Substitutions and Declarations of Interest

29

Apologies for absence were intimated on behalf of Councillor L Rebecchi, Councillor E Robertson (with Councillor J Crowther acting as proxy) and Mr A Cowan.

Declarations of interest were intimated as follows:

Agenda Item 17 (Carers (Scotland) Act 2017 – April 2019 Update) – Councillor Crowther.

Agenda Item 22 (Inverclyde Mental Health Medical and Mental Health Officer Staffing) – Dr D Lyons.

30 Inverclyde Integration Joint Board – Membership Update

30

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Integration Joint Board of changes to its Chair and Vice-Chair positions and to its non-voting membership arrangements.

Decided:

(1) that the appointment of Alan Cowan as Vice-Chair of the Inverclyde Integration Joint Board (IJB) be noted;

(2) that it be noted that the appointment of the Chair of the IJB will be confirmed by Inverclyde Council at its meeting on 6 June;

(3) that the resignation of Sandra McLeod as the Inverclyde Housing Association Forum representative, additional non-voting member of the IJB be noted;

(4) that agreement be given to the appointment of Stevie McLachlan as the Inverclyde Housing Association Forum representative, additional non-voting member of the IJB; and

(5) that approval be given to the continued absence of Diana McCrone, Greater Glasgow & Clyde NHS Board staff representative, non-voting member of the IJB.

INVERCLYDE INTEGRATION JOINT BOARD – 14 MAY 2019

- 31 Inverclyde Integration Joint Board Audit Committee – Chair and Vice-Chair Appointments 31**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership requesting the Integration Joint Board to agree the appointments of Chair and Vice-Chair of the Inverclyde Integration Joint Board (IJB) Audit Committee and also confirm the appointment of members to the Committee.
- Decided:**
- (1) that Alan Cowan be appointed as Chair of the IJB Audit Committee; and
 (2) that consideration of the appointment of the Vice-Chair of the IJB Audit Committee and the re-appointment of members to the Committee be continued to the June meeting of the Integration Joint Board.
- 32 Minute of Meeting of Inverclyde Integration Joint Board of 19 March 2019 32**
- There was submitted minute of the Inverclyde Integration Joint Board of 19 March 2019.
- Decided:** that the minute be agreed.
- 33 Rolling Action List 33**
- There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.
- Decided:** that the rolling action list be noted.
- 34 Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings 34**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for the Inverclyde Integration Joint Board (IJB) and IJB Audit Committee for 2019/20.
- Decided:** that approval be given to the timetable of meetings set out in the Appendix to the report with meetings of the IJB Audit Committee commencing at 1.00pm and meetings of the IJB commencing at 2.00pm.
- 35 Review of Inverclyde HSCP Alcohol and Drug Services – Progress Update 35**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress of Inverclyde HSCP Review of Alcohol and Drug Services.
- The Board heard a presentation by Andrina Hunter, Service Manager, explaining the context of the significant drug and alcohol misuse issues within the local community, the strategic framework, aim and key principles of the review, the Phase 1 findings and considerations and the Phase 2 service delivery recommendations.
- During the course of discussion on this item, concern was expressed by Councillor Quinn regarding drug taking in schools and she enquired as to the involvement of young people in the project. In this regard, Ms Long advised the IJB that a report would be submitted to the next meeting of the Alliance Board in June advising of the proposal that the Alcohol and Drug Partnership commission a whole system review of prevention and education.

INVERCLYDE INTEGRATION JOINT BOARD – 14 MAY 2019

Decided:

(1) that the progress being made in terms of the review of the HSCP Alcohol and Drug Services, including the contribution of Your Voice, be noted; and

(2) that it be agreed that a further report be submitted to the Integration Joint Board once the Phase 2 recommendations and associated implementation plan had been agreed by the Programme Board and Staff Partnership.

36 Scottish Government Programme for Government Challenge Fund: Inverclyde Alcohol and Drug Partnership (ADP) Bid ‘New Pathways for Service Users’ 36

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of Inverclyde Alcohol and Drug Partnership (ADP)’s successful bid to the Scottish Government’s Challenge Fund to support activities which tackle problem alcohol and drug use in Scotland.

Decided:

(1) that the outcome of Inverclyde ADP’s successful bid for funding to the Scottish Government Challenge Fund which supports reducing harm from problem alcohol and drug use be noted; and

(2) that it be agreed that further reports be submitted to the IJB on progress of the test of change within the ‘New Pathways for Service Users’ project.

37 Update on the Implementation of the Primary Care Improvement Plan 37

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing information on the implementation of the Primary Care Improvement Plan, associated finances and the implementation tracker to be submitted to the Scottish Government.

During the course of discussion on this item, reference was made to statistics available regarding GP waiting times. Ms Cummings explained that this information was not collected routinely but undertook to examine the feasibility of reporting on this.

Decided:

(1) that the progress made in implementing the Primary Care Improvement Plan during 2018/19 be noted and that delegated authority be granted to the Chief Officer to develop the 2019/20 Plan;

(2) that the arrangements for reporting to the Scottish Government Primary Care Directorate be noted; and

(3) that a further update report be submitted to the November IJB following the report to the Scottish Government Primary Care Directorate.

Mr MacLeod left the meeting at this juncture.

38 Pre-Five Immunisation Clinics 38

There was submitted a report by the Service Manager and Team Leader Health Visiting, Inverclyde HSCP providing details of the successful transition to a corporate model of Pre-Five Immunisation Clinics delivered by a nurse-led Children and Families Immunisation Team within Inverclyde, the final stage in the transition being the move to a board-wide immunisation team in April 2019.

Decided:

(1) that the Pre-Five Immunisation Programme be delivered in accordance with the agreed NHS Greater Glasgow & Clyde (NHS GG&C) redesign proposals and that there be a move towards the NHS GG&C central-wide delivery in four locality quadrants; and
 (2) that it be noted that the current Inverclyde corporate community model would transition in spring/summer 2019 to the upscaled Greater Glasgow & Clyde model as planned.

39 Review of Sandyford Sexual Health Services - Update 39

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the review of Sandyford Sexual Health Services.

Ms Rhoda MacLeod, Head of Service, Sandyford and Dr Pauline McGough, Clinical Director, were present and spoke in relation to the review process.

Decided: that the progress of the review of Sandyford Sexual Health Services be noted.

40 Pregnancy and Parenthood in Young People Improvement Plan 40

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of developments in the areas of pregnancy and parenthood in young people and the creation of the Inverclyde Alliance Improvement Plan 2019/2027.

Decided: that the contents of the report be noted.

41 Inverclyde Multi-Agency Guidelines for Responding to Self-Harm and Suicide in Children and Young People 41

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the work developed by the Inverclyde Alliance to support children and young people who may be at risk of self-harm and suicide.

Decided:

(1) that the contents of the report and the positive work undertaken in the development of the Inverclyde multi-agency guidelines for responding to self-harm and suicide in children and young people be noted; and

(2) that it be remitted to the Health & Social Care Partnership to ensure that a commitment is made, as a partner within the Inverclyde Alliance, to reflect these developments in its services, strategic planning and operational delivery.

42 Performance Exceptions Report 42

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Performance Exceptions Report, May 2019 which highlighted where performance differed from target by a margin greater than or equal to 5% (either positive or negative). It was noted that the report, which was additional to the Annual Performance Report, considered operational performance which could potentially support delivery of the National Wellbeing Outcomes.

Decided:

(1) that the performance within the report, along with the remedial action suggested where performance was below the standard expected, be noted; and

INVERCLYDE INTEGRATION JOINT BOARD – 14 MAY 2019

(2) that arrangements be made for a representative of the Musculoskeletal (MSK) Hosted Physiotherapy Service to attend the Board to address concerns regarding the downward trend in the percentage of patients seen within four weeks.

The meeting was adjourned at 3.50pm and reconvened at 4.05pm.

43 Big Lottery: Women’s Project Update

43

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress of the Women’s Project which aimed to achieve a step change in the response to women in the criminal justice system.

Decided:

- (1) that the contents of the report be noted and that approval be given to the strategic direction set out in the report to progress the Women’s Project; and
- (2) that further update reports be submitted to the Board on progress with the project.

44 Review of Out-of-Hours Provision

44

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the work being undertaken by the six HSCPs which fall within the NHS Greater Glasgow & Clyde catchment area in relation to out-of-hours provision of Primary Care and a range of community-based Health and Social Care Services.

During the course of discussion on the item, Councillor Clocherty asked if it would be possible to provide a breakdown of the figures in paragraph 7.1 in relation to GP out-of-hours services as they relate to the Inverclyde area only. He also expressed the view that Inverclyde’s expectation for GP out-of-hours care 365 days per year should be made known to both Greater Glasgow and Clyde Health Board and the Glasgow Integration Joint Board.

Decided:

- (1) that the progress of the out-of-hours review to date be noted and that the whole-system approach in line with the report by Professor Lewis Ritchie be endorsed; and
- (2) that subject to clarification of timescales, a further report be submitted to the IJB after summer 2019.

45 Draft Integration Review Self-Evaluation

45

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership relative to the draft integration review self-evaluation process. Copies of the self-evaluation were circulated at the meeting.

Decided:

- (1) that the draft self-evaluation and process for developing the final submission be noted;
- (2) that the self-evaluation be adjusted, as discussed and agreed by the Integration Joint Board, with any further comments to be submitted to the Chief Officer and Head of Strategy & Support Services; and
- (3) that it be remitted to the Chair of the Integration Joint Board to sign off the final submission on behalf of the IJB.

INVERCLYDE INTEGRATION JOINT BOARD – 14 MAY 2019

46 IJB Development Programme 46

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership proposing a programme of development sessions for the Integration Joint Board over 2019/20.

Decided: that approval be given to the draft programme of development sessions as set out in the report.

47 Carers (Scotland) Act 2016 – April 2019 Update 47

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an overview of the progress to date in implementing the Carers (Scotland) Act 2016, with specific focus on the decision taken by the Council's Health & Social Care Committee regarding implementation of the waiving of charges for residential respite and short breaks.

Councillor Crowther declared a non-financial interest in this item as the Council's Carers Champion. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence at the meeting or his participation in the decision-making process.

Decided: that the decision of the Council's Health & Social Care Committee to approve the waiving of charges for all eligible carers for respite and short breaks from 1 April 2019 be noted.

48 Delayed Discharge and Winter Plan 2018/19 48

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the effectiveness of the Winter Plan for 2018/19 within the context of the HSCP's performance around delayed discharge.

Decided: that the effectiveness of the Winter Plan in sustaining positive performance whilst addressing the seasonal pressures presented by winter be noted

49 Chief Officer's Report 49

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of activities undertaken across the Inverclyde HSCP.

(Ms Boyd left the meeting during consideration of this item of business).

Decided: that the report be noted.

Ms Houlihan left the meeting at this juncture.

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

INVERCLYDE INTEGRATION JOINT BOARD – 14 MAY 2019

Item	Paragraph(s)
Inverclyde Mental Health Medical and Mental Health Officer Staffing	1
Governance of HSCP Commissioned External Organisations	6 & 9
50 Inverclyde Mental Health Medical and Mental Health Officer Staffing	50
<p>There was submitted an updated report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership highlighting the current position around Mental Health Medical and Mental Health Officer (MHO) staffing levels and proposed actions to address the position.</p> <p>Dr Lyons declared non-financial interests in this item (1) as a medical member of the Mental Health Tribunal for Scotland and (2) as Chair of the Renfrewshire Integration Joint Board in relation to any possible implications for the Renfrewshire IJB arising from the matters contained in the report. He also formed the view that the nature of his interests and of the item of business did not preclude his continued presence at the meeting or his participation in the decision-making process.</p> <p>Decided:</p> <p>(1) that the contents of the report and actions taken to address the immediate position be noted; and</p> <p>(2) that the actions taken by Officers to address the medium/longer term issues for the service be noted.</p> <p>Dr Jones left the meeting at this juncture.</p>	
51 Governance of HSCP Commissioned External Organisations	51
<p>There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned Social Care Services.</p> <p>Decided:</p> <p>(1) that the governance report for the period 25 January to 29 March 2019 be noted; and</p> <p>(2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.</p>	
52 Mr Simon Carr	52
<p>Prior to the conclusion of the meeting, Councillor Clocherty, on behalf of the members, expressed his thanks to Mr Carr for his contribution to the IJB during his two year tenure as Chair.</p>	

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 May 2018 (Para 36(5))	Enhancing Children's Wellbeing – Support for Inverclyde GIRFEC Pathway – Update Report	Sharon McAlees	January 2019	Report delayed to September IJB	Next IJB September
15 May 2018 (Para 37(4))	Out of Hours GP Service – (After Summer Recess)	Helen Watson	November 2018	Part of the wider Out of Hour review scheduled for May IJB	Complete
11 September 2018 (Para 53(3))	Oral Health – Further Update Reports, particularly regarding operational responsibilities for HSCP	Helen Watson		New information in annual report.	Complete
11 September 2018 (Para 55(3))	Sandyford Sexual Health Services – Update on Direction of Travel	Helen Watson	March 2019	Once agreed by Glasgow IJB	August
29 January 2019 (Para 7(2))	Progress Update on Women's Project	Sharon McAlees	May 2019	Update report	Complete
19 March 2019 (Para 18(11))	Audit Scotland's Opinion regarding Earmarked Reserves Allocation for Budget Smoothing/Contingency Purposes	Lesley Aird	September 2019	Within Finance report to September IJB	September
19 March 2019 (Para 19(3))	Strategic Plan Reporting Framework (Autumn 2019)	Helen Watson	September 2019	SPG agreed reporting framework	September IJB
19 March 2019 (Para 23(2))	Integration Self-Assessment (June 2019 meeting)	Louise Long	May 2019	Submitted to Scottish Government	Complete

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
19 March 2019 (Para 27(3))	Learning Disability Out-of-Area Placements report on placements (within 12 months of March 2019)	Allen Stevenson	September	In progress	September IJB
14 May 2019 (Para 31(2))	Appointment of IJB Audit Committee Vice-Chair and Reappointment of Members	Vicky Pollock	June	Update report	Complete
14 May 2019 (Para 35(2))	Review of Alcohol & Drug Service – Phase 2 Recommendations and Associated Implementation Plan (after agreement by Programme Board and Staff Partnership)	Deborah Gillespie	September	Report agreed will be presented to September IJB	September IJB
14 May 2019 (Para 36(2))	Progress of test of change within 'New Pathways for Service Users' Project	Deborah Gillespie	January 2020	To be developed	January 2020 IJB
14 May 2019 (Para 37(3))	Update on Implementation of Primary Care Improvement Plan – November 2019	Allen Stevenson	November	Report	November IJB
14 May 2019 (Para 42(2))	MSK Hosted Physiotherapy Services – Waiting Times: Attendance by Representative	Helen Watson	September	Report on reasons and actions taken to improve waiting times.	September IJB
14 May 2019 (Para 44(2))	Review of Out-of-Hours Provision (after summer 2019)	Helen Watson	September	Update report	September IJB

Report To: Inverclyde Integration Joint Board **Date:** 24 June 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/44/2019/LA

Contact Officer: Lesley Aird **Contact No:** 01475 715381

Subject: 2018/19 DRAFT ANNUAL ACCOUNTS

1.0 PURPOSE

- 1.1 The purpose of this report is to set out the proposed approach of the Inverclyde Integration Joint Board (IJB) to comply with its statutory requirements in respect of its annual accounts and to present the draft 2018/19 Annual Accounts and Annual Governance Statement.

2.0 SUMMARY

- 2.1 IJBs are specified as 'section 106' bodies in terms of the Local Government (Scotland) Act 1973, and consequently are expected to prepare their financial statements in compliance with the Local Authority Accounts (Scotland) Regulations 2014 (the regulations) and the Code of Practice on Accounting For Local Authorities in the United Kingdom.
- 2.2 The Scottish Government introduced the regulations to update the governance arrangements relating to the authorisation and approval of a section 106 body's annual accounts. This report outlines the IJB's approach to comply with the regulations and presents the draft 2018/19 accounts.
- 2.3 The regulations require the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance and require that unaudited accounts are submitted to the auditor no later than 30 June immediately following the financial year to which they relate.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014;
 2. Approves the Annual Governance Statement included within the Accounts; and
 3. Agrees that the unaudited accounts for 2018/19 be submitted to the auditor.

Louise Long, Chief Officer

Lesley Aird, Chief Financial Officer

4.0 BACKGROUND

- 4.1 On 10 October 2014 the Local Authority Accounts (Scotland) Regulations 2014 came into force. The Scottish Government also provided additional guidance on the application of these regulations.
- 4.2 These regulations superseded the 1985 regulations and provide clearer definitions of the roles and responsibilities of Board Members and Officers in respect of the authorisation and approval of a section 106 body's annual accounts.
- 4.3 These regulations apply to any annual accounts with a financial year that begins from 1 April 2014 and therefore govern the preparation of the IJB's 2018/19 annual accounts.

5.0 ANNUAL GOVERNANCE STATEMENT 2018/19

- 5.1 The regulations require the Annual Governance Statement be approved by the IJB or a committee of the IJB whose remit includes audit and governance following an assessment of both the effectiveness of the internal audit function and the internal control procedures of the IJB.
- 5.2 The Audit Committee has considered the performance of internal audit and internal control procedures throughout the year.
- 5.3 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.
- 5.4 In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.
- 5.5 The IJB has adopted governance arrangements consistent, where appropriate, with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". This statement explains how the IJB has complied with the Local Code and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.
- 5.6 The Board of the IJB comprises 8 voting members, including the Chair and Vice Chair; four voting members are Council Members nominated by Inverclyde Council and four are Board members of NHS Greater Glasgow and Clyde. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies and service users. Professional members include the Chief Officer, Chief Finance Officer and Chief Social Worker. The IJB, via a process of delegation from NHS Greater Glasgow and Clyde and Inverclyde Council, and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area.
- 5.7 A Local Code of Good Governance has been approved by the Audit Committee and based on this, an assurance assessment template was completed. Initial improvement actions identified through the assurance assessment in 2017 have all been delivered in full.

- 5.8 The Chief Internal Auditor has confirmed that there are no additional significant governance issues that require to be reported specific to the IJB.
- 5.9 Based on the audit work undertaken, the assurances provided by Directors (of Inverclyde Council) and the Senior Management Teams (of services within NHS Greater Glasgow and Clyde), it is the Chief Internal Auditor's opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the governance and control environment which operated during the reporting period of 2018/19.
- 5.10 Subject to the above, and on the basis of the assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment.
- 5.11 The IJB is asked to approve the Annual Governance Statement. The draft statement is enclosed on pages 15-17 of the draft annual accounts within Appendix A.

6.0 UNAUDITED ACCOUNTS

- 6.1 The regulations require that the unaudited accounts are submitted to the auditor no later than the 30 June immediately following the financial year to which they relate.
- 6.2 The IJB or committee whose remit includes audit and governance, for Inverclyde this is the IJB Audit Committee, must meet to consider the unaudited annual accounts as submitted to the external auditor no later than 31 August immediately following the financial year to which the annual accounts relate.
- 6.3 Scottish Government guidance states that best practice would reflect that the IJB or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.

7.0 RIGHT TO INSPECT AND OBJECT TO ACCOUNTS

- 7.1 The right to inspect and object to the accounts remains unchanged through these regulations. The timetable for the public notice and period of inspection has been standardised with the inspection period starting no later than 1 July in the year the notice is published.

8.0 APPROVAL AND PUBLICATION OF AUDITED ACCOUNTS

- 8.1 The regulations require that the audited annual accounts should be considered and approved by the IJB or Audit Committee having regard to any report made on the audited annual accounts by the proper officer¹ or external auditor by 30 September immediately following the financial year to which the accounts relate. In addition, any further report by the external auditor on the audited annual accounts should also be considered by the IJB or Audit Committee.
- 8.2 The Audit Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members' Report and the audited

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

annual accounts will be presented to the IJB for approval and referred to the Audit Committee for monitoring of any related action plan.

- 8.3 In order to comply with the regulations, it is proposed that the ISA260 and Board Members' Report, together with a copy of the audited annual accounts, is considered by the Audit Committee and thereafter referred to the IJB for approval prior to the 30 September in the year immediately following the financial year to which they relate.
- 8.4 The regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years together with any further reports provided by the external auditor that relate to the audited accounts.
- 8.5 The annual accounts of the IJB must be published by 31 October and any further reports by the external auditor by 31 December immediately following the year to which they relate.
- 8.6 The table below summarises the key required and proposed dates for the 2018/19 annual accounts.

	Required Date	Proposed Date
IJB or Audit Committee to approve Annual Governance Statement	30 June	24 June
Unaudited Annual Accounts to be submitted to external audit	30 June	By 30 June
Publication of Draft Accounts inspection period	1 July	By 28 June
Draft Accounts inspection period	2-20 July	28 June-18 July
IJB or Audit Committee to consider unaudited Annual Accounts	31 August	24 June
IJB or Audit Committee to consider any reports made by the Chief Financial Officer or External Auditor	30 Sept	10 Sept
IJB to consider and approve the audited annual accounts		10 Sept
Audited Annual Accounts to be published	31 Oct	Following the 10 Sept IJB
Any further reports by the external auditor to be published	31 Dec	Following the 10 Sept IJB

9.0 2018/19 UNAUDITED ANNUAL ACCOUNTS

- 9.1 The draft Accounts are being prepared in line with guidance issued by CIPFA and provide an overview of the financial performance of the IJB through the following statements:
- Management Commentary
 - Statement of Responsibilities
 - Annual Governance Statement
 - Remuneration Report
 - The Financial Statements
 - Notes to the Financial Statements

10.0 IMPLICATIONS

10.1 FINANCE

There are no direct financial implications within this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

10.4 There are no equality issues within this report.

10.4.1 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

10.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None

People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

10.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

10.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

11.0 DIRECTIONS

11.1	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	

12.0 CONSULTATION

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

13.0 BACKGROUND PAPERS

13.1 The Local Authority Accounts (Scotland) Regulations 2014
http://www.legislation.gov.uk/ssi/2014/200/pdfs/ssi_20140200_en.pdf

The Local Authority Accounts (Scotland) Regulations 2014 - a narrative
<http://www.gov.scot/Resource/0045/00456007.pdf>

Inverclyde Integration Joint Board

The Governing Body of the



**Unaudited Annual Accounts
2018/19**

Table of Contents

Management Commentary	1
Statement of Responsibilities	11
Remuneration Report	12
Annual Governance Statement	15
The Financial Statements	18
Notes to the Financial Statements	21
Independent Auditor's Report	29

Management Commentary

Introduction

This publication contains the financial statements for the Inverclyde Integration Joint Board (IJB) for the year ended 31 March 2019.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2018/19 and how this has supported delivery of the IJB's core objectives. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks which we will face as we strive to meet the needs of the people of Inverclyde.

Inverclyde IJB

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

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

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

Inverclyde is located in West Central Scotland along the south bank of the River Clyde. It is one of the smallest local authority areas in Scotland, home to 78,150 people and covering an area of 61 square miles. Our communities are unique and varied.

The IJB Strategic Plan 2019-24 outlines our vision for the Inverclyde Health & Social Care Partnership as well as our core objectives and services which are delivered through four core teams. The HSCP has worked hard during 2018/19 to develop and deliver the 6 Big Actions within the plan.

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

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

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

The operational HSCP Structure responsible for delivering services is illustrated below.

HSCP Operational Structure



The Annual Accounts 2018/19

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2018/19 Accounts have been prepared in accordance with this Code.

The Financial Plan

IJBs need to account for spending and income in a way which complies with our legislative responsibilities. For 2018/19 the IJB budgeted to deliver Partnership Services at a cost of £149.9m, including £16.4m of notional budget for Set Aside and £2.8m of spend through Earmarked Reserves. During the year funding adjustments and reductions in spend resulted in actual spend of £152.0m, including Set Aside and spend from Reserves, for the year. Funding rose during the year from a budgeted £147.1m to an actual £153.5m, the majority of the additional income was non-recurring. This generated a yearend surplus of £1.485m. The movement in budget vs actual and analysis of the surplus are shown in the tables on pages 7 and 8.

Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out within the notes to these accounts, the IJB has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within Inverclyde IJB for other IJBs within the NHS Greater Glasgow & Clyde area.

Within Greater Glasgow and Clyde, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs are reflected within the financial statements for the services which it hosts. This is the basis on which 2018/19 accounts have been prepared.

The full cost of services which are hosted by the IJB are reflected in our financial accounts. These are not adjusted to reflect activity to/for other IJB's within the Greater Glasgow & Clyde area the costs shown in these accounts reflect our responsibility in relation to service delivery and the risk and reward associated with it.

The services which are hosted by Inverclyde are identified in the table below. This also shows expenditure in 2018/19 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure 2018/19	Consumed by other IJBs
Inverclyde	General Psychiatry	£5,477,833	£370,348
Inverclyde	Old Age Psychiatry	£3,152,932	£74,121
	Total	£8,630,765	£444,468

The services which are hosted by other IJB's on behalf of the other IJB's including Inverclyde are identified in the table below. This also shows expenditure in 2018/19 and the value consumed by Inverclyde IJB.

Host	Service	Actual Net Expenditure 2018/19	Consumed by Inverclyde IJB
East Dunbartonshire	Oral Health	£9,719,289	£602,167
	Total	£9,719,289	£602,167
East Renfrewshire	Learning Disability	£7,961,400	£176,320
	Total	£7,961,400	£176,320
Glasgow	Continence	£3,802,932	£283,176
Glasgow	Sexual Health	£10,164,132	£453,010
Glasgow	Mh Central Services	£6,027,304	£1,532,639
Glasgow	MH Specialist services	£11,345,743	£1,049,726
Glasgow	Alcohol + Drugs Hosted	£16,019,893	£531,967
Glasgow	Prison Healthcare	£6,905,286	£548,648
Glasgow	HC In Police Custody	£2,330,293	£182,617
Glasgow	Old Age Psychiatry	£17,870,028	£2,358
Glasgow	General Psychiatry	£37,675,266	£23,296
	Total	£112,140,877	£4,607,439
Renfrewshire	Podiatry	£6,563,080	£574,122
Renfrewshire	Primary Care support	£4,040,145	£266,961
Renfrewshire	General Psychiatry	£6,938,153	£0
Renfrewshire	Old Age Psychiatry	£6,330,739	£6,135
	Total	£23,872,118	£847,217
West Dunbartonshire	MSK Physio	£5,864,493	£427,227
West Dunbartonshire	Retinal Screening	£752,278	£56,721
West Dunbartonshire	Old Age Psychiatry	£1,107,840	£0
	Total	£7,724,611	£483,948
Total		£161,418,294	£6,717,091

The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. There is an expectation that for the 2019/20 annual accounts that Health Boards and Integration Authorities agree a figure for the sum set aside to be included in the respective Annual Accounts. For 2018/19 this is based on activity and cost data provided by ISD in September 2018 uplifted by an inflationary factor to provide an accounting estimate. The set aside figure agreed with the Health Board for 2018/19 is £16.439m.

Work continues to be progressed in relation finalising local activity and cost data to calculate sum set aside for hospital services but in the absence of guidance on how this is to be implemented and until Integration

Authorities Strategic have developed their Commissioning Plans for unscheduled services the current arrangements remain in place for 2018/19.

Performance

The IJB and HSCP tracks change in need and demand, and delivery of the National Wellbeing Outcomes through its performance management arrangements. Every service undergoes a quarterly service review, chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service’s key objectives and delivery of outcomes. Any divergence from the agreed strategic direction is quickly identified and steps are put in place to get the service back on track. If there are notable differences between the service’s performance and what has been planned for, then these differences are reported to the IJB along with a summary of the reasons for the divergence, and an outline of the planned remedial action in cases where the divergence is negative. This is reported through Performance Exceptions Reports, and these continue to be produced and published on a six-monthly basis. The legislation requires that we follow a prescribed format of annual performance reporting against the nine outcomes, based on 23 national indicators and a requirement to publish an annual performance report by 31st July. Inverclyde’s Annual Performance Report 2018/19 was published 24 June 2019.

The IJB’s 2018/19 Performance against the 23 National Indicators is shown in the table below:

↑ ↓	Performance is equal or better than the Scottish average
↑ ↓	Performance is close to the Scottish average
↑ ↓	Performance is below the Scottish average

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
1*	Percentage of adults able to look after their health very well or quite well	2017/18	91%	93%	↓
2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2017/18	80%	81%	↓
3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	77%	76%	↑
4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	79%	74%	↑
5*	Total % of adults receiving any care or support who rated it as excellent or good	2017/18	83%	80%	↑
6*	Percentage of people with positive experience of the care provided by their GP practice	2017/18	83%	83%	↑

7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2017/18	77%	80%	↓
8*	Total combined percentage of carers who feel supported to continue in their caring role *While we are performing better than the Scottish average we are working to improve support to our carers (see page 45)	2017/18	40%	37%	↑
9*	Percentage of adults supported at home who agreed they felt safe	2017/18	84%	83%	↑
10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)			
11	Premature mortality rate per 100,000 persons	2017	567	425	↑
12	Emergency admission rate (per 100,000 population)	2017/18	15029	12183	↑
National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
13	Emergency bed day rate (per 100,000 population)	2017/18	159170	123035	↑
14	Readmission to hospital within 28 days (per 1,000 population)	2017/18	91	102	↓
15	Proportion of last 6 months of life spent at home or in a community setting	2017/18	87%	88%	↓
16	Falls rate per 1,000 population aged 65+	2017/18	25	22	↑
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2017/18	92%	85%	↑
18	Percentage of adults with intensive care needs receiving care at home	2016/17	63%	61%	↑
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2017/18	172	762	↓

20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2017/18	25%	25%	↓
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready		Indicator under development (ISD)		
23	Expenditure on end of life care, cost in last 6 months per death		Indicator under development (ISD)		

The data presented against these National Integration Indicators is the most up-to-date as available from ISD in May 2019. Those marked with an * are taken from the 2017/18 biennial Health and Care Experience Survey (<http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/>).

Financial Performance

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2018/19.

(a) Partnership Revenue Expenditure 2018/19

During the year the Partnership again successfully mitigated the full value of the inherited Health baseline budget pressure on Mental Health Inpatient services through a combination of measures, including: improved cost control and tighter absence management arrangements and planned one off underspends in other areas to offset the remaining budget pressure. Monies were received in year from Scottish Government for Mental Health Action 15, ADP developments and Primary Care Improvement Planning. As projected, at the end of the year £0.333m of these funds remained unspent and was carried forward into specific Earmarked Reserves. Non recurring funding of £0.130m was received from the Health Board for Primary Care investment, this was also carried forward in an earmarked reserve. Also as projected, there was a core Health services underspend which totalled £0.249m. This related to delays in filling of vacancies during the year, this was also transferred to Earmarked Reserves for use in future years.

Partnership services saw continued demand growth with numbers of service users and cost per service user rising across a number of services. The Partnership was able to effectively manage this budget pressure in year and generate an overall surplus on social care services which was carried into Earmarked Reserves.

In previous years the Social Care budget has experienced a degree of short term volatility in certain demand led budgets. In order to address this any one off underspends on these budgets have been placed in Earmarked Reserves to cover any one off overspends in future years. In 2018/19 a net £0.380m was used from the Adoption, Fostering and Residential fund within Children & Families and £0.430m was added to the existing Earmarked Reserve for Older People Residential and Nursing Homes.

During the year £3.766m of Earmarked Reserves were used to fund specific spend and projects and an additional £5.251m was transferred into Earmarked Reserves, leading to a net increase of £1.485m in Reserves over the year.

Total net expenditure for the year was £152.053m against the overall funding received of £153.538m, generating a revenue surplus of £1.485m. This was made up as follows:

Analysis of Surplus on Provision on Services

	£000
Underspend on Children & Families and Criminal Justice	324
Underspend on Learning Disabilities early delivery of future years savings	282
Underspend on Older People services	572
Underspend on Business Support mainly due to turnover savings	207
Underspend on Mental Health Services due to delays in filling vacancies and	134
Underspend on Advice Services	43
Additional funding from the Council for Children & Families, Anti Poverty and Mental Health	688
Carry forward funding for Scottish Government Projects - Action 15, ADP	353
Additional funding from Health for Primary Care at yearend	130
Underspend on Addictions mainly due to delay in filling vacancies and early	153
Other services various minor underspends	72
Homelessness net underspend linked to reduction in bad debt provision	67
Spend through EMRs	(1,540)
Surplus on Provision of Services	1,485

All of the above has been taken to Earmarked reserves as detailed in note 7.

Budget agreed at Period 9 vs Final Outturn

Original Budget	IJB FUNDING	Projected Outturn @ P9	Outturn	P9 vs Actual Outturn
	Operational funding budget			
82,880	Health Board	87,402	87,445	43
47,795	Council	48,062	49,653	1,591
16,439	Set Aside	16,439	16,439	0
147,114	TOTAL IJB FUNDING	151,903	153,537	1,634
Original Budget	IJB NET EXPENDITURE	Projected Outturn @ P9	Outturn	Difference
	Operational net expend budget			
67,141	Health	70,254	70,680	426
63,534	Social Care	64,113	63,875	(238)
16,439	Set Aside	16,439	16,439	0
147,114	TOTAL IJB NET EXPENDITURE	150,806	150,994	188
0	Surplus/(Deficit) on Provision of Operating Services	1,097	2,543	1,446
(2,847)	Movement on Earmarked Reserves (Decrease)/Increase	(1,994)	(1,058)	936
(2,847)	Overall Surplus/(Deficit)	(897)	1,485	2,382

(b) The Balance Sheet

The Balance Sheet summarises the IJB's assets and liabilities as at 31 March 2019, with explanatory notes provided in the full accounts.

Financial Outlook, Risks and Plans for the Future

The UK economy was showing signs of recovery with inflation and unemployment falling and growth taking place in a number of sectors. The imminent exit from the European Union has created some further, short and longer term, uncertainty and risk for the future for all public sector organisations.

Additional funding of £160m has been announced for Integration Authorities across Scotland for 2019/20 to address health and social care pressures. Despite this, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted. In addition to economic performance, other factors influence the availability of funding for the public sector including demographic challenges that Inverclyde is facing.

The most significant risks faced by the IJB over the medium to longer term, reflected in the IJB risk register can be summarised as follows:

- Governance arrangements not being sufficiently effective in developing and delivering strategic objectives; and
- Financial sustainability around cost pressures and funding linked to unfunded/unanticipated/unplanned demand for services and/or partners being unable to allocate sufficient resources.

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

Moving into 2019/20, we are working to proactively address the funding challenges presented while, at the same time, providing effective services for the residents of Inverclyde.

We have well established plans for the future, and the IJB Strategic Plan 2019/20 to 2023/24 and 5 year Financial Plan were approved by the IJB in March 2019 these plans outlined the overarching vision and financial landscape for the coming years.



Following on from our last Strategic Plan we are still committed to “Improving Lives”, and our vision is underpinned by the “Big Actions” and the following values based on the human rights and wellbeing of:

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

Big Action 1:
Reducing Health Inequalities by Building Stronger Communities and Improving Physical and Mental Health

Big Action 2:
A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

Big Action 3:
Together we will Protect Our Population

Big Action 4:
We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

Big Action 5:
Together we will reduce the use of, and harm from alcohol, tobacco and drugs

Big Action 6:
We will build on the strengths of our people and our community

Conclusion

In a challenging financial and operating environment the IJB has successfully overseen the delivery of its Strategic Plan objectives and the delivery of all core services while undertaking a significant change programme designed to provide a more person centred model of care, deliver on early intervention and prevention ambitions and free up efficiencies.

The new Strategic Plan, associated Implementation Plan and Medium Term Financial Plan will lead the IJB forward over the next 5 years and improve the lives of the people of Inverclyde.

Where to Find More Information

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

Louise Long

Chief Officer

_____ **Date:** 10 September 2019

Lesley Aird, CPFA

Chief Financial Officer

_____ **Date:** 10 September 2019

Councillor Jim Clocherty

IJB Chair

_____ **Date:** 10 September 2019

Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

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

I confirm that the audited Annual Accounts were approved for signature at a meeting of the IJB on 10 September 2019.

Signed on behalf of the Inverclyde IJB

Councillor Jim Clocherty

IJB Chair

Date: 10 September 2019

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of Inverclyde IJB as at 31 March 2018 and the transactions for the year then ended.

Lesley Aird, CPFA

Chief Financial Officer

Date: 10 September 2019

Remuneration Report

Introduction

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

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

1 Integration Joint Board

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

2 Senior officers

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

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The Chief Officer, Louise Long, is employed by Inverclyde Council and seconded to the IJB and has been in post since 8 May 2017. The statutory responsibility for employer pension liabilities sits with Inverclyde Council as the employing partner organisation. There is therefore no pension liability reflected on the Inverclyde IJB balance sheet for the IJB's Chief Officer. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Chief Financial Officer

The IJB Chief Financial Officer, Lesley Aird, is employed on a part time basis by NHS Greater Glasgow and Clyde. The Council and Health Board share the costs of this and all other senior officer remunerations.

Other officers

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

Salary, Fees & Allowances			Salary, Fees & Allowances
2017/18	Name and Post Title		2018/19
£			£
100,075	Louise Long (started 08 May 2017) Chief Officer		109,475
41,469	Lesley Aird (part time 0.5 WTE) Chief Financial Officer		45,500

There were no exit packages paid in either financial year.

3 Remuneration: IJB Chair, Vice Chair and Voting Members

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

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

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

Voting IJB Members Remuneration Table

Name	Post(s) Held	Nominated By
Simon Carr	IJB Chair (until 24/06/19)	NHS GG&C
Councillor Jim Clocherty	IJB Vice Chair, Chair (from 24/06/19)	Inverclyde Council
Alan Cowan	IJB Member, Vice Chair (from 24/06/19) Vice Chair Audit Committee	NHS GG&C
Dr Donald Lyons	IJB Audit Committee Member	Member NHS GG&C
Dorothy McErlean	IJB Member	NHS GG&C
Councillor Jim MacLeod	IJB Member (until 06/11/18)	Inverclyde Council
Councillor Elizabeth Robertson	IJB Member (from 06/11/18)	Inverclyde Council
Councillor Ciano Rebecchi	IJB Member Chair Audit Committee	Inverclyde Council
Councillor Lynne Quinn	IJB Member Audit Committee Member	Inverclyde Council

There were no Inverclyde IJB specific expenses recorded for voting members of the IJB during 2018/19. Any expenses claimed by voting members are paid through the relevant IJB partner organisation.

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

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

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/18 £	For Year to 31/03/19 £		Difference from 31/03/18 £	As at 31/03/19 £
Louise Long Chief Officer since 08/05/2017	19,147	21,073	Pension	2,720	13,434
			Lump Sum	0	0
Lesley Aird Chief Financial Officer	5,187	5,342	Pension	710	2,119
			Lump Sum	0	0

The Chief Financial Officer was previously a member of the Strathclyde Pension Scheme but has opted not to transfer those benefits. The accrued pension benefit disclosed above therefore relates only to this current employment and pension.

Disclosure by Pay Bands

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

Louise Long

Chief Officer

Date: 10 September 2019

Councillor Jim Clocherty

IJB Chair

Date: 10 September 2019

Annual Governance Statement

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

Scope of Responsibility

The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. It is a body corporate, a legal entity in its own right but it relies on support from officers employed by Inverclyde Council and Greater Glasgow & Clyde NHS Board in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland. The main features of the IJB's governance arrangements are described in the Local Code but are summarised below.

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

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

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

The Governance Framework and Internal Control System

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

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

- The IJB was the key decision making body. The IJB's membership (voting and non-voting), as set by statutory instrument, is fully established. An Audit Committee with detailed remit and powers and clearly defined membership was set up in 2018/19 to consider all matters in relation to Internal and External Audit and Risk Management;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, Standing Orders, and Financial Regulations.
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which was approved and published prior to the delegation of the integrated functions on 1 April 2016 and which links closely to the vision of the Inverclyde Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and national statutory performance indicators;
- The Performance Management Strategy focuses very firmly on embedding a performance management culture that measures delivery of improved outcomes rather than systems and processes throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has a Code of Conduct based on the Model Code of Conduct for Integration Joint Boards. The register of members' interests is published and made available for inspection.
- The IJB has in place a development programme for all Board Members. The IJB places reliance on the organisational development activity undertaken through partnership organisations for senior managers and employees;

- The IJB has established three Wellbeing Localities, East Inverclyde, Central Inverclyde and West Inverclyde. These reflect the local planning areas that were developed by the Community Planning Partnership (the Inverclyde Alliance) through full public consultation. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.
- As a separate Public Body, the IJB is required to publish Equalities Outcomes. These were published on the HSCP website in April 2016, and will be subject to review in 2018.

The governance framework was in place throughout 2018/19.

The System of Internal Financial Control

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of the Health and Social Care Partnership. During 2018/19 this included the following:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against budget and forecasts;
- Setting targets to measure financial and other performance;
- Clearly defined capital expenditure guidelines;
- Formal project management disciplines.

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

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

Review of Effectiveness

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

The Internal Audit functions of the Council and Health Board have independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2018/19, these services operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditors prepared annual reports to the relevant Audit Committees, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

Significant Governance Issues during 2018/19

The Internal Audit Annual Reports 2018/19 for the Council and Health Board identify no significant control issues. Some actions have been agreed within the Council and Health Board Annual Governance statements to further enhance those internal control environments. None of these are considered material enough to have a significant impact on the overall control environment.

The Internal Audit Annual Report and Assurance Statement for 2018/19 concludes: “On the basis of Internal Audit work carried out in 2018/2019, the majority of the IJB’s established internal control procedures appeared to operate as intended to meet Management’s requirements for the individual systems reviewed by Internal Audit. On the basis of selective testing of key controls it can be concluded that, in the main, controls were generally operating as expected during the period under review, although it does need to be recognised that some recommendations were made by Internal Audit to improve controls. The overall opinion is **Satisfactory**”.

Action Plan

Following consideration of adequacy and effectiveness of our local governance arrangements the IJB approved a local code of good governance on 20 March 2018. A number of actions were identified to enhance local governance and ensure continual improvement of the IJB’s governance, all of those actions have been delivered in full, as reported in the 2017/18 Annual Accounts.

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB’s governance arrangements.

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

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

Louise Long

Chief Officer

Date: 10 September 2019

Councillor Jim Clocherty

IJB Chair

Date: 10 September 2019

The Financial Statements

Comprehensive Income and Expenditure Statement

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

2017/18			2018/19		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
2,648	(57)	2,591	3,520	(1,104)	2,416
29,037	(2,170)	26,867	29,302	(2,282)	27,020
11,326	(673)	10,653	12,157	(259)	11,898
6,048	(244)	5,804	6,862	(150)	6,712
9,381	(43)	9,338	9,017	(288)	8,729
13,453	(467)	12,986	14,353	(615)	13,738
2,885	(226)	2,659	3,376	(259)	3,117
3,488	(99)	3,389	3,464	0	3,464
8,239	(467)	7,772	8,548	(290)	8,258
4,343	(634)	3,709	4,951	(1,038)	3,913
1,959	(1,997)	(38)	1,932	(1,906)	26
1,689	(722)	967	1,442	(651)	791
22,660	(894)	21,766	26,528	(981)	25,547
18,817	0	18,817	18,591	0	18,591
1,236	0	1,236	1,133	0	1,133
97	0	97	261	0	261
137,306	(8,693)	128,613	145,437	(9,823)	135,614
16,439	0	16,439	16,439	0	16,439
153,745	(8,693)	145,052	161,876	(9,823)	152,053
0	(146,889)	(146,889)	0	(153,538)	(153,538)
153,745	(155,582)	(1,837)	161,876	(163,361)	(1,485)
		(1,837)			(1,485)

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

Movement in Reserves Statement

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

Movements in Reserves During 2018/19	General Reserves £000	Earmarked Reserves £000	TOTAL Reserves £000
Opening Balance at 31 March 2018	0	(5,796)	(5,796)
Total Comprehensive Income and Expenditure	0	(1,485)	(1,485)
Closing Balance at 31 March 2019	0	(7,281)	(7,281)

Balance Sheet

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

31 March 2018 £000		Notes	31 March 2019 £000
Current Assets			
5,820	Short term debtors	5	7,298
Current Liabilities			
(24)	Short term creditors	6	(17)
5,796	Net Assets		7,281
5,796	Reserves	8	7,281
5,796	Total Reserves		7,281

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2019 and its income and expenditure for the year then ended.

The audited financial statements were authorised for issue on 10 September 2019.

Lesley Aird, CPFA

Chief Financial Officer _____ **Date:** 10 September 2019

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General principles

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

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

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

The Annual Accounts summarise the IJB's transactions for the 2018/19 financial year and its position at the year end of 31 March 2019.

1.2 Accruals of expenditure and income

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

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

1.3 Funding

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

1.4 Cash and Cash Equivalents

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

1.5 Employee Benefits

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

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

Charges from funding partners for other staff are treated as administration costs.

1.6 Provisions, Contingent Liabilities and Contingent Assets

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

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

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

1.7 Events After The Reporting Period

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

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts are adjusted to reflect such events
- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect

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

1.8 Exceptional items

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

1.9 Related Party Transactions

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

1.10 Support services

Support services were not delegated to the IJB through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided are

mainly comprised of: provision of financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

1.11 Indemnity Insurance

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

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

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

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

1.12 Clinical and Medical Negligence

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

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

1.13 Reserves

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

1.14 VAT

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

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

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

2 Taxation and Non-Specific Grant Income

31 March 2018 £000	Taxation and Non-Specific Grant Income	31 March 2019 £000
99,568	NHS Greater Glasgow and Clyde Health Board	103,885
47,321	Inverclyde Council	49,653
146,889	TOTAL	153,538

Health Board Contribution

The funding contribution from the Health Board above includes £16.439m in respect of 'set aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however, has responsibility for the consumption of, and the level of demand placed on, these resources.

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

3 Related Party Transactions

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

31 March 2018 £000		31 March 2019 £000
	Transactions with NHS Greater Glasgow & Clyde	
(99,568)	Funding Contributions received	(103,885)
(1,865)	Service Income received	(2,151)
85,232	Expenditure on Services Provided	89,270
(16,202)	TOTAL	(16,766)
	Transactions with Inverclyde Council	
(47,321)	Funding Contributions received	(49,653)
(6,829)	Service Income received	(7,672)
68,515	Expenditure on Services Provided	72,605
14,365	TOTAL	15,280

31 March 2018 £000		31 March 2019 £000
	Balances with NHS Greater Glasgow & Clyde	
0	Debtor balances: Amounts due to the NHS	0
0	Creditor balances: Amounts due from the NHS	0
0	Net Balance with the NHS Board	0
	Balances with Inverclyde Council	
0	Debtor balances: Amounts due to the Council	0
5,820	Creditor balances: Amounts due from the Council	7,298
(5,820)	Net Balance with the Council	(7,298)

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

4 IJB Operational Costs

31 March 2018 £000	Core and Democratic Core Services	31 March 2019 £000
152	Staff costs	194
32	Administrative costs	42
24	Audit fees	25
208	TOTAL	261

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Inverclyde Council. For the 2018/19 Accounts this is combined within the gross expenditure for both partners.

5 Short Term Debtors

31 March 2018 £000	Short Term Debtors	31 March 2019 £000
5,820	Other local authorities	7,298
5,820	TOTAL	7,298

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

6 Short Term Creditors

31 March 2018 £000	Short Term Creditors	31 March 2019 £000
(24)	Other local authorities	(17)
(24)	TOTAL	(17)

7 Movement in reserves

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

2017/18		2018/19			
Balance at 31 March 2018 £000		To be used by	Transfers Out 2018/19 £000	Transfers In 2018/19 £000	Balance at 31 March 2019 £000
SCOTTISH GOVERNMENT FUNDING					
0	Mental Health Action 15	31/03/2020	0	98	98
0	Alcohol & Drug Partnerships	31/03/2020	0	235	235
EXISTING PROJECTS/COMMITMENTS					
43	Self Directed Support/SWIFT Finance Module	31/03/2020	0	0	43
26	Growth Fund - Loan Default Write Off	ongoing	1	0	25
49	Integrated Care Fund	ongoing	1,027	989	11
462	Delayed Discharge	ongoing	402	368	428
15	Veterans Officer Funding	-	15	0	0
69	CJA Preparatory Work	31/03/2020	57	100	112
22	Welfare Reform - HSCP	-	22	0	0
264	Service Reviews	31/03/2021	307	283	240
469	Primary Care Support	31/03/2020	469	241	241
55	Patient/Client Transport Coordinator Role	-	55	0	0
76	SWIFT Replacement Project	30/09/2019	49	0	27
66	LD - Integrated Team Leader	-	66	0	0
0	Rapid Rehousing Transition Plan (RRTP)	31/03/2020	0	30	30
0	Dementia Friendly Properties	tbc once strategy finalised	0	100	100
340	Contribution to Partner Capital Projects	ongoing	307	112	145
152	Continuous Care	ongoing	193	716	675
TRANSFORMATION PROJECTS					
1,461	IJB Transformation Fund	ongoing	414	1,458	2,505
310	Mental Health Transformation	ongoing	0	0	310
BUDGET SMOOTHING/CONTINGENCY					
1,112	Adoption/Fostering/Residential Childcare	ongoing	438	58	732
0	Advice Service Smoothing Reserve	ongoing	0	88	88
310	Prescribing	ongoing	0	0	310
496	Residential & Nursing Placements	ongoing	0	430	926
5,796	Total Earmarked		3,821	5,306	7,281
0	Contingency		0	0	0
5,796	General Fund		3,821	5,306	7,281

8 Expenditure and Income Analysis by Nature

31 March 2018 £000	Inverclyde Integration Joint Board	31 March 2019 £000
	HEALTH SERVICES	
21,570	Employee Costs	22,030
2	Property Costs	20
4,596	Supplies & Services	5,815
23,731	Family Health Service	25,547
18,817	Prescribing	18,394
16,439	Set Aside	16,439
(1,865)	Income	(1,171)
	SOCIAL CARE SERVICES	
27,203	Employee Costs	28,372
1,130	Property Costs	1,028
1,042	Supplies & Services	1,242
371	Transport	411
1,084	Administration	770
37,553	Payments to Other Bodies	40,568
(6,828)	Income	(7,672)
	CORPORATE & DEMOCRATIC CORE/IJB COSTS	
152	Employee Costs	194
32	Administration	42
24	Audit Fee	25
145,052	TOTAL NET EXPENDITURE	152,053
(146,889)	Grant Income	(153,538)
(1,837)	SURPLUS ON PROVISION OF SERVICES	(1,485)

9 External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2018/19 are £25,000. There were no fees paid to Audit Scotland in respect of any other services.

10 Post balance sheet events

None.

11 Contingent assets and liabilities

There are equal pay claims pending against both the Council and Health Board. Since the IJB is not the employer for any of the staff in question it is not financially liable for any amounts due.

12 New standards issued but not yet adopted

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

Independent Auditor's Report

Independent Auditor's Report to the members of Inverclyde IJB and the Accounts Commission for Scotland

REPORT TO BE ADDED AFTER AUDIT CONCLUDED

Report To: Inverclyde Integration Joint Board **Date:** 24 June 2019

Report By: Louise Long Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/43/2019/LA

Contact Officer: Lesley Aird
Chief Financial Officer **Contact No:** 01475 715381

Subject: INVERCLYDE IJB BUDGET 2019/20

1.0 PURPOSE

- 1.1 The purpose of this report is to agree the budget for the Inverclyde Integration Joint Board (IJB) for 2019/20 in line with the Strategic Plan.

2.0 SUMMARY

- 2.1 Inverclyde Council set their 2019/20 budget on 21 March. Greater Glasgow & Clyde Health Board confirmed our funding allocation for 2019/20 on 3 June 2019. In advance of this the IJB agreed an Indicative Budget on 19 March based on latest updates and discussions with Council and Health Board officers.
- 2.2 The Chief Officer, on behalf of the IJB, has formally accepted the offers from the Council and Health Board which were broadly in line with the figures contained within the Indicative Budget.
- 2.3 The planned net spend based on the formal offers from the Council and Health Board is now £154.875m (£67.368m for Social Care, £87.507m for Health). The agreed Interim budget was £154.911m, £67.368m for Social Care and £87.543m for Health, including Set Aside. The £0.036m decrease in funding and expenditure from the Interim budget is detailed later in this report.
- 2.4 The anticipated Set Aside budget for 2019/20 is £16.857m which is in line with the 2018/19 indicative budget plus 2.54% uplift.
- 2.5 Any in year over/underspends will be funded from/carried forward into IJB reserves.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the contents of this report;
 2. Notes the agreed funding of £50.617m from Inverclyde Council;
 3. Notes the agreed funding of £86.876m from Greater Glasgow & Clyde (GG&C) Health Board, and notional Set Aside budget of £16.857m;
 4. Notes the anticipated additional health funding for Continuing Care;
 5. Notes that the additional costs and funding are still to be confirmed for the Health

superannuation employers cost increase, those figures are not currently reflected in the budget but are expected to be in the region of £1m;

6. Approves net expenditure budgets of £67.368m to Inverclyde Council and £70.650m, excluding the “set aside” and direct that this funding is spent in line with the Strategic Plan;
7. Authorises officers to issue updated Directions to the Health Board and Council;
8. Notes and approves the proposals relating to the creation of and/or use of reserves at the yearend; and
9. Notes the ongoing work in relation to the “set aside” budget.

Louise Long
Chief Officer

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 In March the IJB approved an indicative budget for 2019/20 based on indicative funding offers from the Council and Health Board. Inverclyde Council formally confirmed their offer at its meeting of 21 March. The Health Board offer was confirmed in writing on 3 June. A copy of the Health offer letter is enclosed at Appendix A.
- 4.2 At the March meeting, the IJB delegated authority to the Chief Officer to accept the formal offers from each partner if they were in line with the agreed indicative budget. Now that the funding offers have been confirmed, the IJB can formally approve the 2019/20 budget, give directions and allocate budget where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan.
- 4.3 Appendices B1 to B9 contain the detailed budget proposals.

5.0 REVENUE FUNDING ALLOCATION FROM INVERCLYDE COUNCIL AND AGREED SAVINGS FOR SOCIAL CARE FOR 2019/20

- 5.1 On 21 March 2019, the Council agreed its budget for 2019/20. Included within this, the Council agreed £50.617m to be designated as the Council's contribution to the IJB in line with the Integration Scheme. This is in line with the indicative budget.
- 5.2 The net budget direction to the Council may be reviewed and updated during the year.

6.0 REVENUE FUNDING ALLOCATION FROM GREATER GLASGOW & CLYDE (GG&C) HEALTH BOARD AND AGREED SAVINGS FOR HEALTH FOR 2019/20

- 6.1 The Health Board confirmed its 2019/20 funding offer on 3 June 2019 as £86.876m, excluding the monies for Continuing Care beds estimated at £0.561m and the Superannuation employers cost increase. The superannuation cost increase is expected to be fully funded by the Scottish Government. Initial indications suggest that the cost for Inverclyde will be circa £1m. Both this and the continuing care actual costs are still to be finalised and confirmed. The Indicative Budget including monies for continuing care was £87.507m, the difference between that and the final budget is a decrease of £0.036m which relates to a slight reduction in anticipated cost pressures and associated funding.

The notional Set Aside budget has been confirmed as £16.857m which is an increase of £0.418m from 2018/19 to reflect the 2.54% Health uplift.

- 6.2 Work is ongoing across GG&C to review the set aside budgets and agree a mechanism for the transfer of resource to replace the current notional allocations.
- 6.3 Prescribing

Prescribing remains the most significant cost pressure and risk for the IJB. The budget assumes:

- prescribing volumes stay relatively consistent with the previous year
- anticipated inflation levels on drug prices
- ongoing issues continue around prices relating to short supply (see below)
- a number of prescribing efficiencies are delivered by the prescribing team
- further work to increase the value of prescribing efficiencies deliverable in year will take place.

Prescribing budgets can be volatile with a number of external factors influencing in year cost. This presents a significant financial risk to all IJBs which requires careful in year monitoring.

6.4 Prescribing Short Supply

One of the key factors in Prescribing budget volatility is “short supply”. “Short supply” is when there is a drug shortage. This can occur at a local, national or global level and, if serious, the shortage may impact on the ability of dispensers both in acute and primary care to provide drugs for patients.

6.5 As the production of drugs is complex and highly regulated, difficulties can arise at a number of steps in the process which can lead to delays in drugs being released into the market. Examples of some of the reasons drugs go on short supply include:

- malfunctioning equipment on the production line
- shortage of a raw material
- packaging failing to meet the required specification
- batch failures occurring for no obvious reason, necessitating a thorough investigation to get to the root cause of the problem
- manufacturing temporarily suspended due to quality concerns following an inspection
- an imbalance between supply and demand, e.g. unanticipated changes in demand or inaccuracies in forecast usage
- economic reasons for reductions in available supply
- competition driving the price of drugs down to unsustainable levels leading to suppliers exiting the market
- the globalisation of the pharmaceutical industry has increased the fragility of the pharmaceutical supply chain
- medicines are often manufactured in just one or two sites worldwide, production schedules have to be planned months in advance and this along with the move to ‘just in time manufacture’ and minimising stockholdings throughout the supply chain means that there is little flexibility in the system when problems do arise
- where one manufacturer has a supply problem, it can have a knock on effect on suppliers of similar products within a therapy area and an increased demand for alternatives can then create further shortages

6.6 The National Short Supply Working Group has an agreed protocol in place which details the actions to be taken in the event of a drug going on short supply. Short supply is not a problem that can be resolved locally, it is a national/UK problem and representations have been made to the Scottish Government regarding the scale of these cost pressures which are unprecedented. Over the last couple of years, there has been a continuing cycle of generic drugs going on short supply and remaining on short supply for an extended period and there is no intelligence at this time to indicate that the situation is going to improve any time soon.

6.7 Mental Health Inpatients

Mental Health Inpatients has been a risk area within the IJB budget since the IJB was formed. The IJB inherited a £1.2m budget pressure around this area which had been funded non-recurringly since the IJB was established. In 2018/19 the IJB invested an additional £0.250m into the service on a recurring basis. Staff within this area have succeeded in bringing the underlying budget pressure down significantly but it remains an area of budget and operational pressure and risk for the IJB. The remaining budget pressure is primarily linked to the additional costs of covering medical vacancies through the difficulty of recruiting to these posts in Inverclyde and unfunded enhanced observations.

6.8 The net budget direction to the Health Board may be reviewed and updated during the year.

7.0 RESERVES

7.1 As per the Financial Monitoring reports issued throughout the year any over/under spends in the final outturn are offset against or added to reserves. An updated reserves position will be brought to future IJB meetings through the Revenue Monitoring reports. At the yearend the net £1.485m underspend was carried into Earmarked Reserves taking the total IJB Reserves balance to £7.281m.

8.0 IMPLICATIONS

8.1 FINANCE

The IJB is being asked to set its 2019/20 budget at this stage in line with the Indicative Budget agreed on 24 March 2019 and the recommendations above.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

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

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP	None

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.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

8.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

8.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

	ensure that resources are used effectively
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9.0 DIRECTIONS

9.1	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

10.0 CONSULTATION

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

11.0 BACKGROUND PAPERS

11.1 None.

Greater Glasgow and Clyde NHS Board

3 June 2019

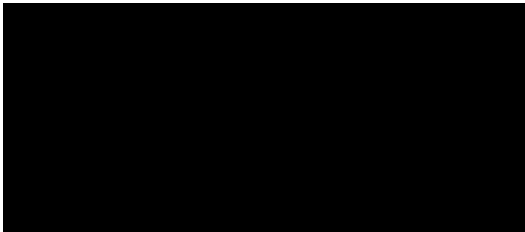
Dear Louise

2019/20 Financial Allocation to Inverclyde Health and Social Care Partnership

Further to Mark White's letter issued to the HSCP by email on 25 March the Board subsequently approved the Financial Plan for 2019/20 on 16 April 2019. I can therefore now confirm that the allocation indicated to you in the appendix to that letter has been approved.

I will issue an updated and final schedule when the Board receives confirmation of the additional funding due from Scottish Government to meet the increased employer's superannuation cost from 1 April 2019. At this stage we do not know the actual amount the Board will receive and therefore it is not yet possible to calculate the final recurring allocation.

Yours sincerely



James Hobson
Assistant Director of Finance
NHS Greater Glasgow and Clyde

Copy of table from Indicative Health Funding Letter received 25/03/2019

Spend Categories		Inverclyde HSCP
		£000s
Family Health Services *		25,505
Fhs Income*		(877)
Family Health Services Budget (Net)		24,628
Prescribing & Drugs		18,516
Non Pay Supplies		3,720
Pay		20,738
Other Non Pay & Savings		17,776
Other Income		(43)
Budget - HCH incl Prescribing		60,705
Total Rollover budget - NET		85,334
Adjustments:		
Non Recurring budget allocated to base		
Budget Eligible for HCH & Prescribing uplift		60,705
<u>Uplifts</u>		
Scottish Government allocation	2.54%	1,542
Revised Budget		86,876
Set Aside Budget for 2018/19		16,439
Uplift @ 2.54%		418
Set Aside Budget 2019/20		16,857

IJB BUDGET 2019/20

FINANCIAL APPENDICES - B

B1	Summary Budget
B2	Social Care Budget
B3	Social Care Pressures
B4	Social Care Savings
B5	Health Budget
B6	Health Pressures
B7	Health Savings
B8	Directions
B9	Earmarked Reserves

INVERCLYDE HSCP**REVENUE BUDGET 2019/20**

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
Employee Costs	48,130	2,858	(785)	50,203
Property Costs	1,121	0	0	1,121
Supplies & Services, Transport, Admin & PTOB	46,751	2,408	(540)	48,619
Family Health Services (net)	24,549			24,549
Prescribing (net)	18,262	900	0	19,162
Income	(5,530)	0	(104)	(5,634)
Set Aside	16,439	418	0	16,857
	149,720	6,584	(1,429)	154,875

OBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
Strategy & Support Services	2,265	0	(105)	2,160
Older Persons	27,398	1,401	(532)	28,267
Learning Disabilities	11,871	0	(361)	11,510
Mental Health - Communities	6,541	0	0	6,541
Mental Health - Inpatient Services	8,400	0	0	8,400
Children & Families	12,774	0	0	12,774
Physical & Sensory	2,882	0	(54)	2,828
Addiction / Substance Misuse	3,325	0	0	3,325
Assessment & Care Management / Health & Community	7,583	460	0	8,043
Support / Management / Admin	5,402	0	(160)	5,242
Criminal Justice / Prison Service **	0	0	0	0
Homelessness	801	0	(58)	743
Family Health Services	24,549	79	0	24,628
Prescribing	18,262	900	0	19,162
Change Fund	1,228	0	0	1,228
Unallocated Funds	0	3,326	(159)	3,167
HSCP NET EXPENDITURE (DIRECT SPEND)	133,281	6,166	(1,429)	138,018
Set Aside	16,439	418	0	16,857
HSCP NET EXPENDITURE	149,720	6,584	(1,429)	154,875

** Fully funded from external income hence nil bottom line position.

PARTNERSHIP FUNDING/SPEND ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
NHS Contribution to the IJB	101,658	2,600	0	104,258
Council Contribution to the IJB	48,062	3,984	(1,429)	50,617
HSCP NET INCOME	149,720	6,584	(1,429)	154,875
NHS Expenditure on behalf of the IJB	101,658	2,600	(0)	104,258
Council Expenditure on behalf of the IJB	48,062	3,984	(1,429)	50,617
HSCP NET EXPENDITURE	149,720	6,584	(1,429)	154,875
HSCP SURPLUS/(DEFICIT)	0	0	0	0

SOCIAL WORK**REVENUE BUDGET 2019/20**

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
SOCIAL WORK				
Employee Costs	27,390	1,838	(785)	28,443
Property costs	1,115			1,115
Supplies and Services	912			912
Transport and Plant	381			381
Administration Costs	783			783
Payments to Other Bodies	39,511	2,146	(540)	41,117
Resource Transfer	(16,751)			(16,751)
Income	(5,278)		(104)	(5,382)
SOCIAL WORK NET EXPENDITURE	48,062	3,984	(1,429)	50,617

OBJECTIVE ANALYSIS	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
SOCIAL WORK				
Strategy & Support Services	1,805		(105)	1,700
Older Persons	27,398	1,401	(532)	28,267
Learning Disabilities	11,410		(361)	11,049
Mental Health	3,539			3,539
Children & Families	9,837			9,837
Physical & Sensory	2,882		(54)	2,828
Addiction / Substance Misuse	1,772			1,772
Business Support	3,247		(160)	3,087
Assessment & Care Management	2,123			2,123
Criminal Justice / Scottish Prison Service	0			0
Change Fund	0			0
Homelessness	801		(58)	743
Resource Transfer	(16,751)			(16,751)
Unallocated Budget Changes	0	2,583	(159)	2,424
SOCIAL WORK NET EXPENDITURE	48,062	3,984	(1,429)	50,617

COUNCIL CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2019/20 £000
Council Contribution to the IJB	48,062	3,984	(1,429)	50,617

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX B3****Social Care Budget Pressures**

Social Care Budget Pressures	2019/20 £000
2018/19 Pay Award	847
Cost of Pay and Grading Model	200
2019/20 Pay Award	791
NCHC Inflation & Living Wage	800
Free Personal Care for Under 65s*	429
Carers Act*	172
Homelessness Temporary Accommodation	104
Demographic & Other Cost Pressures	268
Total Estimated Social Care Budget Pressures	3,611
Opening Budget Realignment	373
Total Budget Movement/Pressure	3,984

* - Actual values still to be confirmed

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX B4**

Savings already agreed by the IJB March 2019	2019/20 £m	FTE
Income Growth through Charging	0.084	0.0
Management Restructure	0.160	4.6
Housing Warden Service	0.058	0.0
Efficiencies	0.032	0.0
Long Term Care Placements	0.278	0.0
Learning Disabilities	0.361	8.5
Removal of vacant posts (VER)	0.159	3.2
Older People Day Services efficiency	0.028	0.0
Review of Physical Disability Service	0.054	0.0
Further Reduction in Care Home Beds	0.090	0.0
3% charges increase	0.020	0.0
Redesign of Advice Team	0.105	tbc
TOTAL	1.429	16.3

HEALTH**REVENUE BUDGET 2019/20**

SUBJECTIVE ANALYSIS	Recurring Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2019/20 £000
HEALTH				
Employee Costs	20,740	1,020		21,760
Property	5			5
Supplies & Services	5,164	183		5,347
Family Health Services (net)	24,549	79		24,628
Prescribing (net)	18,262	900		19,162
Resource Transfer	16,751			16,751
Income	(252)			(252)
HEALTH DIRECT NET EXPENDITURE	85,219	2,182	0	87,401
Set Aside	16,439	418		16,857
HEALTH NET EXPENDITURE	101,658	2,600	0	104,258

OBJECTIVE ANALYSIS	Recurring Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2019/20 £000
HEALTH				
Children & Families	2,937			2,937
Health & Community Care	5,460	460		5,920
Management & Admin	2,155			2,155
Learning Disabilities	461			461
Addictions	1,553			1,553
Mental Health - Communities	3,002			3,002
Mental Health - Inpatient Services	8,400			8,400
Strategy & Support Services	460			460
Change Fund	1,228			1,228
Family Health Services	24,549	79		24,628
Prescribing	18,262	900		19,162
Unallocated Funds/(Savings)	0	743		743
Resource Transfer	16,751			16,751
HEALTH DIRECT NET EXPENDITURE	85,219	2,182	0	87,401
Notional Set Aside Expenditure	16,439	418		16,857
HEALTH NET EXPENDITURE	101,658	2,600	0	104,258

HEALTH CONTRIBUTION TO THE IJB	Recurring Budget 2018/19 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2019/20 £000
NHS Contribution for Direct Services	85,219	2,182		87,401
Notional Set Aside Contribution	16,439	418		16,857
Total NHS Contribution to the IJB	101,658	2,600	0	104,258

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX B6****Health Budget Pressures**

HSCP Budget Pressure Description	2019/20 £000
Pay Award est at 3%	610
Prescribing Uplift est at 5% (could be between 3-6%)	900
Non Pay Inflation	145
Compassionate Inverclyde - proposed new recurrent funding support linked to shifting the balance of care	50
Health Visitor Regrading - costs of implementing the nationally agreed regrade	60
FHS Budget Increase - fully funded by Scottish Government	79
Home First & AHP Investment - Shifting the Balance of Care	350
Inverclyde Health Budget Pressures	2,194
2.54% Uplift all budgets	(1,542)
FHS Budget Increase - fully funded by Scottish Government	(79)
Continuing Care Fund Transfer - final amount still to be confirmed by Health	(561)
Inverclyde Health Budget Surplus/(Gap)	12

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX B7**

Health Savings already agreed by the IJB March 2019 - Agreed to defer for future years	2019/20 £m	FTE
Removal of Budgets with Recurrent Underspends		0.0
Addictions Community	0.025	0.0
Adult Community	0.016	0.0
CQL Sessions now funded through PCIP	0.028	0.0
Management - release of prior year budget pressure monies not req'd due to uplift	0.166	0.0
TOTAL	0.235	0.0

Agreed at March IJB that these budgets would be used to assist with future year savings

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 2019/20 £000
SOCIAL WORK	
Employee Costs	28,443
Property costs	1,115
Supplies and Services	912
Transport and Plant	381
Administration Costs	783
Payments to Other Bodies	41,117
Income (incl Resource Transfer)	(16,751)
Unallocated Funds	(5,382)
SOCIAL WORK NET EXPENDITURE	50,617

OBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL WORK	
Strategy & Support Services	1,700
Older Persons	28,267
Learning Disabilities	11,049
Mental Health	3,539
Children & Families	9,837
Physical & Sensory	2,828
Addiction / Substance Misuse	1,772
Business Support	3,087
Assessment & Care Management	2,123
Criminal Justice / Scottish Prison Service	0
Change Fund	0
Homelessness	743
Unallocated Budget Changes	2,424
Resource Transfer	(16,751)
SOCIAL WORK NET EXPENDITURE	50,617

This direction is effective from 24 June 2019

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 2019/20 £000
HEALTH	
Employee Costs	21,760
Property costs	5
Supplies and Services	5,347
Transport and Plant	24,628
Administration Costs	19,162
Payments to Other Bodies	16,751
Income	(252)
HEALTH DIRECT NET EXPENDITURE	87,401
Set Aside	16,857
HEALTH NET EXPENDITURE	104,258

OBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Children & Families	2,937
Health & Community Care	5,920
Management & Admin	2,155
Learning Disabilities	461
Addictions	1,553
Mental Health - Communities	3,002
Mental Health - Inpatient Services	8,400
Strategy & Support Services	460
Change Fund	1,228
Family Health Services	24,628
Prescribing	19,162
Unallocated Funds/(Savings)	743
Resource Transfer	16,751
HEALTH DIRECT NET EXPENDITURE	87,401
Notional Set Aside Expenditure	16,857
HEALTH DIRECT NET EXPENDITURE	104,258

This direction is effective from 24 June 2019

**EARMARKED RESERVES
INVERCLYDE HSCP**

APPENDIX B9

Project	<u>Planned Use By Date</u>	<u>EMR C/Fwd into 2019/20 £000</u>
Scottish Government Funding		333
Mental Health Action 15	31/03/2020	98
ADP	31/03/2020	235
Existing Projects/Commitments		2,077
Self Directed Support	31/03/2020	43
Growth Fund - Loan Default Write Off	ongoing	25
Integrated Care Fund	ongoing	11
Delayed Discharge	ongoing	428
CJA Preparatory Work	31/03/2020	112
Service Reviews	31/03/2021	240
Primary Care Support	31/03/2020	241
Swift Replacement Programme	30/09/2019	27
Rapid Rehousing Transition Plan (RRTP)	31/03/2020	30
Dementia Friendly Properties	tbc once Strategy finalised	100
Contribution to Partner Capital Projects	ongoing	145
Continuing Care	ongoing	675
Transformation Projects		2,815
Transformation Fund	ongoing	2,505
Mental Health Transformation	ongoing	310
Budget Smoothing/Contingency		2,056
C&F Adoption, Fostering Residential Budget Smoothing	ongoing	732
Advice Services Smoothing Reserve	ongoing	88
Prescribing	ongoing	310
Residential & Nursing Placements	ongoing	926
Total Anticipated Carry Forward		7,281

Report To: Inverclyde Integration Joint Board **Date:** 24 June 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/41/2019/HW

Contact Officer: Helen Watson
Head of Service
Strategy and Support Services **Contact No:** 01475 715285

Subject: ANNUAL PERFORMANCE REPORT 2018-2019

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board members on the overall performance of Inverclyde Health & Social Care Partnership.
- 1.2 The reporting period is 1st April 2018 to 31st March 2019.

2.0 SUMMARY

- 2.1 The report summarises Inverclyde's performance in relation to the nine National Wellbeing Outcomes.
- 2.2 The report also measures Inverclyde's performance against the 23 National Core Integration Indicators and shows comparison with the Scottish average.
- 2.3 Separate measures specifically relevant for Children's Services and Criminal Justice have been included.
- 2.4 The report is structured to show how Inverclyde Health and Social Care Partnership is actively *Improving Lives* for the people of Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 That the Inverclyde Integration Joint Board members review and approve the HSCP's third Annual Performance Report. Members are also requested to acknowledge the improvements achieved during the third year of the Partnership and the further foundations that have been established and continue to drive forward transformational change.

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report is produced and presented to Integration Joint Boards (IJBs), highlighting performance on delivering the nine National Wellbeing Outcomes, as measured against delivery of the 23 National Indicators. This is the second Performance Report from Inverclyde HSCP.
- 4.2 The data for the 23 indicators is provided by Information Services Scotland (ISD) and must be reported upon. HSCPs can also include supplementary information, although this must also relate to the National Wellbeing Outcomes.
- 4.3 Following the format of our second report and based on positive feedback received, our third Annual Performance Report been compiled to be easy to understand, and uses graphics to illustrate performance. It also includes several case studies to help illustrate why the indicators matter to the lives of our citizens.

5.0 IMPLICATIONS

FINANCE

5.1

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

5.2 There are no legal implications from this report

HUMAN RESOURCES

5.3 There are no HR implications from this report

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	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

5.4.1 The intelligence contained in this report reflects on the performance of the HSCP

against the equality outcomes.

5.4.2 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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 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.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		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 LIST OF BACKGROUND PAPERS

8.1 Inverclyde HSCP's Annual Performance Report 2017-18.

INVERCLYDE
HSCP
Health and Social
Care Partnership



Inverclyde Health and Social Care Partnership
Annual Performance Report
2018-19

Welcome by Louise Long - Chief Officer Inverclyde HSCP

I would like to welcome you to Inverclyde Health and Social Care Partnership's Third Annual Performance Report.

It has been an exciting year with much to celebrate. The annual performance report tries to give a picture of some the activity, the performances against local and national targets to give the public an understanding of how we are performing, the areas where we need to improve and areas we are doing well in.

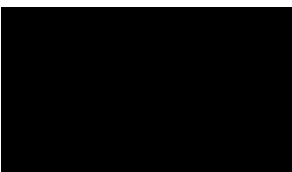
This report will focus predominantly on Inverclyde HSCP's performance for the period to March 2019, specifically measuring our performance and progress against the twenty three National Integration Indicators and the nine National Health and Wellbeing Outcomes.

By publishing an Annual Performance Report each year we can show what we have achieved and the impact we are having on achieving our Vision of **Improving Lives** through our six Big Actions:

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

Ultimately, these principles will guide us to deliver better outcomes, as measured against the national framework.

Inverclyde has dedicated and commitment of our staff, communities and partners working together to achieve the best outcomes for the people of Inverclyde.



Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP, Municipal Buildings, Clyde Square, Greenock, PA15 1LY

Contents

	Page
Welcome by Chief Officer – Louise Long	2
Context	4
Structure of the Report	5
The Inverclyde Context	6
National Health and Wellbeing Outcomes	11
Our Achievements	12
National Integration Indicators	13
Performance	15
Finance	64
Health and Care Experience Survey	66
Children’s Services and Criminal Justice	67
Innovation	75
Chief Officer’s concluding remarks	79
Glossary of abbreviations	80

Context

The integration legislation and its associated guidance requires that every HSCP produces a Strategic Plan, outlining what services are included, noting key objectives and how partnerships will deliver improvements. Progress on those commitments is gauged by the Annual Performance Report.

The Strategic Plan outlines our ambitions and reflects the many conversations we have with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

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

Inverclyde HSCP is built on our established integration arrangements and our vision, values and 6 Big Actions have been shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. We have also undertaken targeted engagement with the Children and Young People of Inverclyde to ensure that their voices are heard. The vision is:

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

Big Action 1 - Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

Big Action 2 - A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

Big Action 3 - Together we will Protect Our Population

Big Action 4 - We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

Big Action 5 - Together we will reduce the use of, and harm from alcohol, tobacco and drugs

Big Action 6 - We will build on the strengths of our people and our community

Structure of the Report

The report summarises Inverclyde HSCP's performance in relation to the nine National Health and Wellbeing Outcomes.

To support the nine national Wellbeing Outcomes, there are 23 National Integration Indicators against which the performance of all HSCPs in Scotland is measured.

Within this report, these indicators have been aligned to the relevant national wellbeing outcomes and our performance in these is shown as a comparison with the Scottish average.

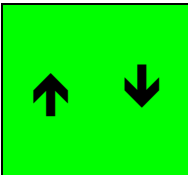
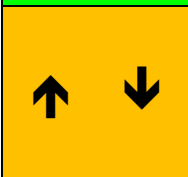
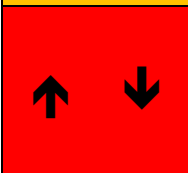
Separate measures specifically relevant for Children's Services and Criminal Justice have been included and can be found at page 67 of this report.

The 23 National Integration Indicators upon which each HSCP is measured and the data for these is provided by the Information Services Division (ISD) of the NHS on behalf of the Scottish Government.

The indicators have been, or will be developed from national data sources so that the measurement approach is consistent across all Scottish HSCPs. These indicators can be grouped into two types of complementary measures: outcome indicators based on survey feedback and indicators derived from organisational or system data.

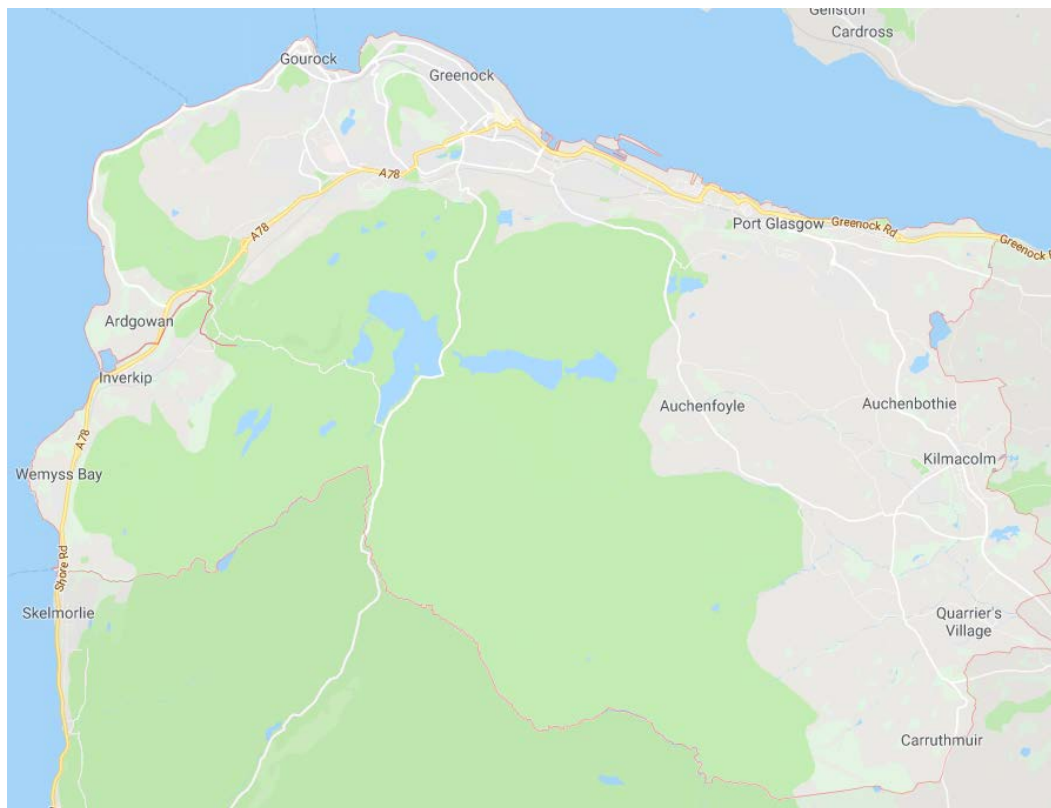
The most recent data available for the National Integration Indicators at the time of producing this report is for the financial year 1st April 2017 to 31st March 2018.

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

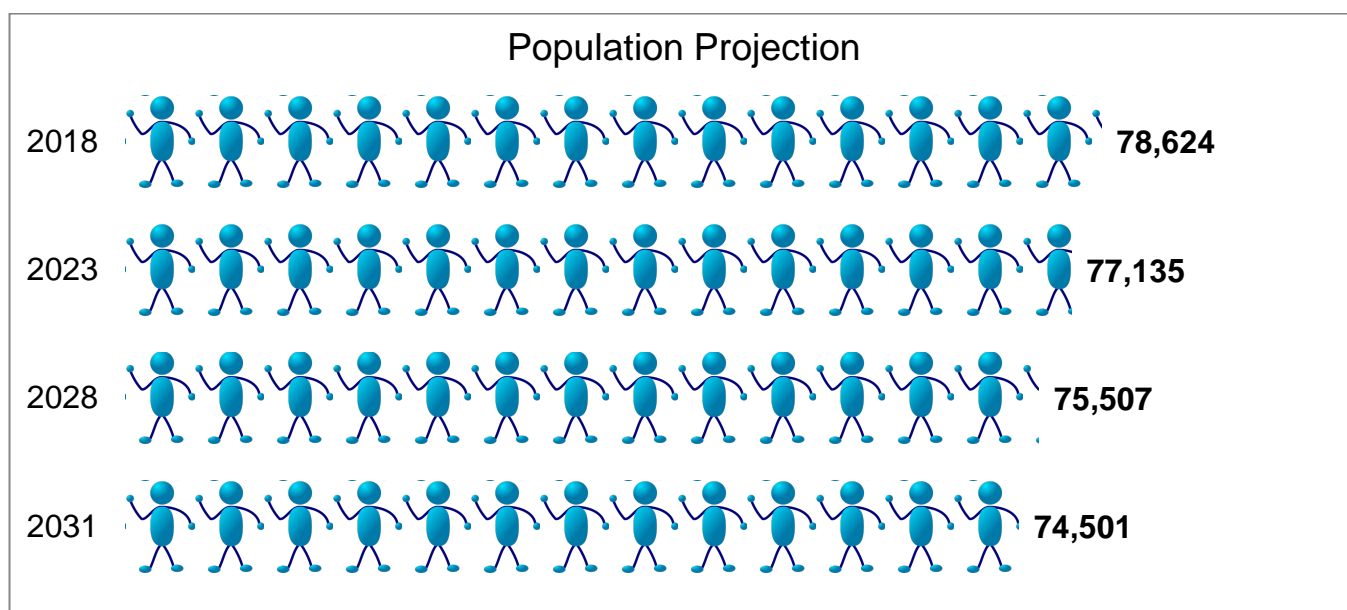
	Performance is equal or better than the Scottish average	Trend is improving (moving in the right direction)
	Performance is close to the Scottish average	Trend is static – no significant change
	Performance is below the Scottish average	Trend is declining (moving in the wrong direction)

The Inverclyde Context

The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS) on 25 April 2019. This gives us a total population of 78,150 as at the end of June 2018.



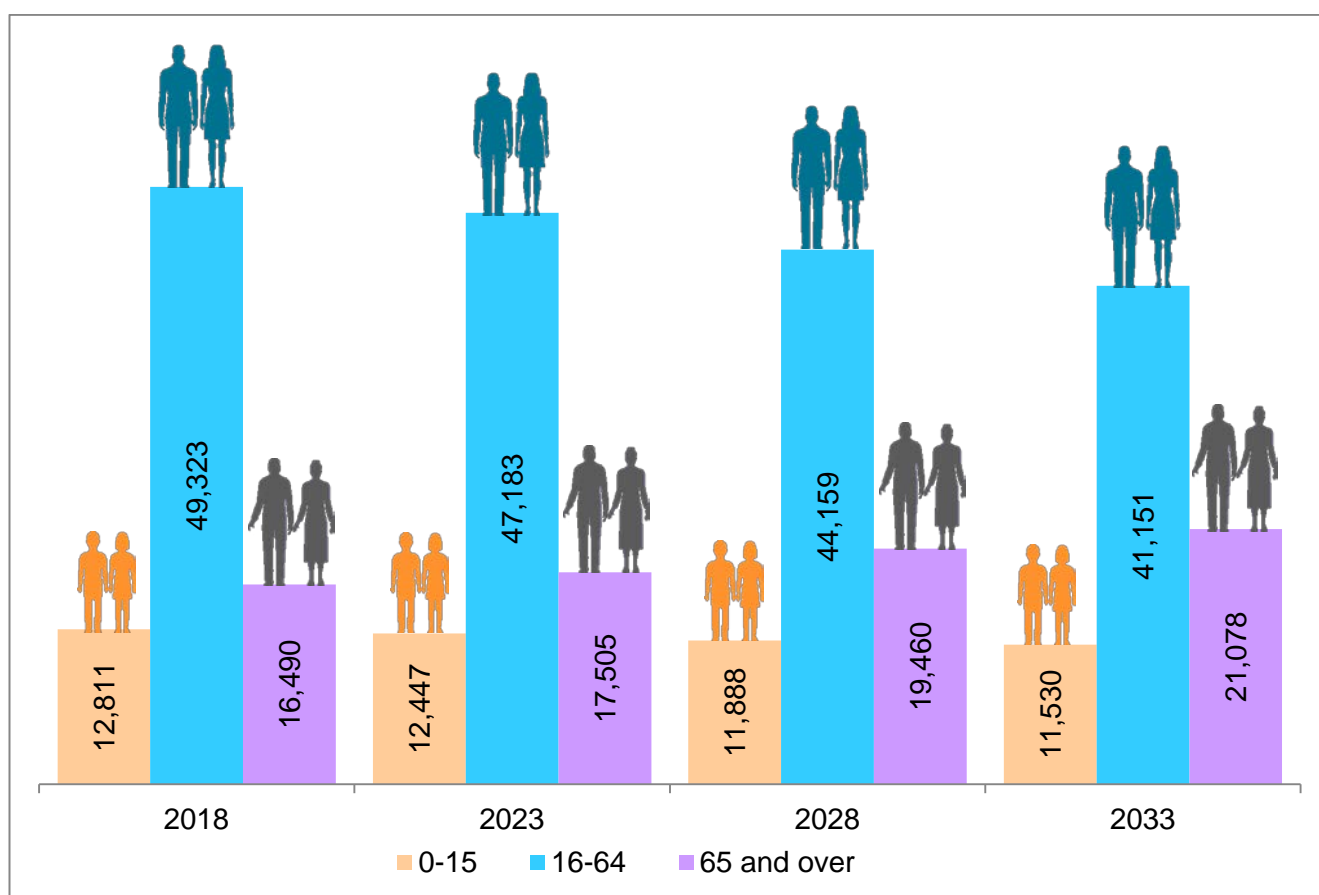
Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2016-based), published by NRS on 28 March 2018, our population is expected to decline as is shown with the graphic below. As these estimates are based upon 2016 population base data the figure for 2018 shown here differs from the mid-year estimates just recently published.



Population projections have limitations. A projection is a calculation showing what happens if particular assumptions are made. These population projections are trend-based and as the process of change is cumulative, the reliability of projections decreases over time. The projected figures do not take into account the work locally to reverse our depopulation.

Our population size is mainly affected in 2 specific areas. From mid-2017 to mid-2018 there were 1,080 deaths in Inverclyde compared to 662 births during this period, resulting in natural change of -418. Outmigration was again higher than in-migration, with an estimated 1,470 people moving into the area and 1,650 leaving, resulting in net migration of -180.

The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



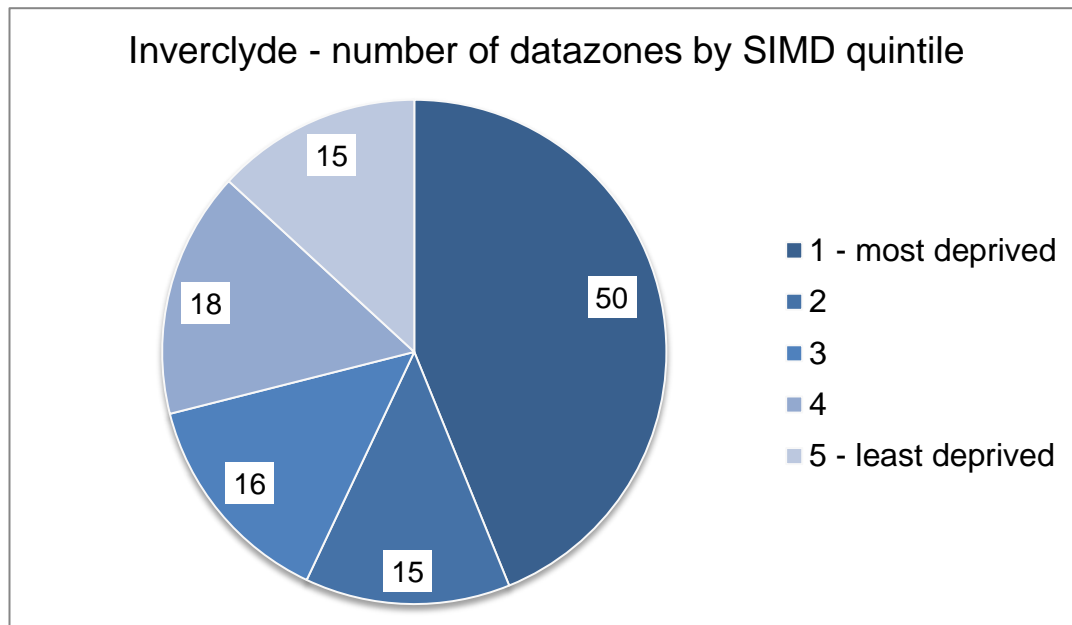
Deprivation

The Scottish Index of Multiple Deprivation (SIMD 2016) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

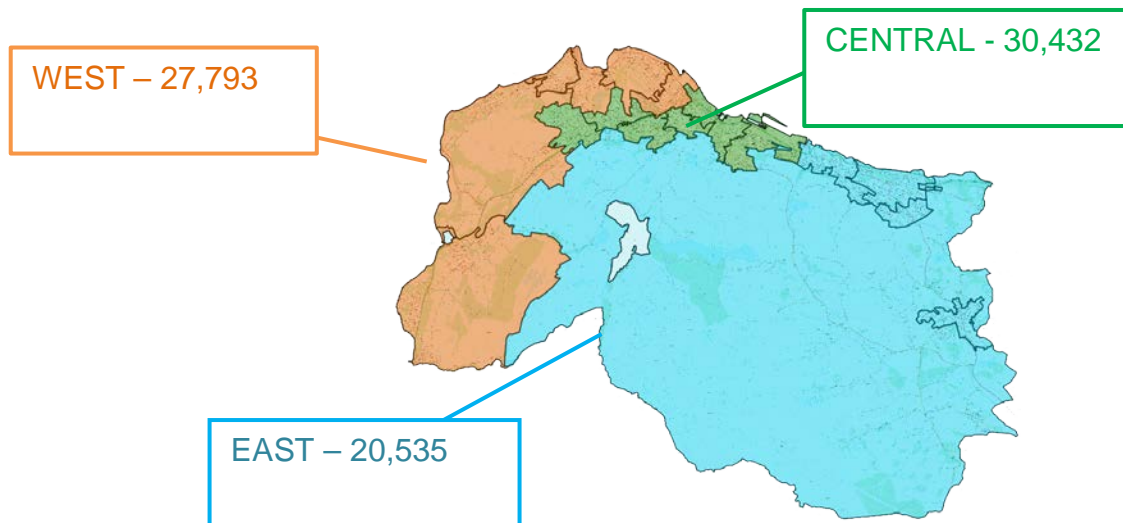
Areas of poverty and inequality across Scotland are measured by a number of different indicators to help organisations such as health boards, local authorities and community groups to identify need in the areas that require it the most. These are routinely published as part of the

Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks small areas called data zones from most deprived to least deprived.

Inverclyde HSCP has 114 data zones, 50 of which are in the 20% most deprived areas in Scotland. Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The majority of the areas of high deprivation in Inverclyde are in the Central locality, covering Greenock Town Centre.



Locality Planning



In order to obtain the population of the 3 localities we have to use the Small Area Population Estimates (SAPE) published by NRS (National Records for Scotland). The latest available figures for this were published on 23rd August 2018 and are based as at June 2017.

At June 2017 our estimated population was 78,760 which can then be sub-divided into our 3 localities as shown above.

The HSCP, as a key Community Planning Partner, has aligned its locality planning to the Inverclyde Alliance Local Outcomes Improvement Plan (LOIP). The HSCP is recognised as a

key vehicle through which community planning partners can maintain a clear line of sight to the most vulnerable and the most excluded citizens in our community.

The Scottish Index of Multiple Deprivation (SIMD) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

Communication & Engagement

Your Voice - Inverclyde Community Care Forum (ICCF), is commissioned by Inverclyde HSCP to help support involvement, engagement and formal consultation with local communities. Your Voice enables the voice of people who use services, their carers and families to positively and proactively contribute to the planning and provision of health and community care services in Inverclyde. This is only one mechanism to enable people to share their views and contribute to service planning but as Your Voice includes a range of voluntary and community groups, the organisation supports the HSCP by reaching out to a significant number of people.

Your Voice, on behalf of Inverclyde HSCP, organised and facilitated a series of engagement events across Inverclyde. Contributions from these events helped to inform and shape the HSCP Strategic Plan 2019 – 2024. The Strategic Plan lays out the HSCPs intentions and priorities over the next five years, reflecting the complex nature of some of the issues faced.

In addition, based on what people told us, the HSCP will be developing further six Locality Planning Groups (LPGs).

Locality Planning Groups (LPGs)

The Public Bodies (Joint Working) (Scotland) Act 2014¹ specified that Health and Social Care Partnerships (HSCPs) set up two or more localities. Localities should be established to enable service planning at local geographies within natural communities².

The importance of localities in improving health, and in particular, meeting increasing demand and addressing the widening gap in health inequalities is emphasised in the Marmot Review³. The Review proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live and age, and which can lead to health inequalities.

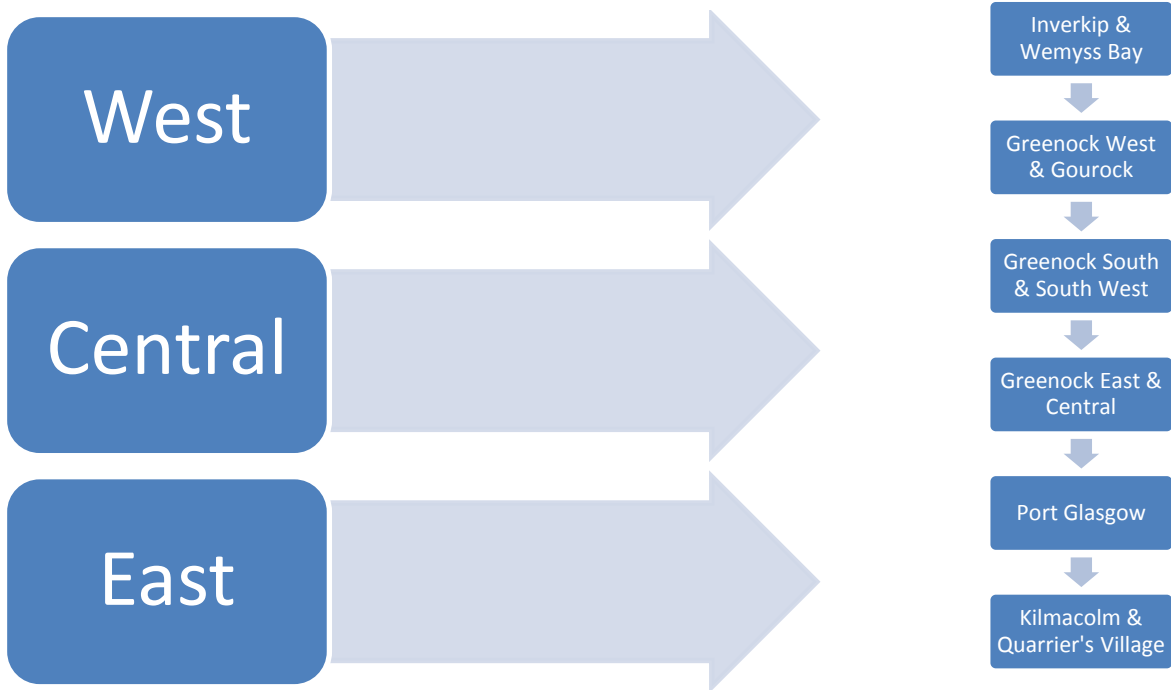
“Effective local delivery requires effective participatory decision making at local levels. This can only happen by empowering individuals and local communities.”

The Inverclyde HSCP and Inverclyde Alliance are committed to working better together because we know that’s what makes a real difference. The HSCP Strategic Plan 2019 – 2024 states that during the early implementation phase, the current three localities (East, West and Central) will move to six localities in line with Community Planning Partnership (Inverclyde Alliance). To support this, it is proposed to establish six Locality Planning Groups (LPGs) and have these in place by December 2019. The locality change is reflected below.

¹ Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government

² Localities Guidance, Scottish Government, July 2015

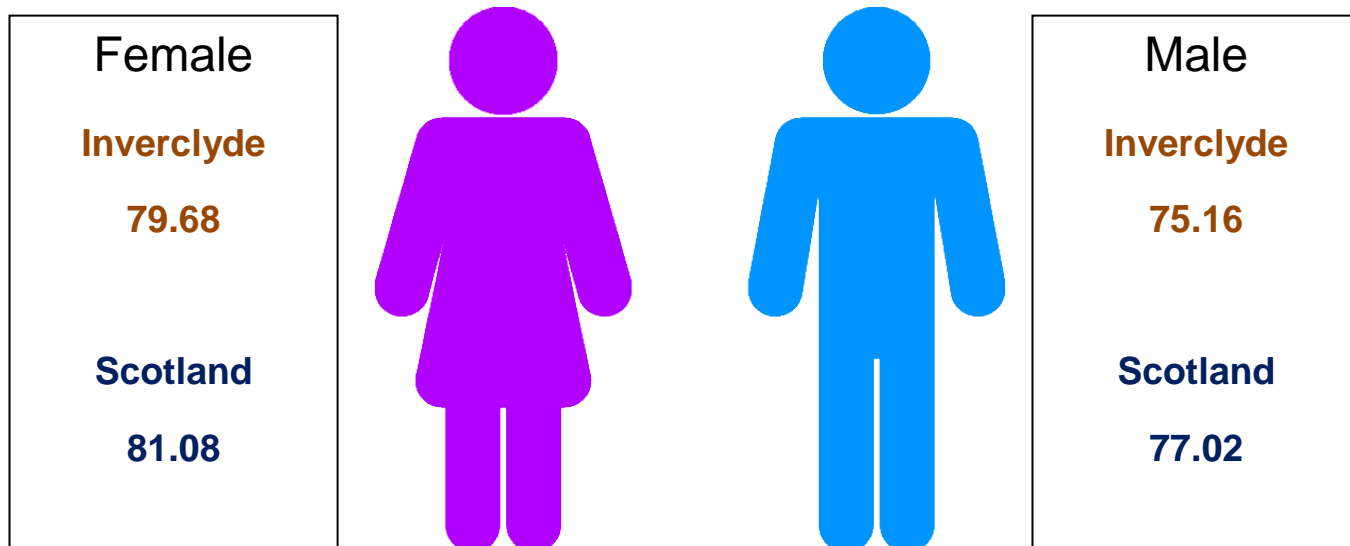
³ “Fair Society, Healthy Lives”, Professor Sir Michael Marmot, February 2010



The revised Strategy will standardise our approach to how we communicate and engage with local communities and staff in line with Legislation, and will provide guidance and support for Locality Planning Groups (LPGs) to ensure they have the capacity and capability to work effectively with local people.

Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2014 to 2017. The figures below are the average across Inverclyde and Scotland.



In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

National Health and Wellbeing Outcomes

The Scottish Government set out 9 National Health and Wellbeing Outcomes to be realised through the integration of Health and Social Care.

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2 - 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

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5 - Health and social care services contribute to reducing health inequalities

Outcome 6 - 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.

Outcome 7 - People using health and social care services are safe from harm

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

Outcome 8 - 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

Our Achievements

Recovery



National target
90%

92% of clients referred to alcohol services began recovery treatment within 3 weeks

Advice

£9,854,340

Working with local people and other organisations we gained significant financial amounts for Inverclyde Residents.

75% of Welfare Rights Appeal Cases with final outcome decision in favour of the client

Discharge from hospital

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)

Scotland
762

Inverclyde
172



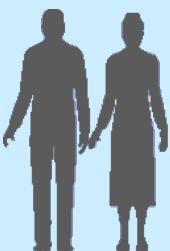
Community

49



49 people benefitted from No One Dies Alone voluntary companion support from 01/12/17

Care



83% of

adults receiving care or support rated it as good or excellent

Scottish average
80%

Breast fed babies

More than 1 in 7 babies are exclusively breastfed at 6-8 weeks



Compared to 1 in 9 across other deprived areas

The 23 National Integration Indicators

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
1*	Percentage of adults able to look after their health very well or quite well	2017/18	91%	93%	↓
2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2017/18	80%	81%	↓
3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	77%	76%	↑
4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	79%	74%	↑
5*	Total % of adults receiving any care or support who rated it as excellent or good	2017/18	83%	80%	↑
6*	Percentage of people with positive experience of the care provided by their GP practice	2017/18	83%	83%	↑
7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2017/18	77%	80%	↓
8*	Total combined percentage of carers who feel supported to continue in their caring role *While we are performing better than the Scottish average we are working to improve support to our carers (see page 45)	2017/18	40%	37%	↑
9*	Percentage of adults supported at home who agreed they felt safe	2017/18	84%	83%	↑
10	Percentage of staff who say they would recommend their workplace as a good place to work		Indicator under development (ISD)		
11	Premature mortality rate per 100,000 persons	2017	567	425	↑
12	Emergency admission rate (per 100,000 population)	2017/18	15029	12183	↑

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Comparison
13	Emergency bed day rate (per 100,000 population)	2017/18	159170	123035	↑
14	Readmission to hospital within 28 days (per 1,000 population)	2017/18	91	102	↓
15	Proportion of last 6 months of life spent at home or in a community setting	2017/18	87%	88%	↓
16	Falls rate per 1,000 population aged 65+	2017/18	25	22	↑
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2017/18	92%	85%	↑
18	Percentage of adults with intensive care needs receiving care at home	2016/17	63%	61%	↑
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2017/18	172	762	↓
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2017/18	25%	25%	↓
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready		Indicator under development (ISD)		
23	Expenditure on end of life care, cost in last 6 months per death		Indicator under development (ISD)		

The data presented against these National Integration Indicators is the most up-to-date as available from ISD in May 2019. Those marked with an * are taken from the 2017/18 biennial Health and Care Experience Survey (<http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/>). Details of this can be found on Page 66.

The National Health and Wellbeing Outcomes

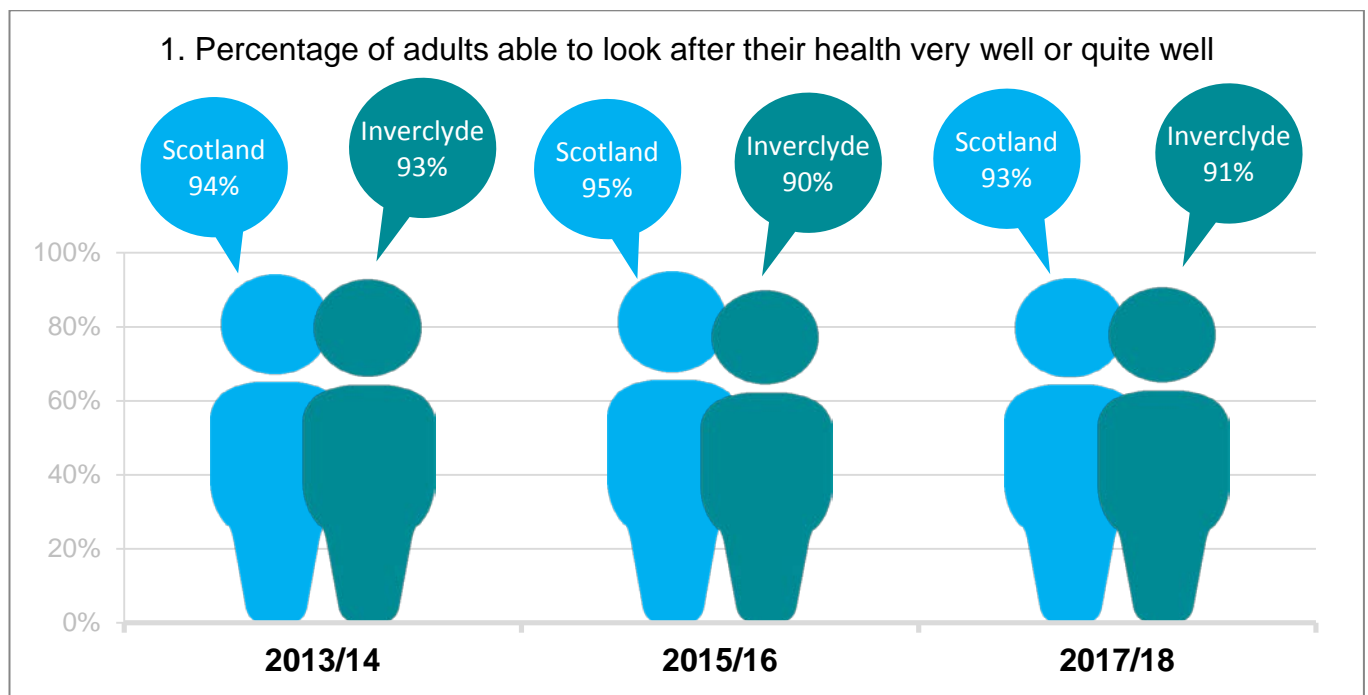
Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer

Maintaining health and wellbeing is better than treating illness. Our aim is to promote good health and to prevent ill health. Where needs are identified we will ensure the appropriate level of planning and support is available to maximise health and wellbeing.

We will support more people to be able to manage their own conditions and their health and wellbeing.

We will support people to lead healthier lives.

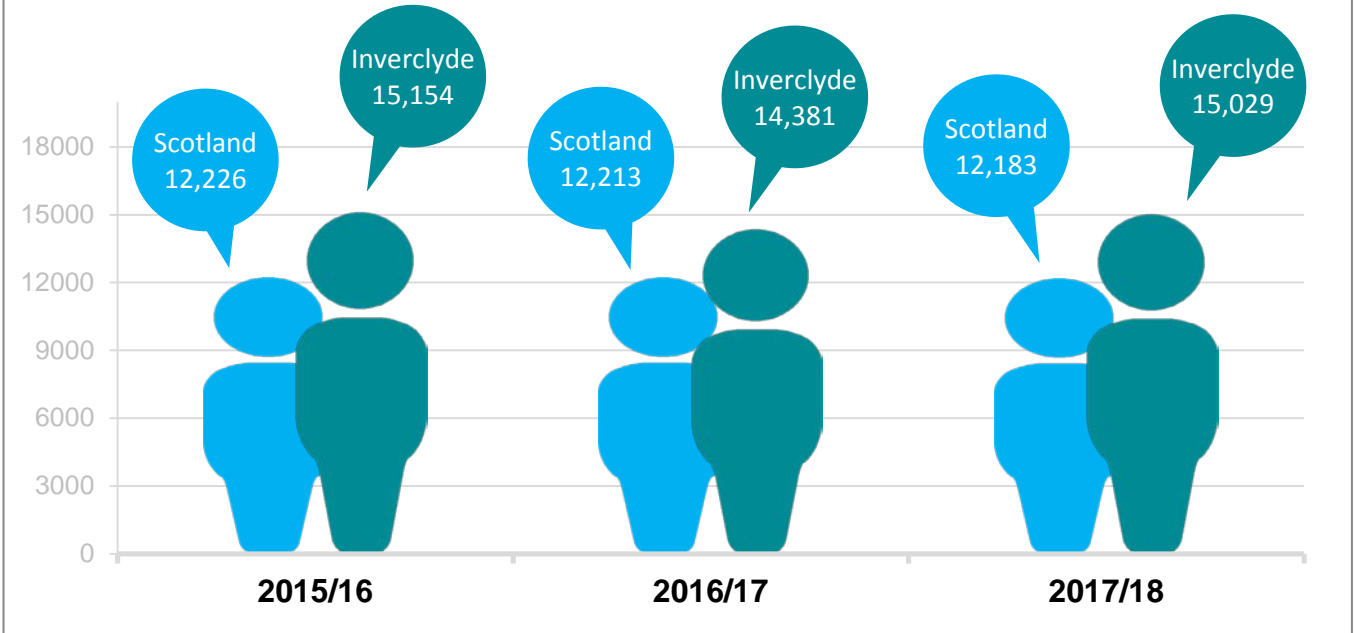
Current performance: National Integration Indicators



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

This shows that there is more to be done to support people to look after their health better.

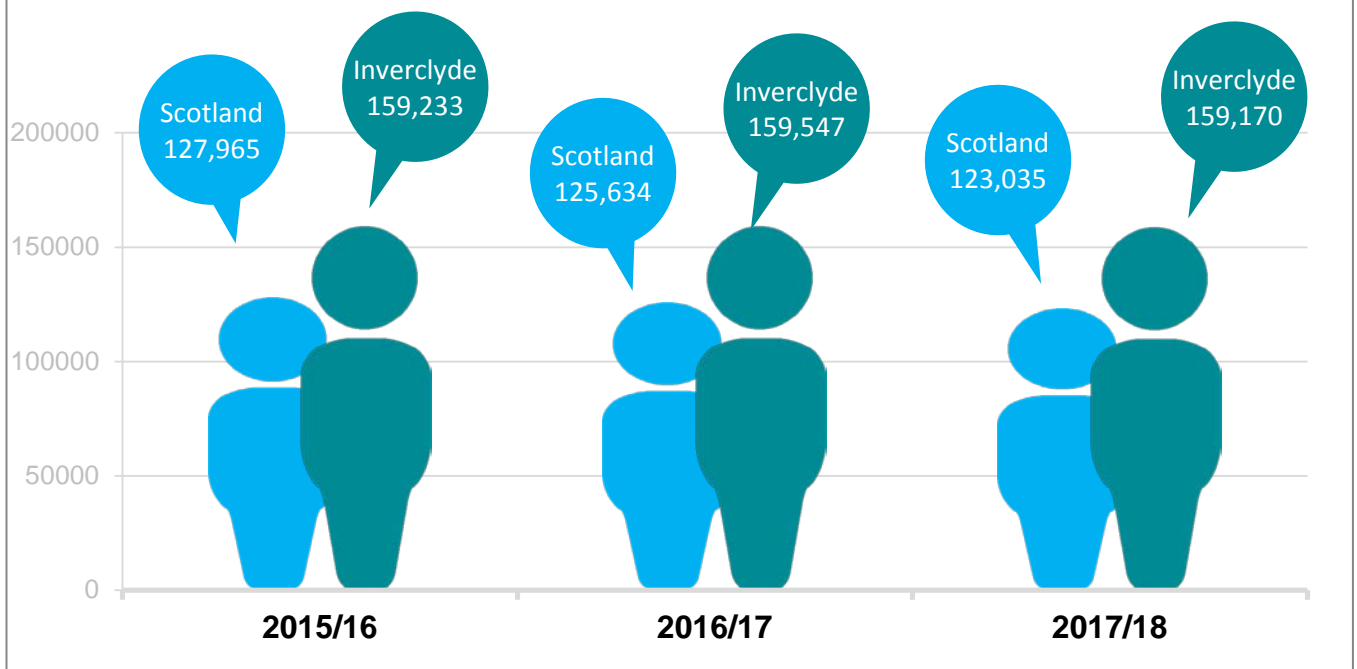
12. Emergency admission rate (per 100,000 population)



Lower figures = Better performance

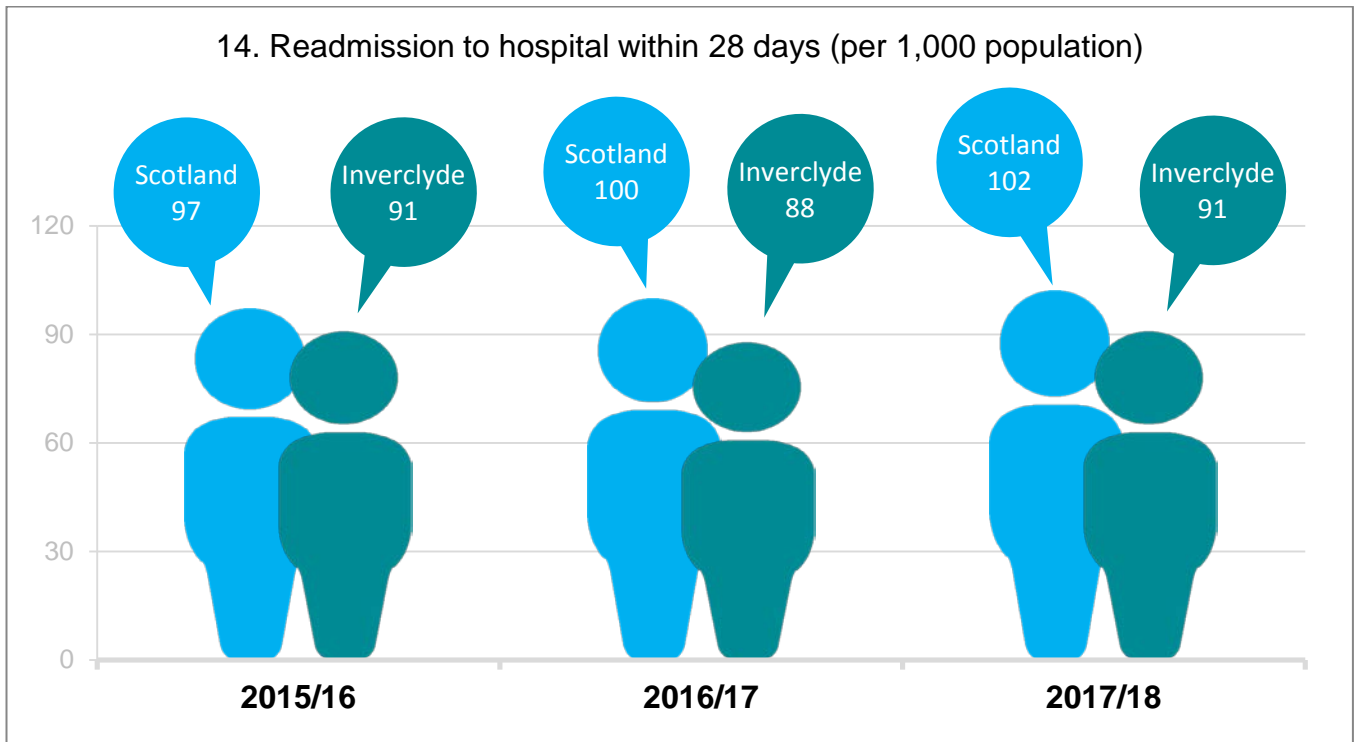
When a stay in hospital is needed, it is better to arrange this in a planned way, rather than as a reaction to an emergency or crisis situation.

13. Emergency bed day rate (per 100,000 population)



Lower figures = Better performance

If more hospital care is planned in advance, people can usually get back home more quickly. During the life of our new Strategic Plan we will be working to increase hospital care planning, and so reduce emergency admissions and hospital stays.

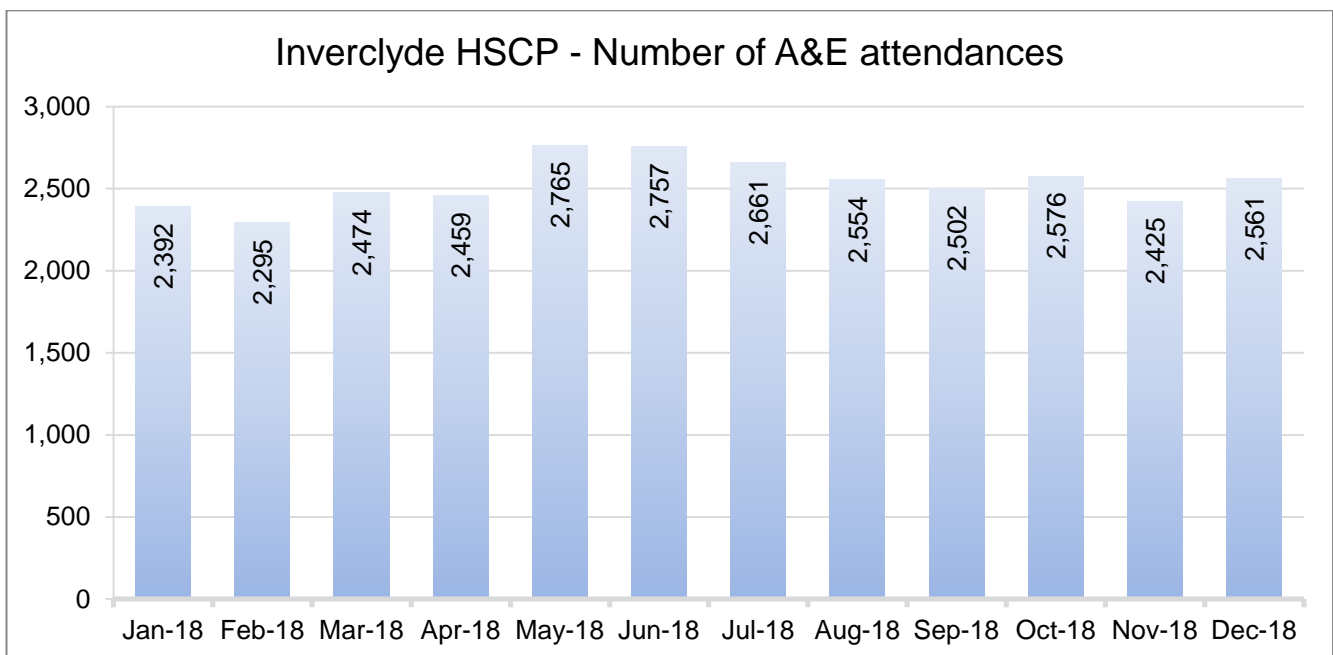


Lower figures = Better performance

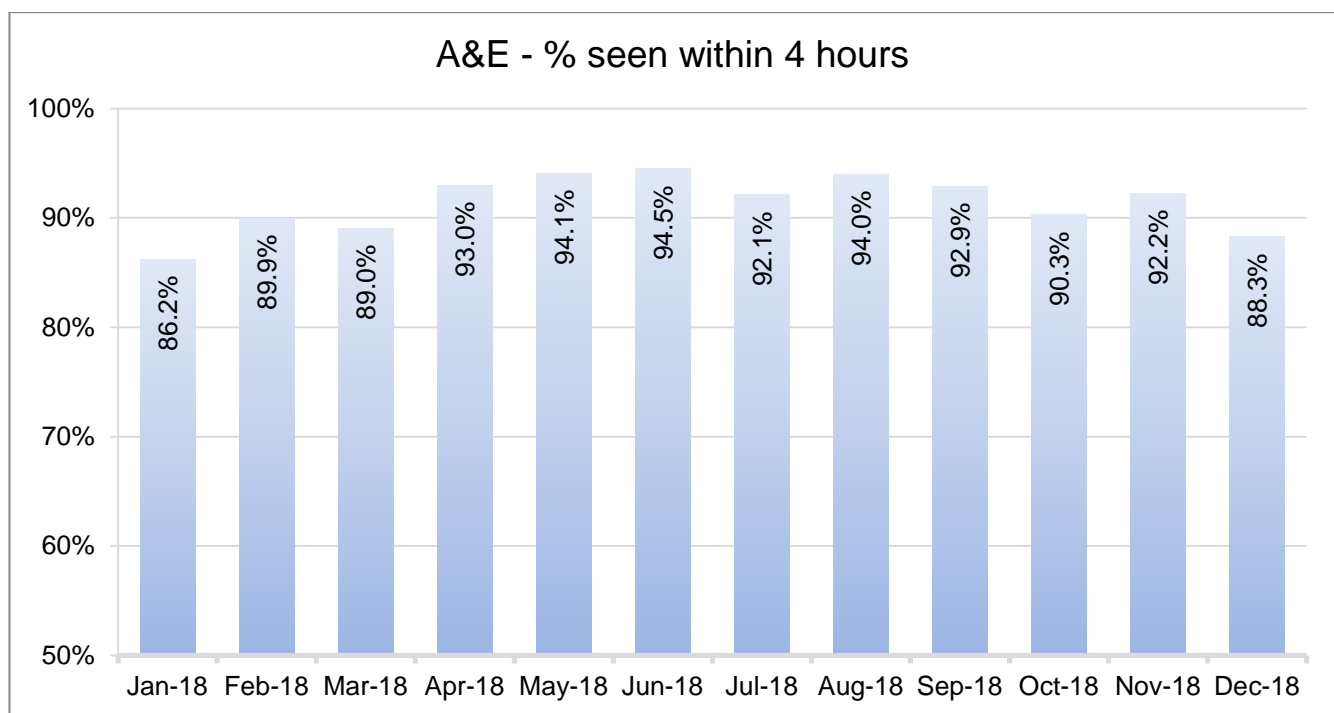
Often when people have to be readmitted to hospital soon after going home, it can be because the discharge took place before the person was fully ready, or because the post-hospital support was not quite right. The graphic above shows that this is notably less likely in Inverclyde.

Current performance: Local Indicators

Accident & Emergency (A&E)



Attendance at A&E continues to remain high for Inverclyde HSCP, with 2018 seeing a slight rise in the number of attends compared with 2017. The total number of attends in 2017 was 30,082, and in 2018 this rose to 30,421 attends (a 1.1% increase). The monthly average number of attends also rose in line with the total number of attends, with the average number of monthly attends in 2017 being 2,507 attends, and in 2018 the monthly average increased to 2,535. Information derived from A&E attends data suggests that Flow 1 patients (Flow 1 is defined by patients with minor injuries or illness that could otherwise be seen by a GP or other clinicians, or not deemed an emergency) are a major component of the attends reported. The HSCP in partnership with Acute colleagues through our Unscheduled Care Workshops are actively working on reducing the level of Flow 1 patients by expanding "Choose the Right Service" programme to the emergency department and the wider acute setting. The Partnership is also examining those patients with the highest number of attends to get an understanding of the underlying factors behind their attendances and potential interventions which would provide targeted appropriate support, and enable them to confidently look after their own health where this is relatively straightforward.



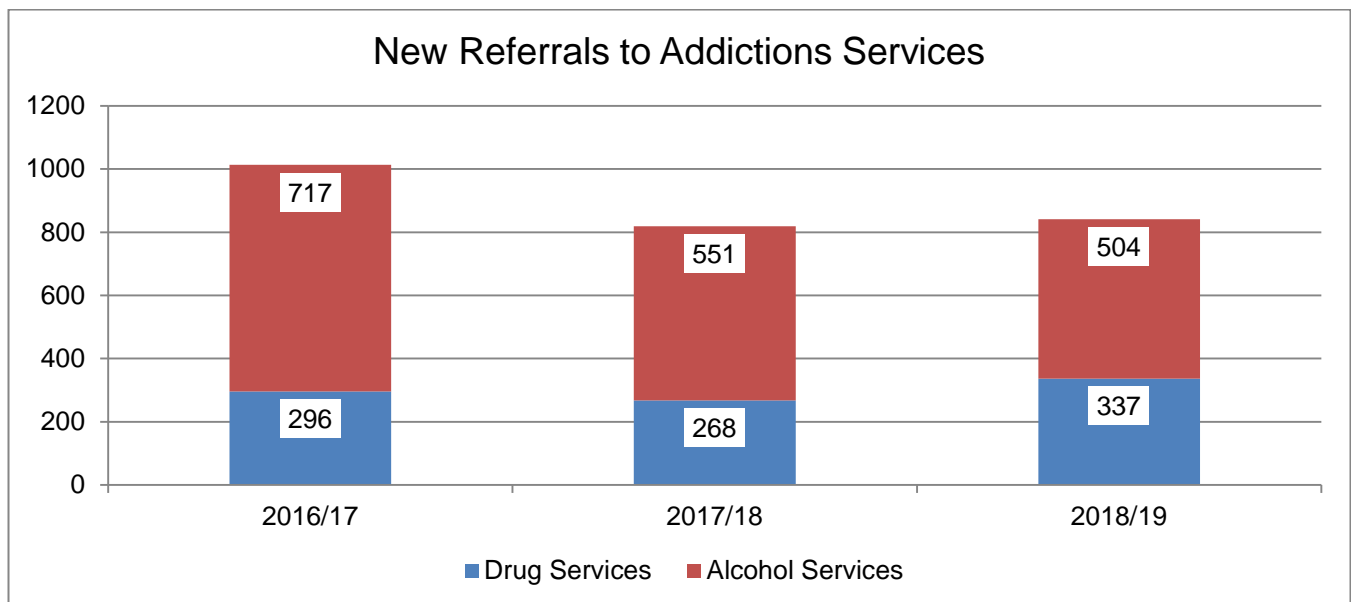
In regards to the A&E 4 Hr hour compliance, it certainly has been a challenging year in meeting the national standards/target for this measure which is set at 95%. Unfortunately the performance for this measure dropped below 90% on 4 occasions throughout the year. The monthly average in 2017 was 93.5%, this has however dropped to 91.4% in 2018. It is hoped that through the work being done through in our Unscheduled Care Workshops with our acute colleagues to drive down the number of attendances will have a ripple effect on the 4hr compliance target by increasing capacity and therefore reducing the waiting times.

Addictions

A national target has been set by the Scottish Government that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner, thus leading to better outcomes.

By reviewing the Alcohol Service, we have expanded the range of options available so that we can best serve the needs of the people who use this service. This has resulted in fewer people being referred back into the service once their treatment is concluded.

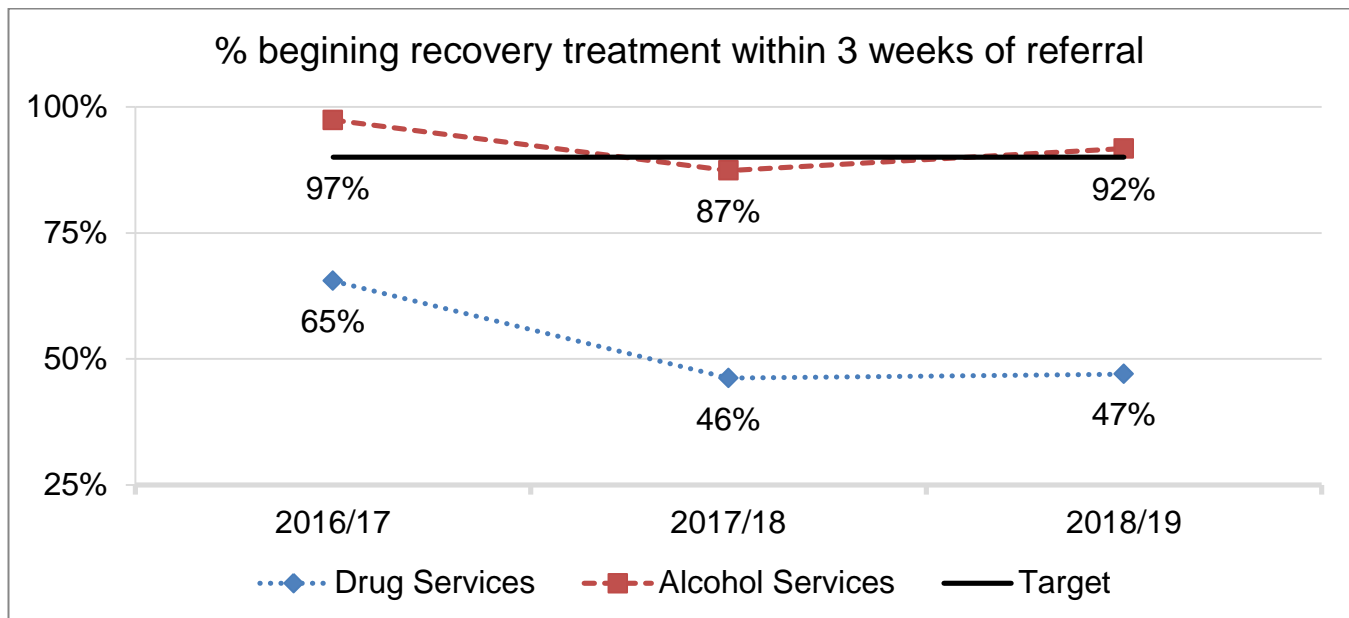
Over the last few years the number of people being referred into the addictions services has gradually declined. In 2018/19 the number rose slightly from the previous year (up 22) however the drug service seen a rise of 69 compared to last year.



Our performance in relation to the target of “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery” is shown below.

Alcohol services have, with the exception of last year, consistently outperforming this target and our challenge is to bring performance back up to the high points of 97% plus compliance.

Drug services have been working to improve in this area and we have now begun to reverse the decline of the past couple of years and we expect to see consistent improvements over the next reporting periods.



We are now 2 ½ years into the development of our brand *Choose the Right Service*. The campaign continues to raise public awareness and direct patients more appropriately to services that are best placed to support their health and social care needs. We have developed and engaged in a number of activities to achieve the following outcomes:

- Engaging with our New Scots community to raise awareness and understanding of how to access health and social care services appropriately through drop in sessions at Your Voice with health professionals (oral health, accessing your dentist, eye health and accessing your Optician (May).
- Engaging with our children and young people community to raise awareness and understanding of the campaign through primary school workshops, Engagement with new mums/babies through work with Health Visitors.
- Displaying standard messages for self-care and in relation to Choose the Right Service in GP Practices through website development and social media platforms.
- Increase staff awareness of professionals and services that patients and their own family and friends can access alternatively to a GP through ICON, Chief Officer's brief, staff meetings.
- Increase population awareness of professionals and services that they and their own family and friends can access alternatively to a GP by continuing to display of material in HSCP/council/partner premises
- Develop the branding into other service areas; Choose the Right Service for our children and young people currently in design.

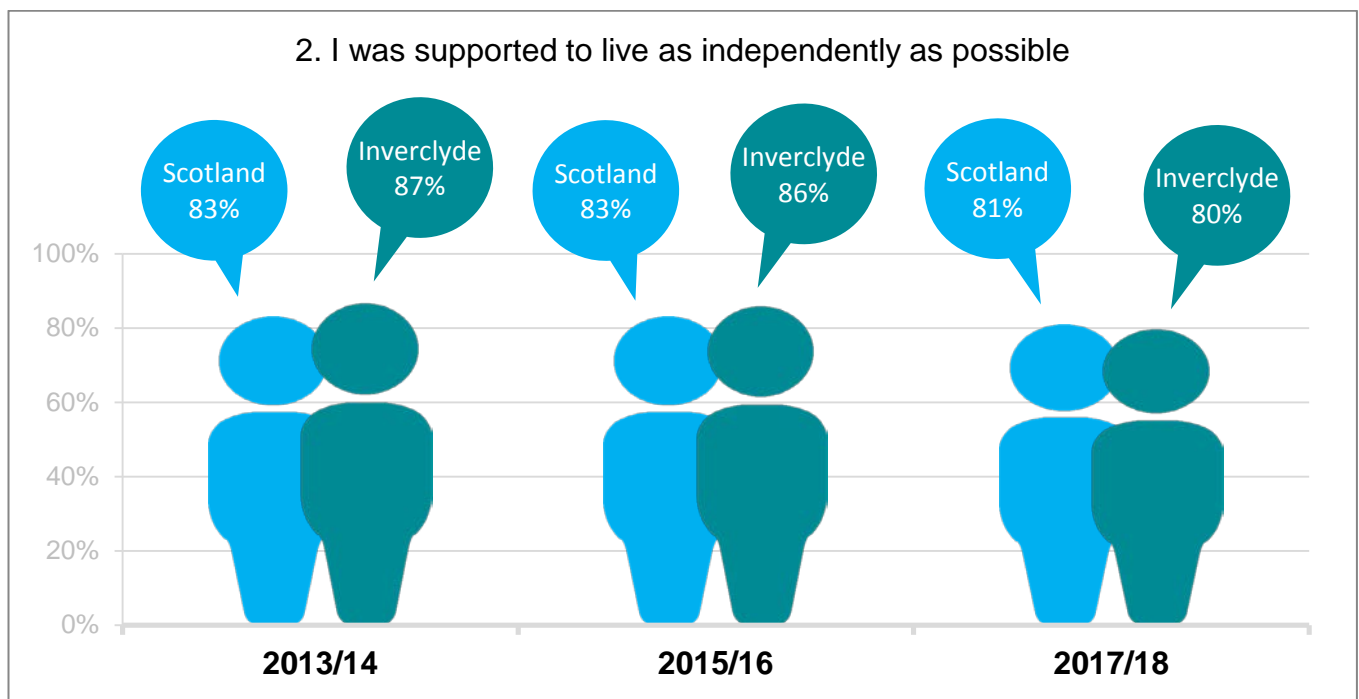
Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

People’s care needs will be increasingly met in the home and in the community, so the way that services are planned and delivered needs to reflect this shift.

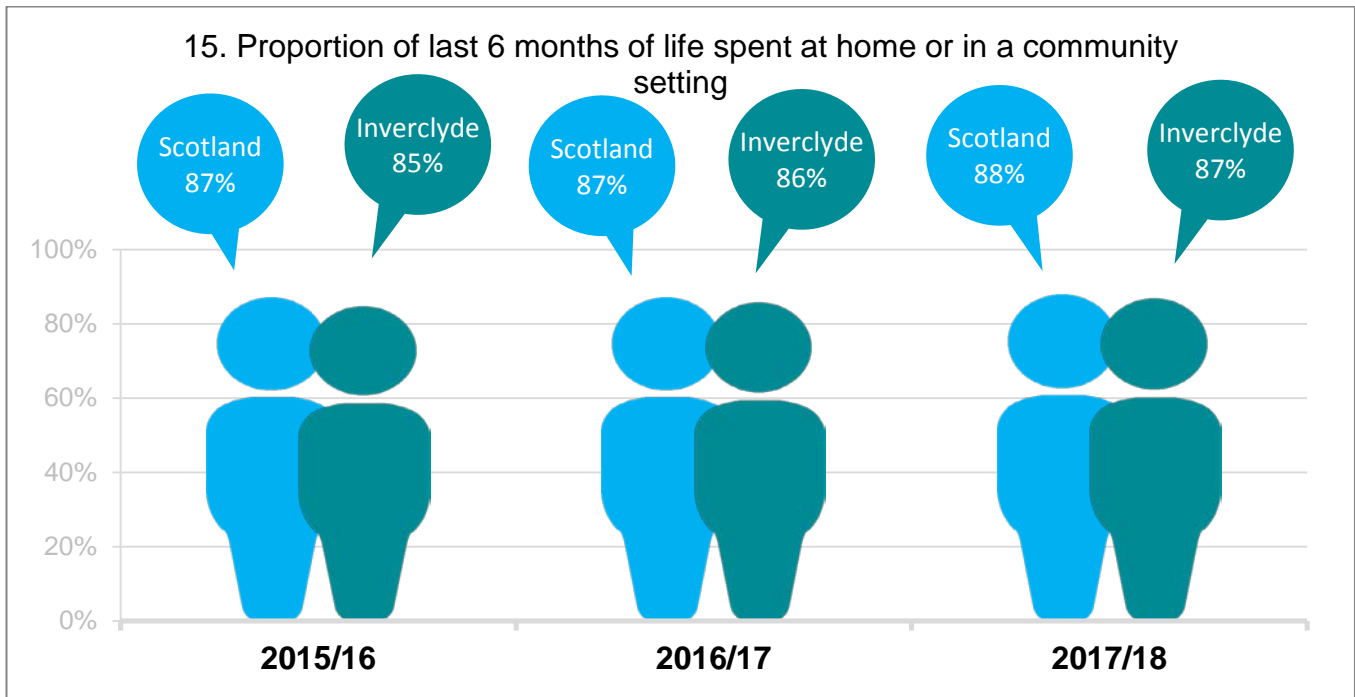
There are a number of ways that we are working towards enabling people to live as independently as possible in a homely setting.

“We believe that staying at home is the first and best option for everyone who wishes to do so”

Current performance: National Integration Indicators

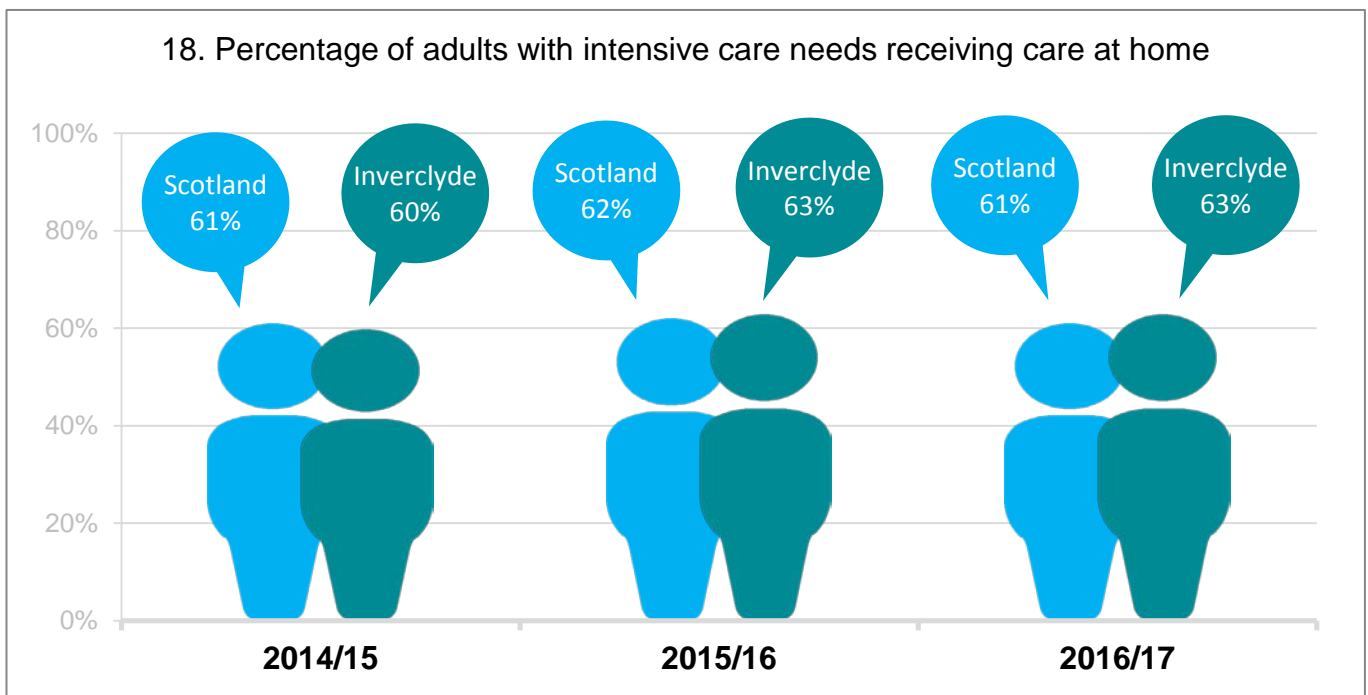


Higher figures = Better performance (data from the biennial Health and Care Experience Survey)



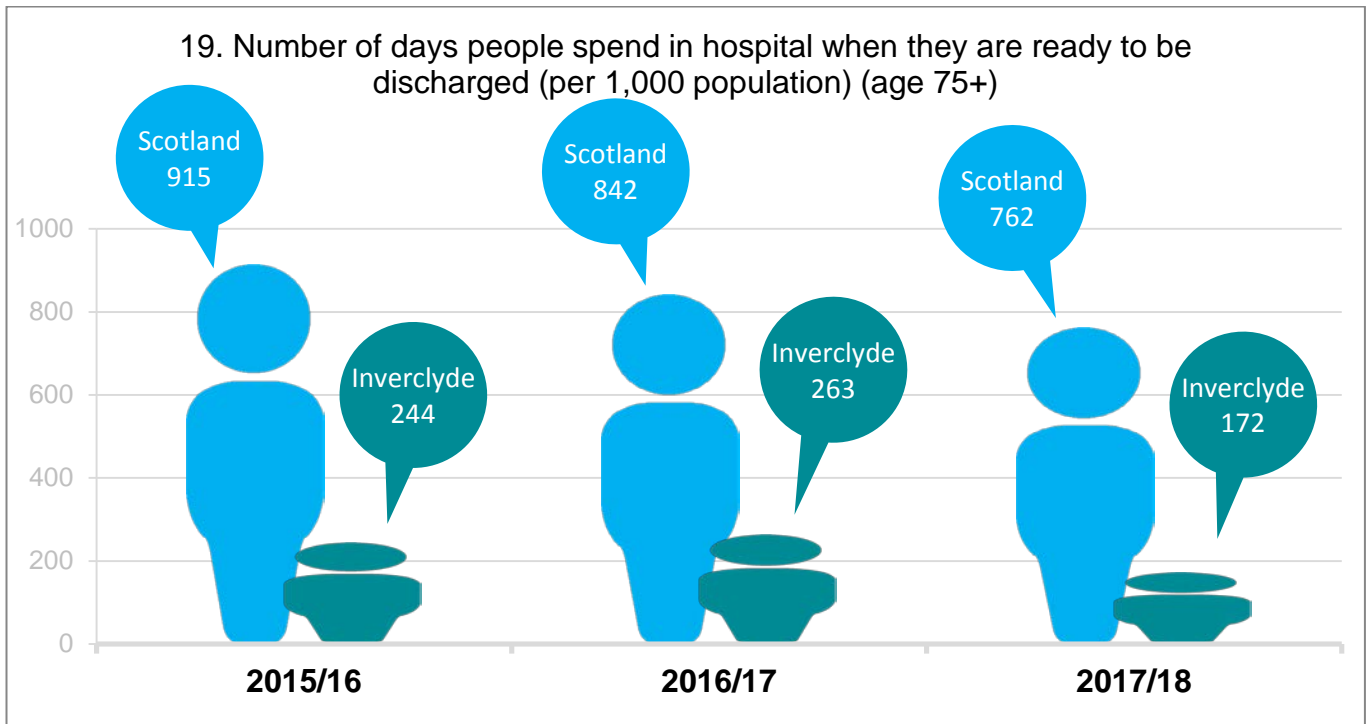
Higher figures = Better performance

Supporting people to be comfortable in their own homes towards the end of their lives often provides a better quality of life right up to the end. This in turn aids the grieving process for families.



Higher figures = Better performance (most recent published data is for 2016/17)

The levels of technological support available nowadays means that people with very complex care needs can often receive care and support in their own home. People tell us that this is what they would prefer, so we work hard to make this option available whenever it is both safe and possible.



Lower figures = Better performance

Inverclyde performance on delayed discharge is the best in Scotland, thanks to well integrated health and care services, and a clear focus on delivering what matters most to people – getting back home safely and with good support.

Current performance: Local Indicators

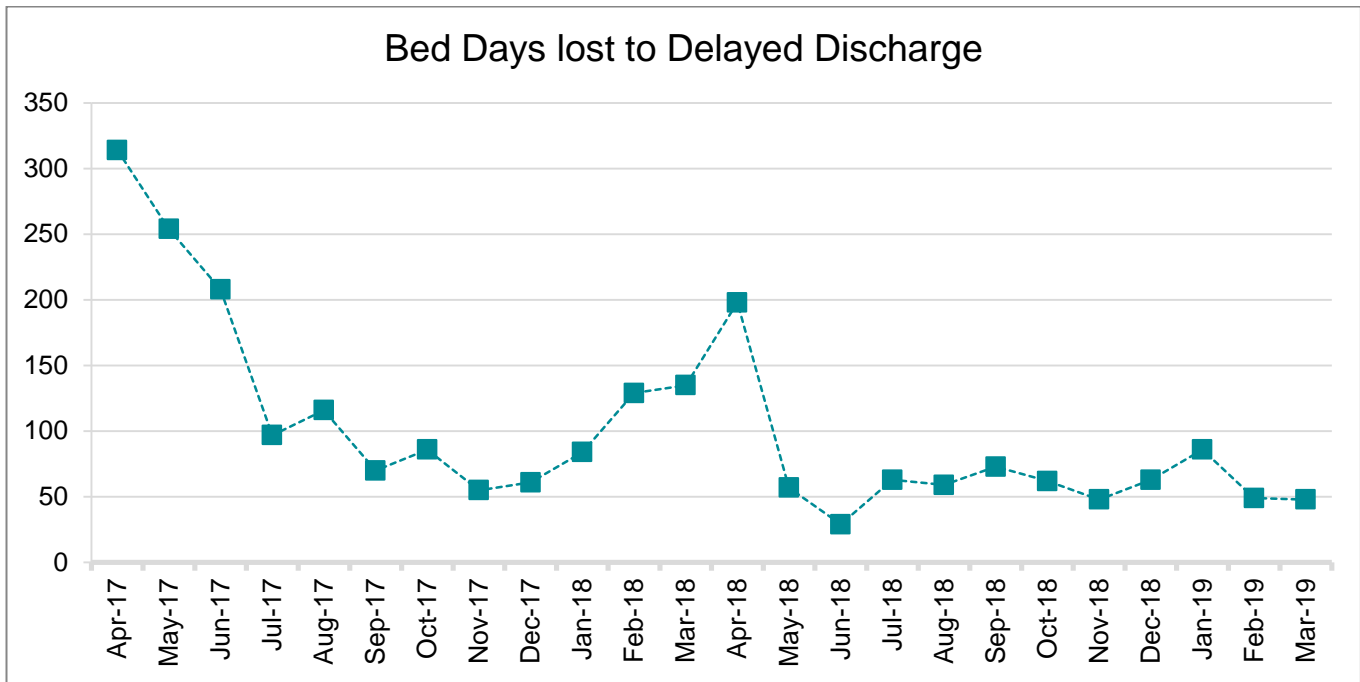
Bed Days Lost to Delayed Discharge

Bed days lost to delayed discharge is an area where Inverclyde has continued to show significant gains in good performance. By continuing to utilise the Home 1st approach, Inverclyde has reduced the number of bed days lost to delayed discharge in 2018/19 by nearly 50% on the previous year. The number of bed days lost in 2017/18 was 1,609, and in 2018/19 this figure was 835 (a 48.11% decrease).

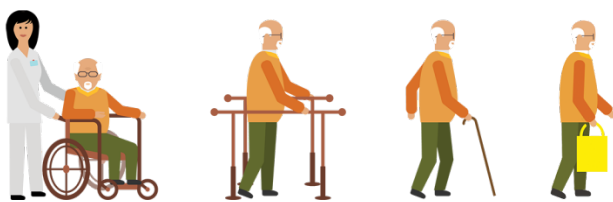
This sharp decrease is also reflected in the average number of bed days lost for both periods with the average for 2017/18 being 134 days lost and the 2018/19 period having an average of 69.6 bed days lost.

Further Analysis shows that in June 2018, the partnership had the lowest number of bed days lost to delayed discharge (29 Bed Days Lost) since the HSCP was established.

The chart below depicts the performance of both fiscal years 2017/18 and 2018/19.



Inverclyde HSCP's Partnership Discharge Plan



“We believe that staying at home is the 1st and best option for everyone who wishes to do so”

The Home1st Reablement Team is part of the HSCP Assessment and Care at Home services. The Home1st Reablement Service is a time limited service which carries out an assessment at home and develops a personal plan, with you, to meet your health and social care needs and outcomes.

Home 1st service aims

To support you with the abilities and confidence that you need to live a full and active life in your home and your community. For you to feel safe at home and live as independently as possible. To listen to what you need and provide you with choices. To provide support for the people who care for you and recognise their needs and rights.

What we do

The team will work with you to help you stay as independent as possible and build on your abilities and confidence. We will help you do more of what matters to you. Our staff will do everything they can to get it right 1st time, and include your family and those who are important to you if you want them involved. For example, we'll work with you on the day-to-day tasks you can do for yourself and what you need assistance with. Together we will agree a plan about what's important to you which we refer to as "working towards your goals". These can be anything from getting washed and dressed, practical help, getting out and about, staying in touch with people or getting involved in hobbies and interests within your community.

Our team includes:

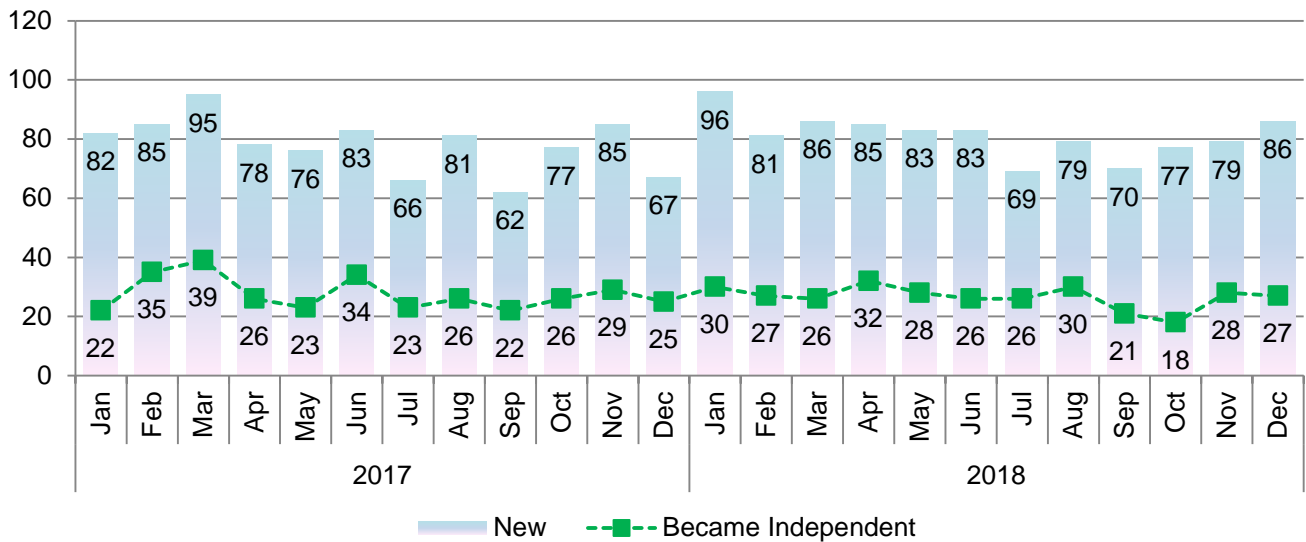
- Occupational therapy staff
- Home support managers and home support Seniors
- Home support workers
- Social workers and social work assistants
- Pharmacy technician

Different team members will be in touch with you throughout the Home 1st period, firstly, someone will visit you at home to start the assessment. The occupational therapy staff are responsible for agreeing goals with you which will be part of your personal support plan. Our assessment staff can also provide equipment to maintain your independence and safety around your home. Our home support staff will work with you and we will talk to you regularly about how things are progressing. Towards the end of the reablement period we will discuss your progress and look at the areas where you can manage on your own and those where you may still need some support. For your on-going needs we will provide information about the self-directed support options available to you which is about having as much choice and control as possible over how your support is planned and provided.

Who can use the service

This service is for people who are returning home from hospital, or when you are going through a period of illness or you are experiencing some kind of change in your life or circumstances. The service is open to anyone who lives in Inverclyde and has given consent for us to be involved. A willingness to work alongside us is important during this time of assessment. Normally we will work with you for six weeks but the time can vary depending on individual circumstances. The service is free during this initial period however, for ongoing service there may be a charge, full details are in the community services charging leaflet.

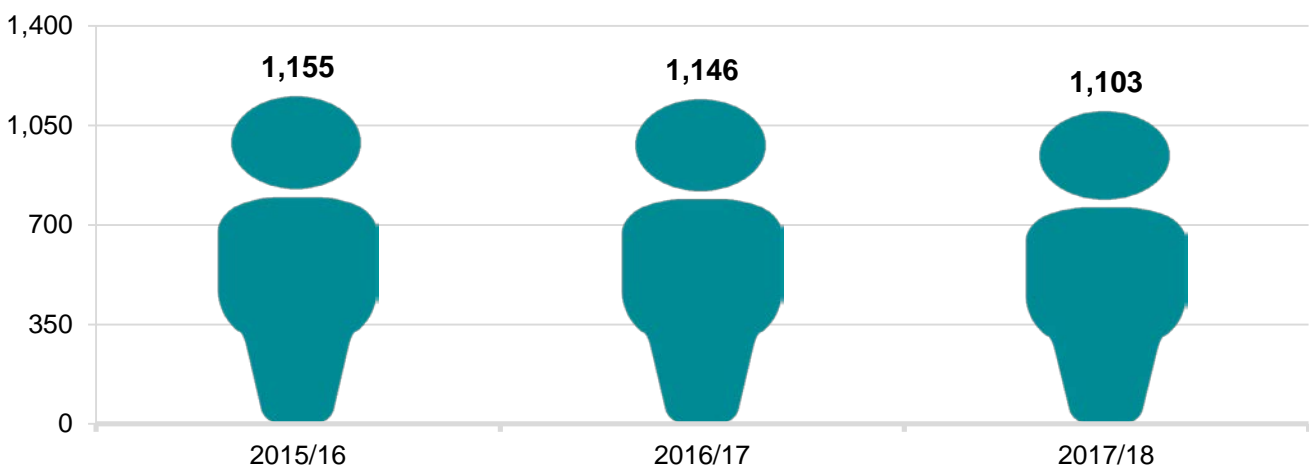
Home 1st Reablement Service Users and Outcome



Care at Home

Our Care at Home service provides care and support to those who require assistance to remain independent at home for as long as possible. Investing in this preventative support helps reduce unnecessary admission to hospital and is a key intervention in achieving our aim of “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”.

Number of people age 65 and Over receiving Care at Home



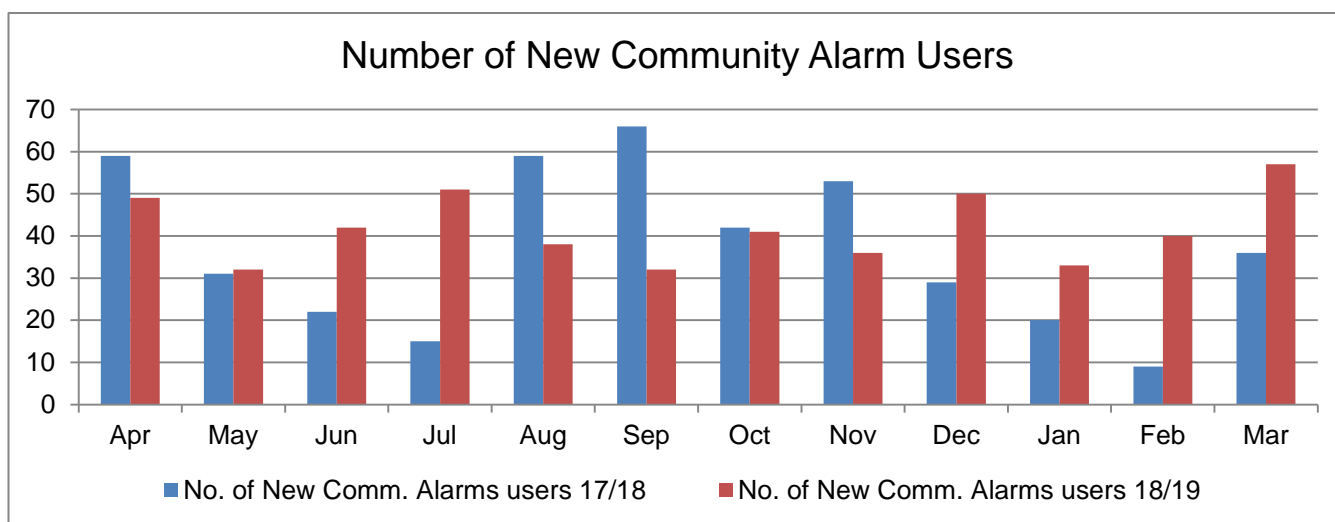
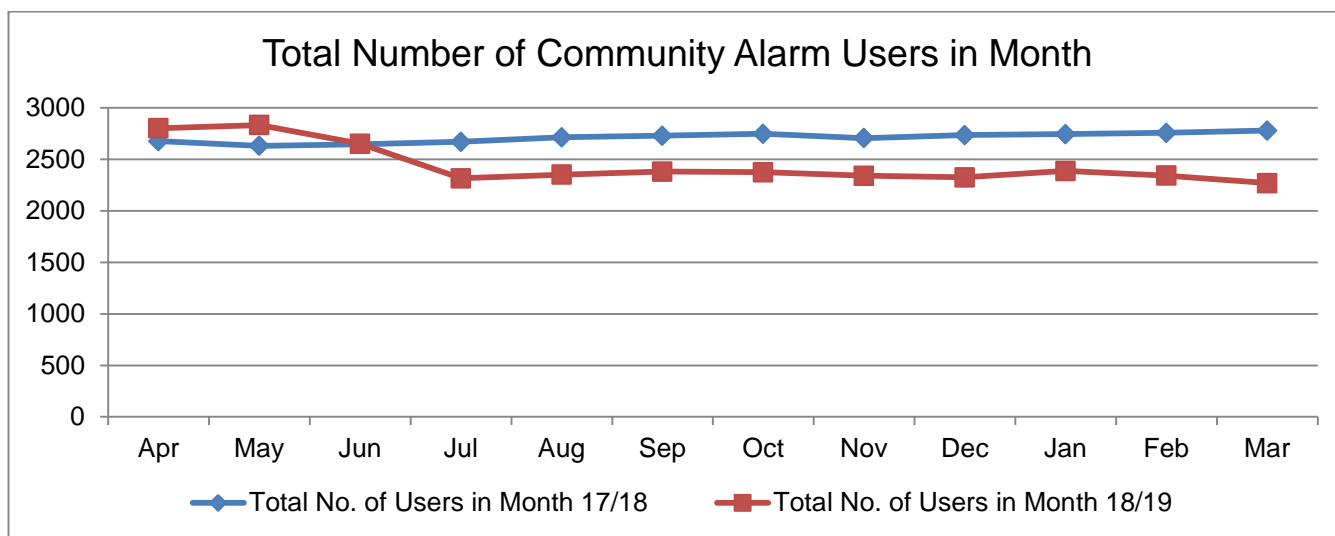
Numbers of people age 65 and over has decreased slightly in the year 2017/18, however, there has been an increase in the complexity of our service users assessed needs.

Using Technology

Technology Enabled Care – Community Alarm

2018/19 has seen the introduction of a nominal fee for users who are receipt of the Community Alarm service and as such the HSCP did see a reduction in the number of active clients utilising this service. This fee was introduced in June 2018 and this can be seen as a noticeable drop in the chart below (at the point where 18/19 data intersects with the 17/18 data).

Although the overall numbers receiving Community Alarm service has dropped due to the introduction of the charge, the number of new users in each month has increased slightly (the number of new users in 2017/18 was 441 and in 2018/19 this rose to 501). We are confident that the numbers will settle at a level that shows actual need.



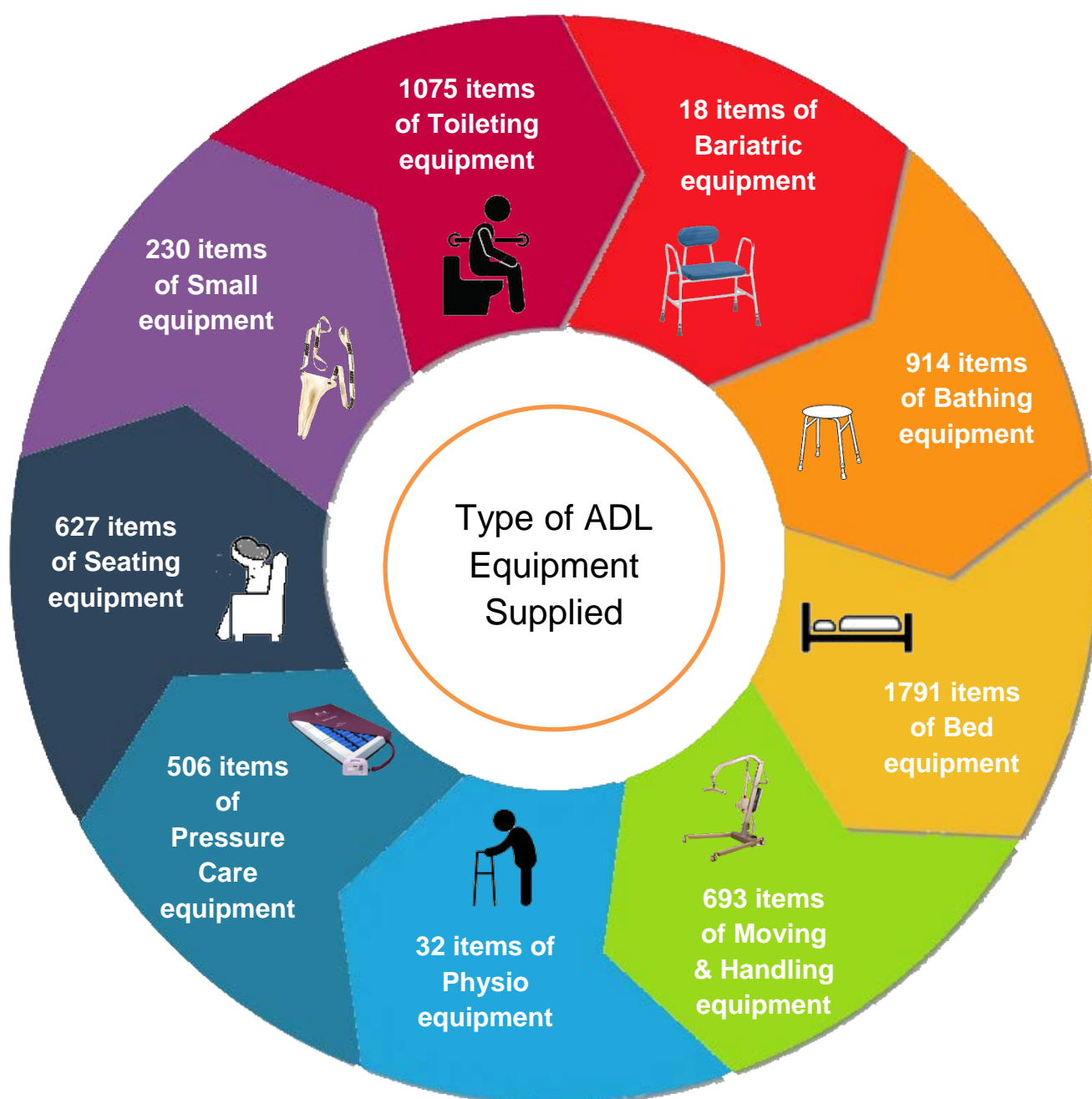
By 2021 we will have a Digital Strategy to Support Technology Enable Care

Aids for Daily Living (ADL) equipment.

In 2018-19, we provided 5,886 unique items of ADL equipment to Inverclyde residents who had a physical need. This is down from the previous year (2017-18) where we provided 6,539 items. 22% of all equipment supplied was to support people being discharged from hospital.

This equipment ranges from hospital beds with pressure care mattresses and patient hoists, to simple seats for use in a shower. An Occupational Therapist (OT) or District Nurse (DN) carries out an assessment for equipment.

Breakdown of type of equipment supplied to Inverclyde residents in 2018/19.



Andrew's Story

Andrew is a 98 year old who resides at home alone. Due to being partially sighted and experiencing early stages of cognitive decline everyday tasks were becoming increasingly difficult to carry out safely and independently. Following experiencing a fall within the home a referral was made to Occupational Therapy Services.

Occupational Therapy Services responded with priority to carry out an assessment and observed Andrew in undertaking everyday tasks including preparing a meal, mobilising indoors and out of doors, transferring on and off the toilet, in and out of bed and on and off chair. Underpinning the assessment was Andrew's high level of motivation to remain as independent as possible. With risk of falls being the main concern occupational therapy worked alongside wider health services to ensure access to health checks, ophthalmology, sensory impairment services, and physiotherapy.

Andrew's main goal was to retain independence in shopping. The home environment with an extensive number of external stairs was the main factor impeding independent mobility out of doors. Occupational Therapy made provision of external handrails and gave advice on maximising mobility out of doors alongside sensory impairment services to ensure safe mobility and increased confidence. Housing advice was offered however Andrew opted to remain living in his own home whereby he has resided for 70 years.

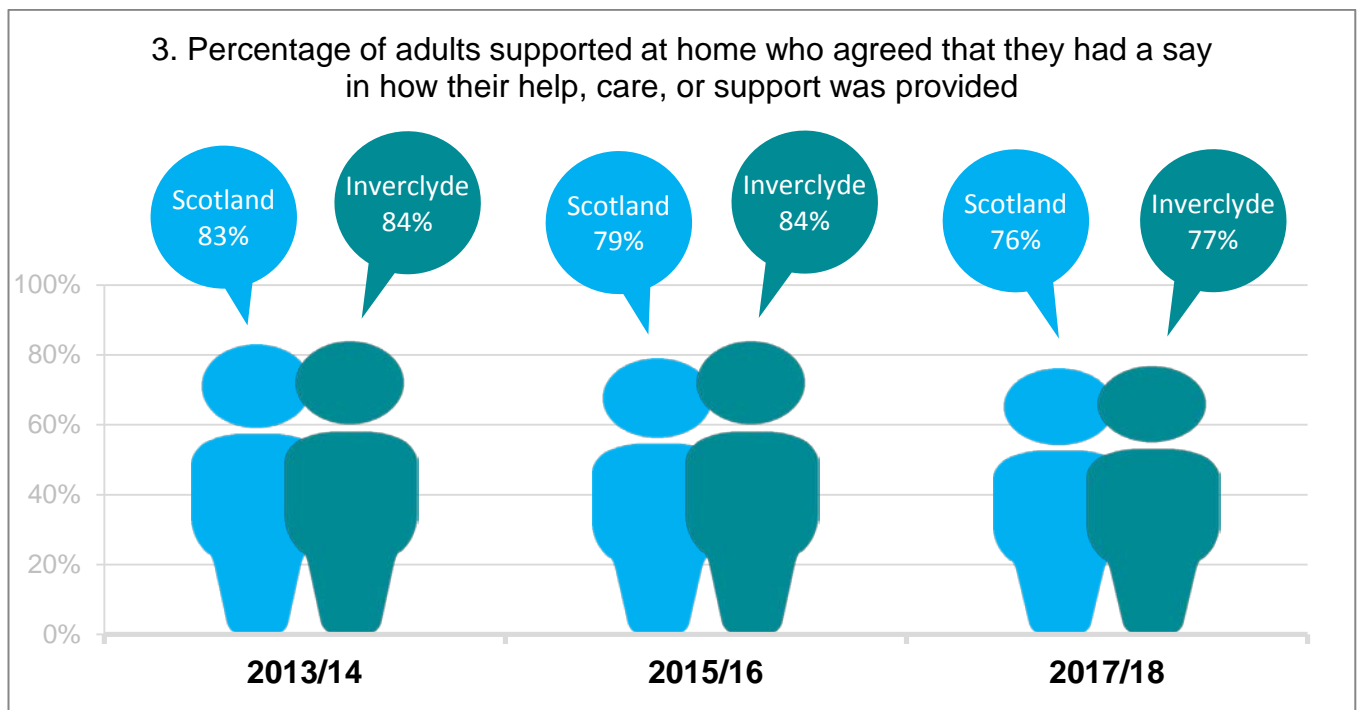
Indoors occupational therapy made recommendation to remove rugs and made provision of a wet floor room to ensure ongoing independence in maintaining personal hygiene. The design of the bathroom was considered ensuring all controls and fittings are dementia friendly to meet ongoing health needs. Overall change in the home was minimised and through working alongside Andrew in kitchen tasks he regained confidence and continues to live as independently as possible with the installation of an alert alarm.

Andrew reports he is appreciative of the help and support he has received from Occupational Therapy Services.

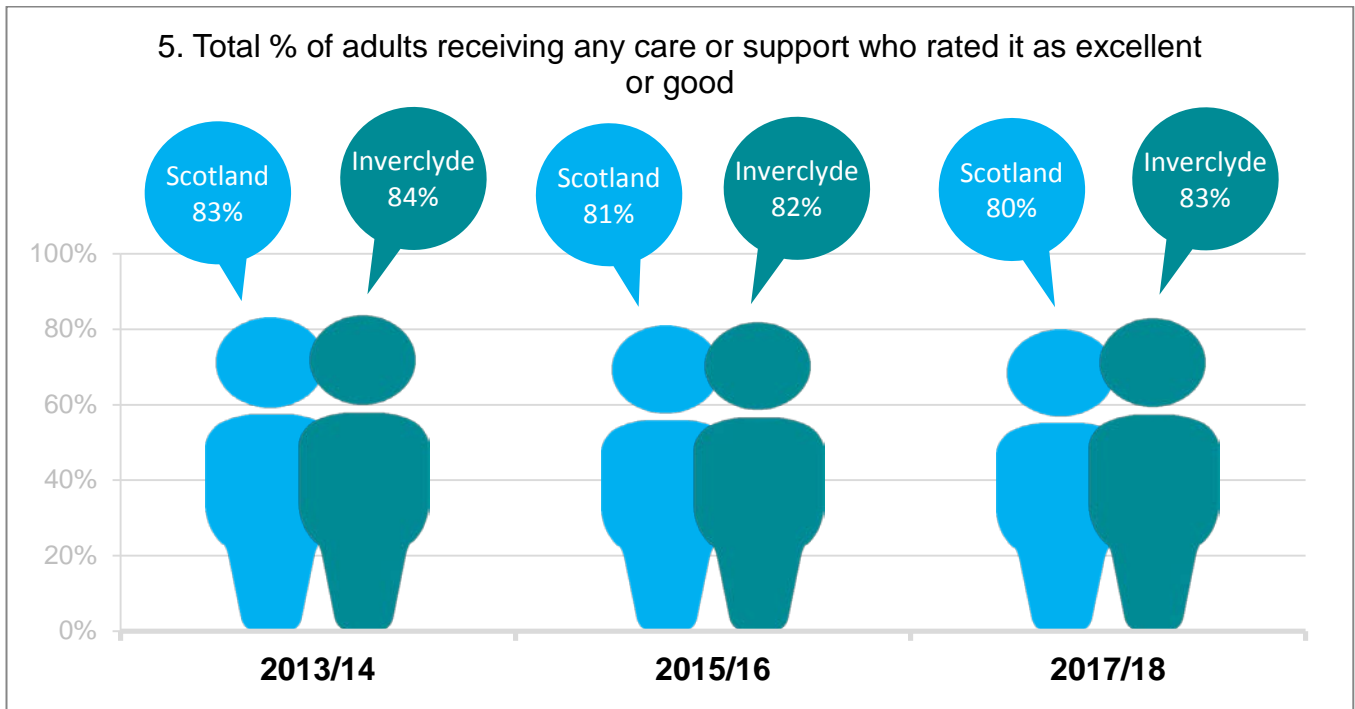
Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Improving health and social care outcomes from people who use services and their carers underpins the integration agenda. The Partnership knows that individuals and communities expect services that are of a high quality and are well co-ordinated. A critical part of ensuring that services are person-centred and respecting people's dignity is planning a person health and social care with the person, their family and Carers.

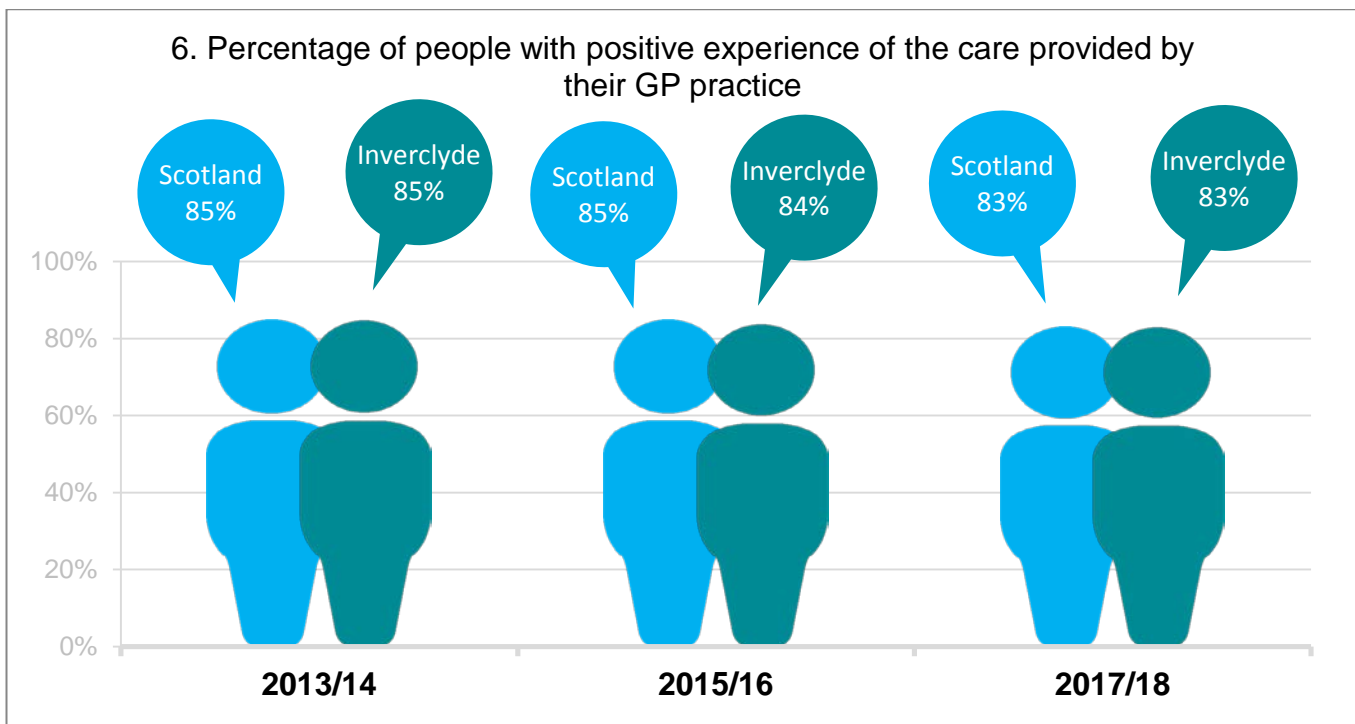
Current performance: National Integration Indicators



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

Current performance: Local Indicators

Self-Directed Support (SDS)

SDS allows people to choose how their support is provided to them by giving them as much on-going control as they want over the individual budget spent on their support in order to meet their outcomes. Inverclyde HSCP SDS implementation plan works towards ensuring people

who need support will have the confidence to exercise choice over the full range of SDS options.

The SDS Options are:

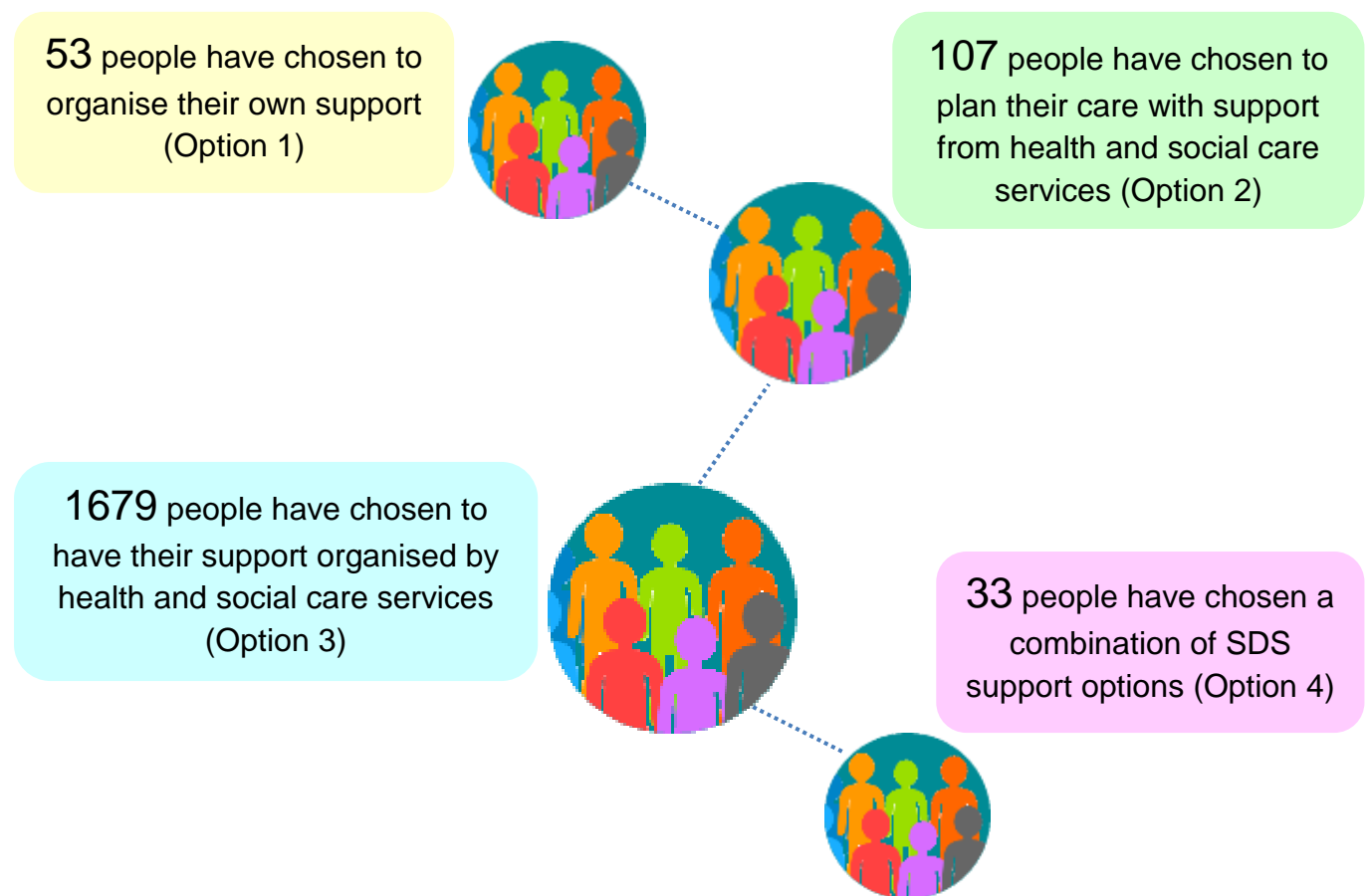
Option One: A direct payment is made to the service user allowing him/her to purchase their own support. The service user can employ a personal assistant, receive a one off payment for goods, services or buy a service from a care organisation. This option provides the most choice and control.

Option Two: The service user can choose a care organisation they want to provide the support with the HSCP arranging to pay for this support. This option offers choice and control but less responsibility for managing.

Option Three: The HSCP will arrange support from an appropriate provider after full discussions with the service user. The service user has no responsibility for arranging support and has less choice and control.

Option Four: The service user can use a mixture of all options to arrange care and support. This choice allows the service user to decide which elements they wish to have direct control over and for which they wish the HSCP to have responsibility.

As at 31st March 2019



John and Diane's Story

John is an 88 year old man who lives with his wife Diane. Diane has a diagnosis of Dementia and is in the advanced stages. John is the main carer and also has his own health needs. It was important for John that Diane stayed at home and that he could continue to care for her.

Diane's physical and mental health has deteriorated and she required substantial support throughout the day and night with personal care, mobility transfers. She wasn't able to communicate verbally and had difficulty swallowing. All of the above was extremely stressful for John and the family.

After assessment John choose Option 1 after consideration as he wanted to have the most control and flexibility over the support within the budget he was allocated. He choose a provider and a core team supported Diane on a day to day basis. They also supported John in the caring role as well as providing respite for him.

This resulted in a positive outcome as this enabled Diane to remain at home with John and for him to sustain his caring role.

Criminal Justice

From 1st April 2018 we introduced a new Service User Feedback process to better capture the views of those using our service. This involves completing a short form at both the commencement and completion of a community based sentence imposed by the courts.

The forms allow self-assessment of a range of issues including:

- Offending behaviour
- Training and employment
- Housing
- Family life

76 'start' and 31 'end' forms were completed by our service users.

Of the 31 'end' forms 24 (or 77%) provided comments on the service and any thoughts on improvements.

Service users who either 'agreed' or 'strongly agreed' that their time at CJ felt that

90.3% - they were informed and listened to



87.1% - have a better understanding of offending



96.8% - had a good support network



80.6% - the CJ team had a positive impact on behaviour



Market Facilitation and Commissioning Plan

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde. Our vision is based on "Improving Lives", and the Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. This Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.



Full details of the Market Facilitation and Commissioning Plan can be found at:

<https://www.inverclyde.gov.uk/meetings/documents/10893/04%20Market%20Facilitation.pdf>

Primary Care Improvement Plan

General Practice in Inverclyde is made up of fourteen Practices covering Kilmacolm, Port Glasgow, Greenock, Gourock and their surrounding areas. There have been a number of changes to general practice in Inverclyde in the last few years including a merger and a practice closure. The merger in 2016 resulted in the formation of the largest single practice in the area.

GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. Each practice now has a Practice Quality Lead (PQL) and each cluster a Cluster Quality Lead (CQL).

Inverclyde Health and Social Care Partnership created a Primary Care Improvement Plan (PCIP) which was approved by the GP Sub Committee of the Area Medical Committee (AMC) in August 2018.

The main ambitions of the PCIP are:

- Support progression of the GP role as expert medical generalist ensuring a refocus of activity is applied within practices, as workload shifts
- Support the delivery of improved patient care by achieving the principles of contact, comprehensiveness, continuity and co-ordination of care.
- Support the re-design of services and embedding of multi-disciplinary primary care teams to create a more manageable GP workload and release GP capacity to improve care for those patients with more complex needs
- Encourage peer led discussions and value driven approach to quality improvement to create better health in our communities and improve access for our patients
- Continue to educate and inform our population of alternative services/professionals to attending a GP through our culture change work and Choose the Right Service campaign

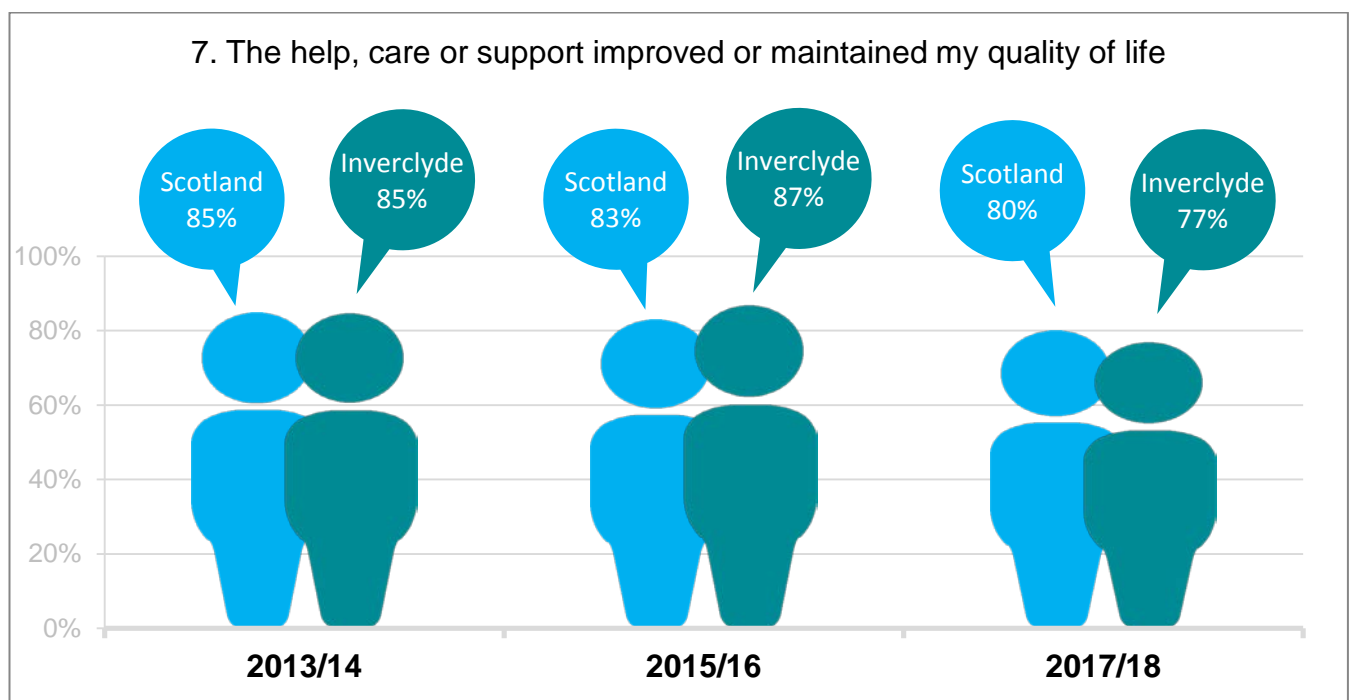
Full details of the Primary Care Improvement Plan can be found at:

<https://www.inverclyde.gov.uk/meetings/documents/12219/09%20PCIP%20Update.pdf>

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient focussed and sustainable services which maintain the quality of life for people who use the services. This means ensuring that treatment, interventions, and services are of the right standard so that they are safe, address people's expectations and outcomes so the people enjoy the best quality of life, whilst they recover or are supported to manage their condition.

Current performance: National Integration Indicators



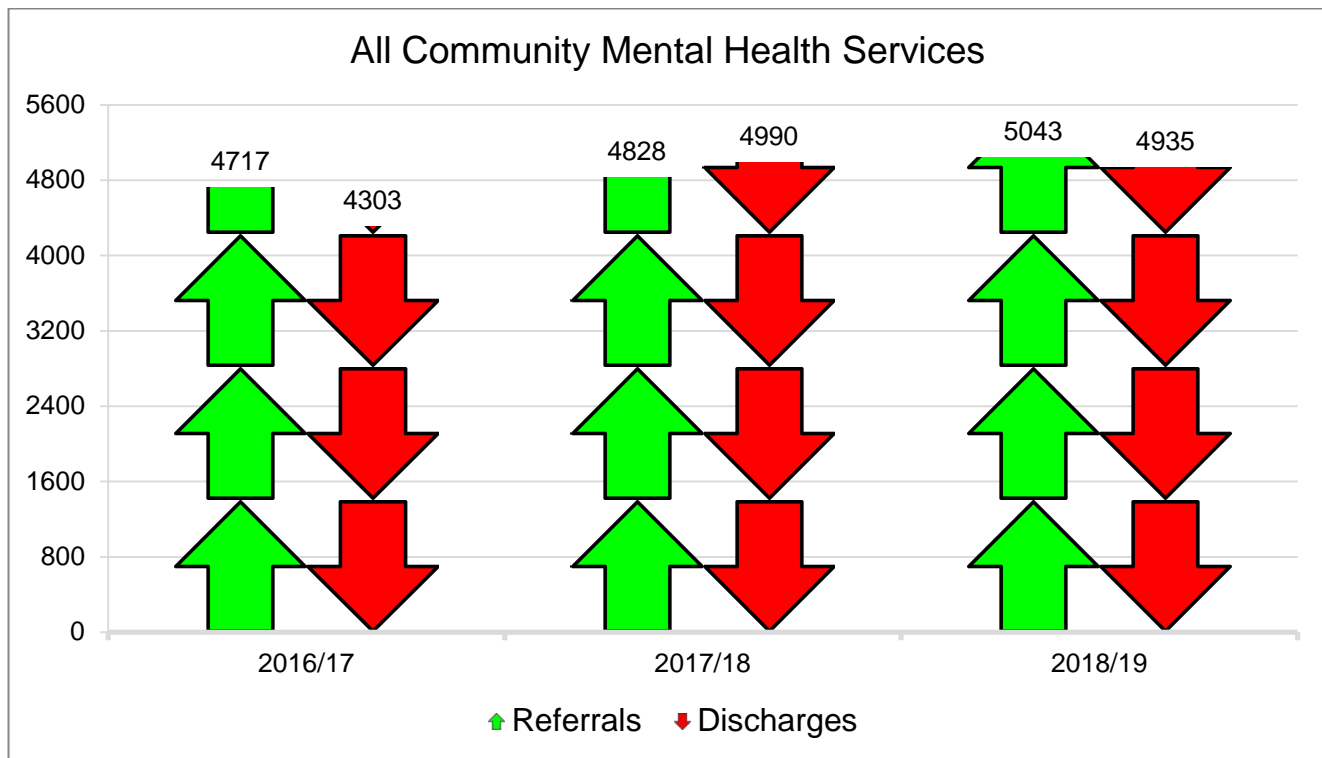
Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

Current performance: Local Indicators

Mental Health

Within our Community Mental Health Services there were a total of 5,043 referrals throughout 2018/19, an increase of 6.9% from 2016/17. This is also matched by an increase in those being discharged from the service with 4,935 in 2018/19 an increase of 14.7% from 2016/17.

Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life.



Our **Primary Care Mental Health Team (PCMHT)** offers a service for those individuals who have mild to moderate mental health problems or issues and offers up to twelve sessions of treatment. People are able to self-refer, which has proven to be an effective option and accounts for over 65% of all referrals into the service. The largest users of this service are younger adults aged between 18 and 35 years.

CRISIS – is an out-of-hours quick response service to prevent those people experiencing a crisis having to attend the emergency department in order to have a mental health assessment undertaken.

Our **Community Mental Health Team (CMHT)** works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. We deliver this support in environments that are suitable to the individuals and their carers.

The aims of the Community Mental Health Team are to:

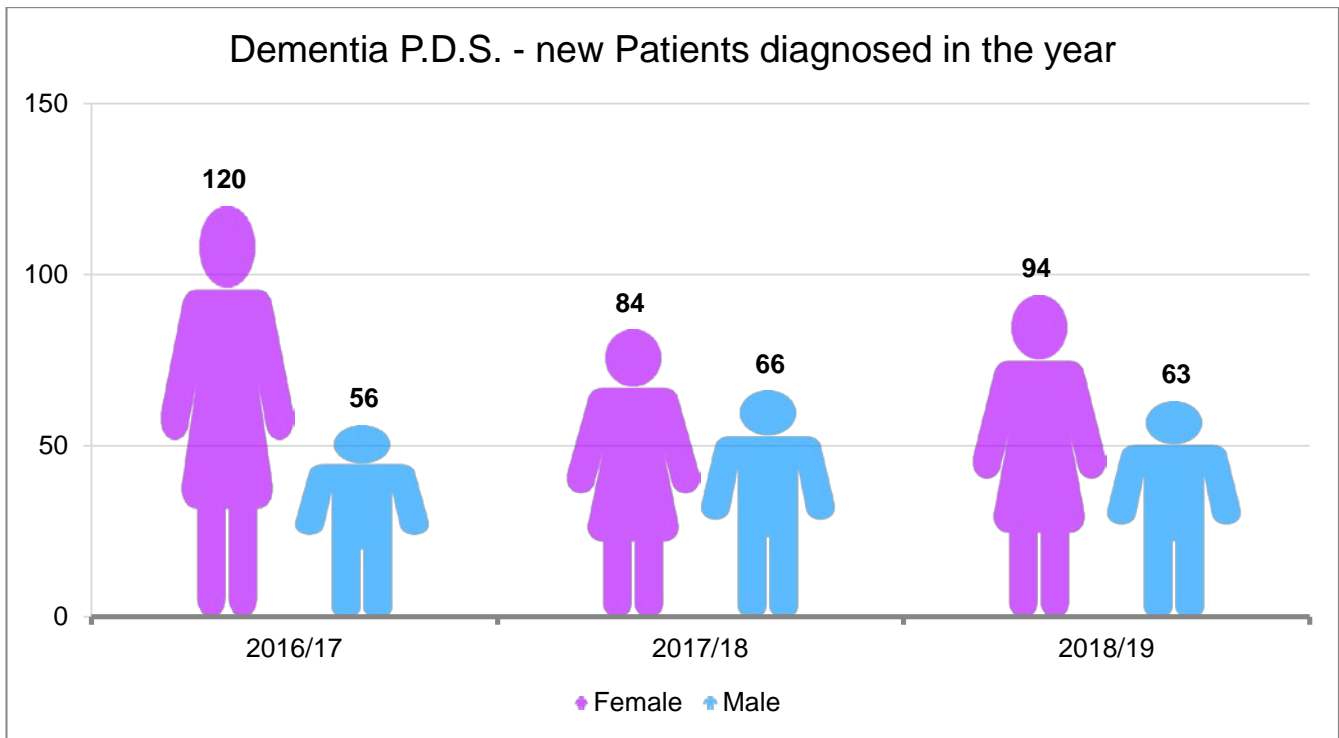
- Reduce the stigma associated with mental illness.
- Work in partnership with service users and carers.
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes.
- Focus upon improving the mental and physical well-being of service users.

Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user, and where appropriate carers, other professionals or agencies that are involved in their care.

Dementia PDS (Post Diagnostic Support)

Improving Post-diagnostic Support (PDS) is one of the 21 commitments of the national dementia strategy (June 2017). The strategy proposes that: “All people newly diagnosed with dementia will receive appropriate support following diagnosis, with that support being either (a) the current model of post-diagnostic support, or (b) care coordination, based on the 8 Pillars Model of Integrated Community Support. The decision as to be most appropriate option will be based on clinical assessment.”

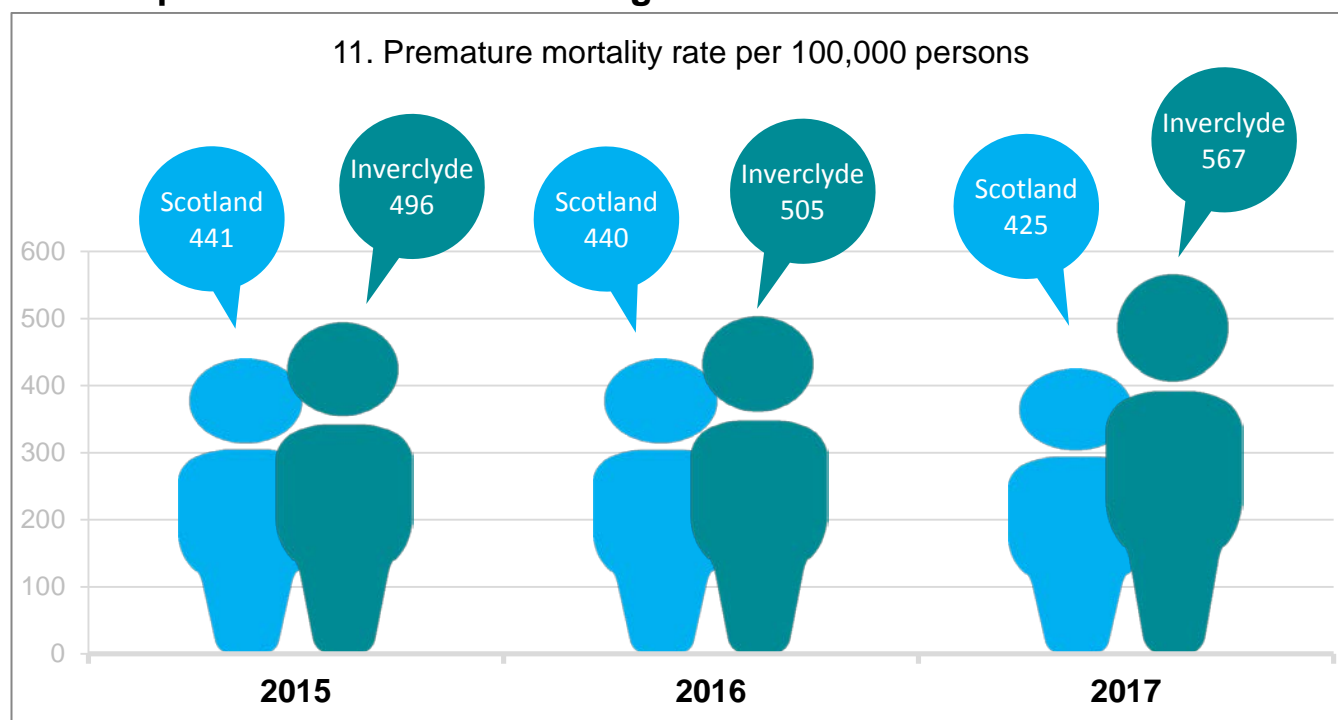
The period of support in each case will be open-ended and flexible. For those who receive post-diagnostic support in an integrated community-based way, this will continue without a time limit. Following the conclusion of the initial programme of work, and if the individual does not move on to the care coordination phase, they will be able to access their named Link Worker again, whether within the year previously stipulated or not. This will allow flexibility for those who might require additional contact or reengagement with the service.



Outcome 5 - Health and social care services contribute to reducing health inequalities

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. This can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including housing, income and poverty, loneliness and isolation and employment.

Current performance: National Integration Indicators



Lower figures = Better performance (data for this indicator is produced in calendar years with the most recent available figures being for 2017)

This is a complex indicator because the causes of premature mortality are many, and are underpinned by social, health and economic inequalities.

Current performance: Local Indicators

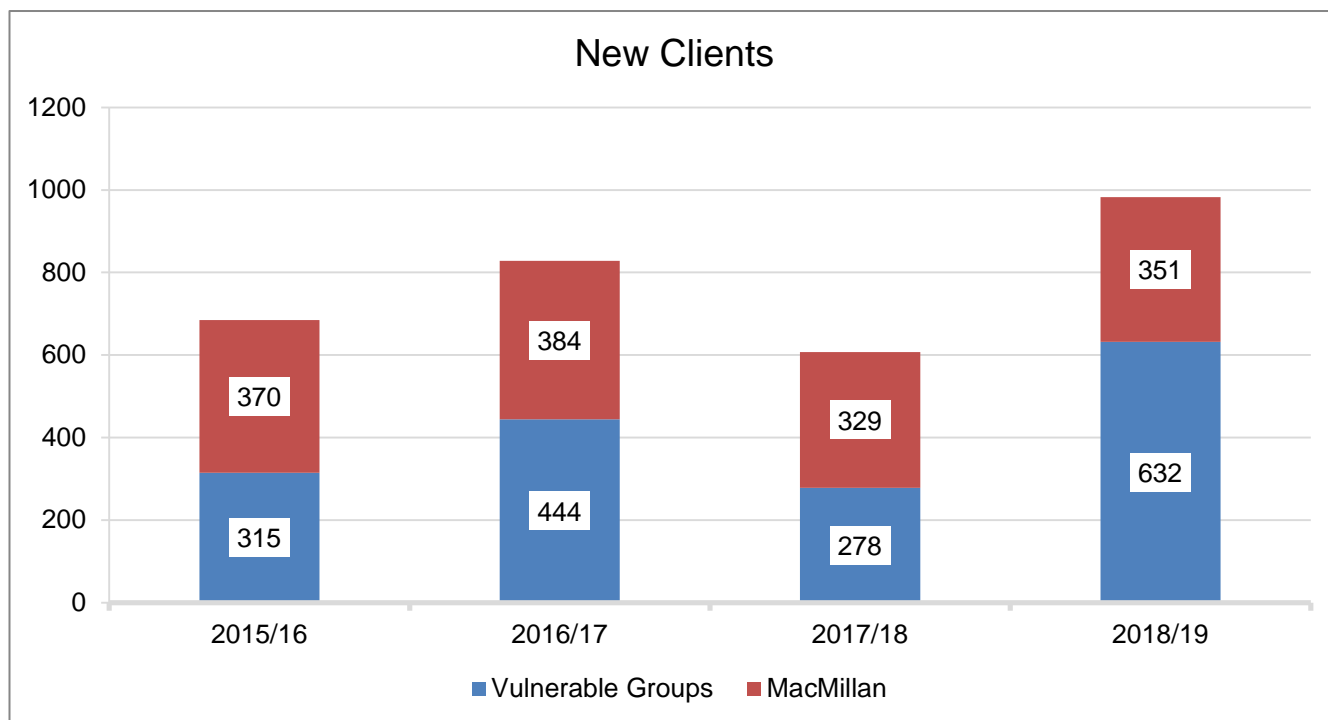
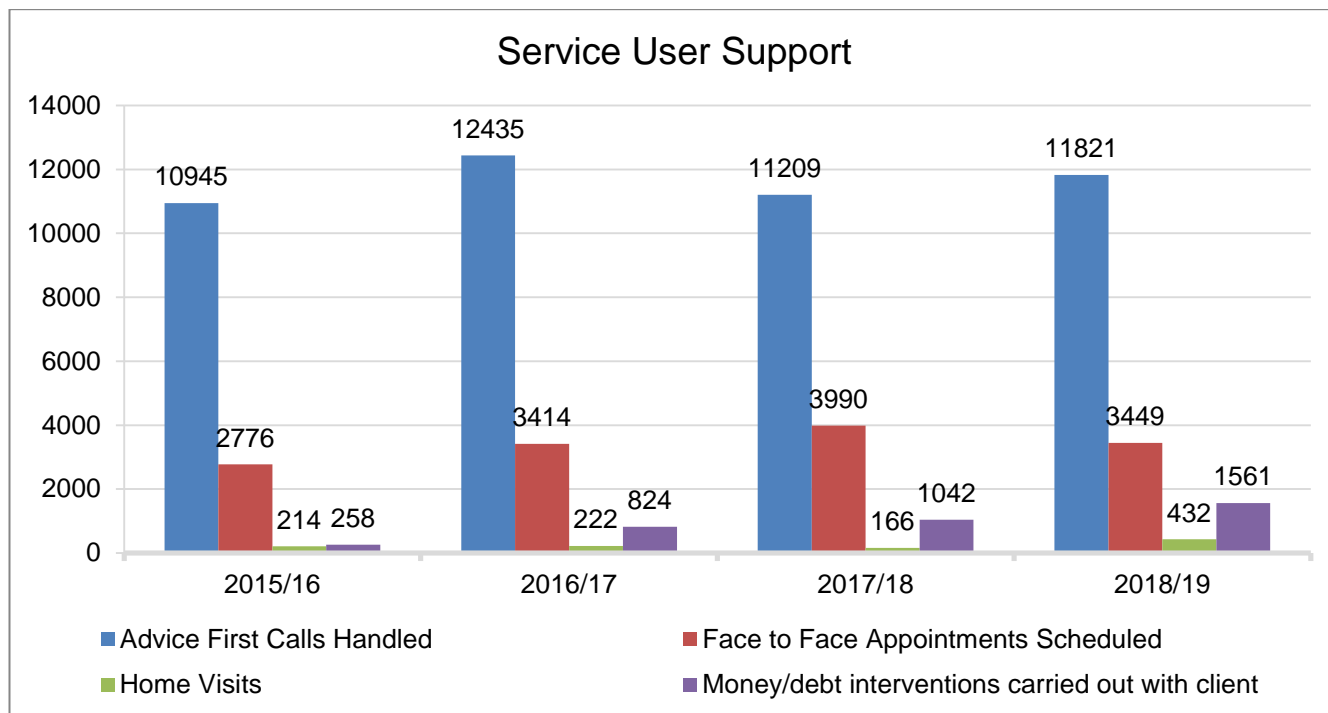
In Inverclyde, our approach to **Addressing Inequalities** is multi-faceted.

Within this report we have focused on the following areas to demonstrate this:

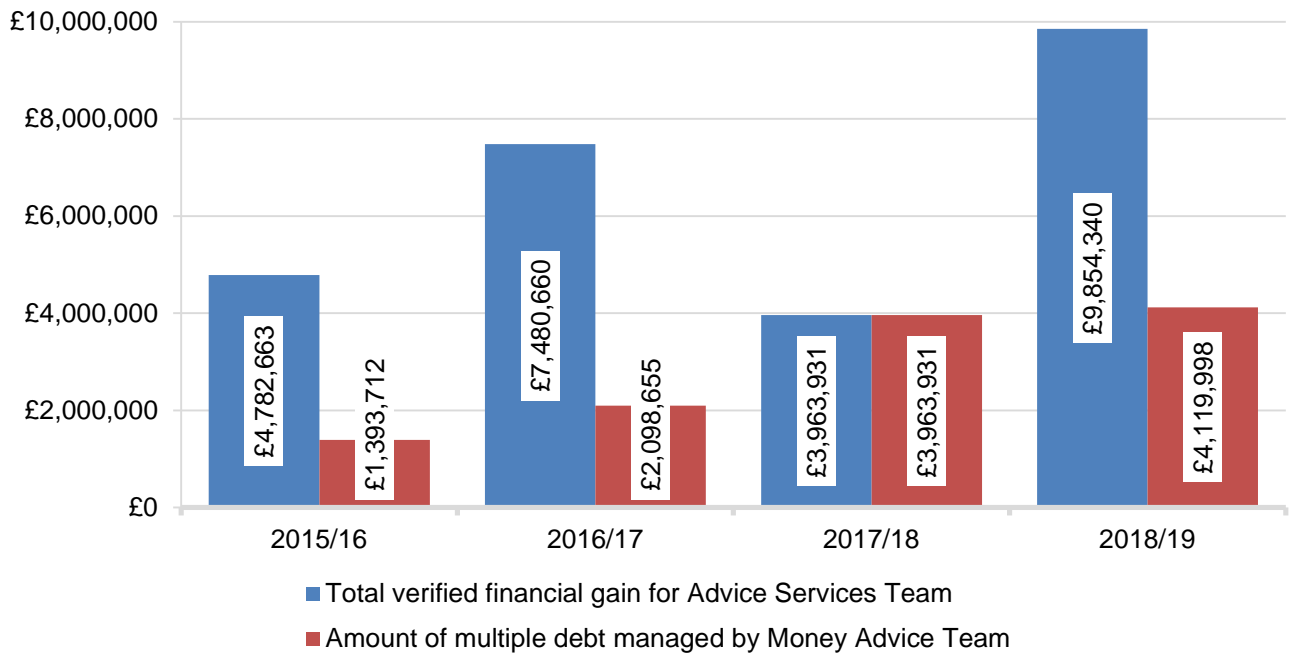
- Financial inequality
- Homelessness

Financial Inequality

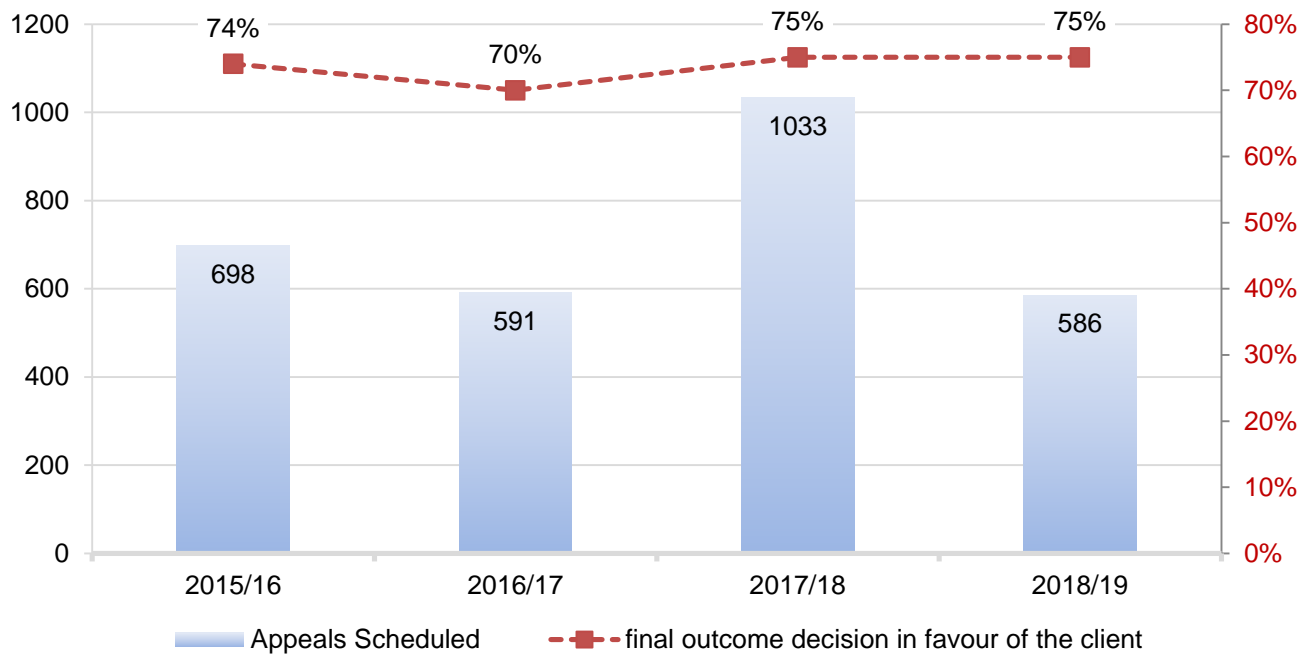
Our **Advice Services Team** handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution. The tables below show activity and outcomes for the past 4 financial years.



Financial gain / managed debt



Welfare Rights



Working with local people and other organisations we gained significant financial amounts for Inverclyde Residents.

*The Macmillan Advisor and the Vulnerable Groups Outreach Worker both migrated on to the Advice Services Caseload Management System during 2017/18 which had an impact on the volume of clients seen and financial gains captured.

A Mother's Story

A Money Advisor was working with a single parent with substantial health issues and under a lot of pressure.

The client admits struggling with budgeting and overcompensates with the children for the lack of things that she had growing up. As a result she struggles to maintain payments towards debts. The client found it difficult to engage with services.

So far the debts written off have totalled over £2000 after the Money Advisor challenged the lenders on affordability and responsible lending.

The client now feels less anxious about her debts. Budgeting support and family support has eased the pressure and the client is very aware of where to go for help should issues arise in the future.

Morag's Story

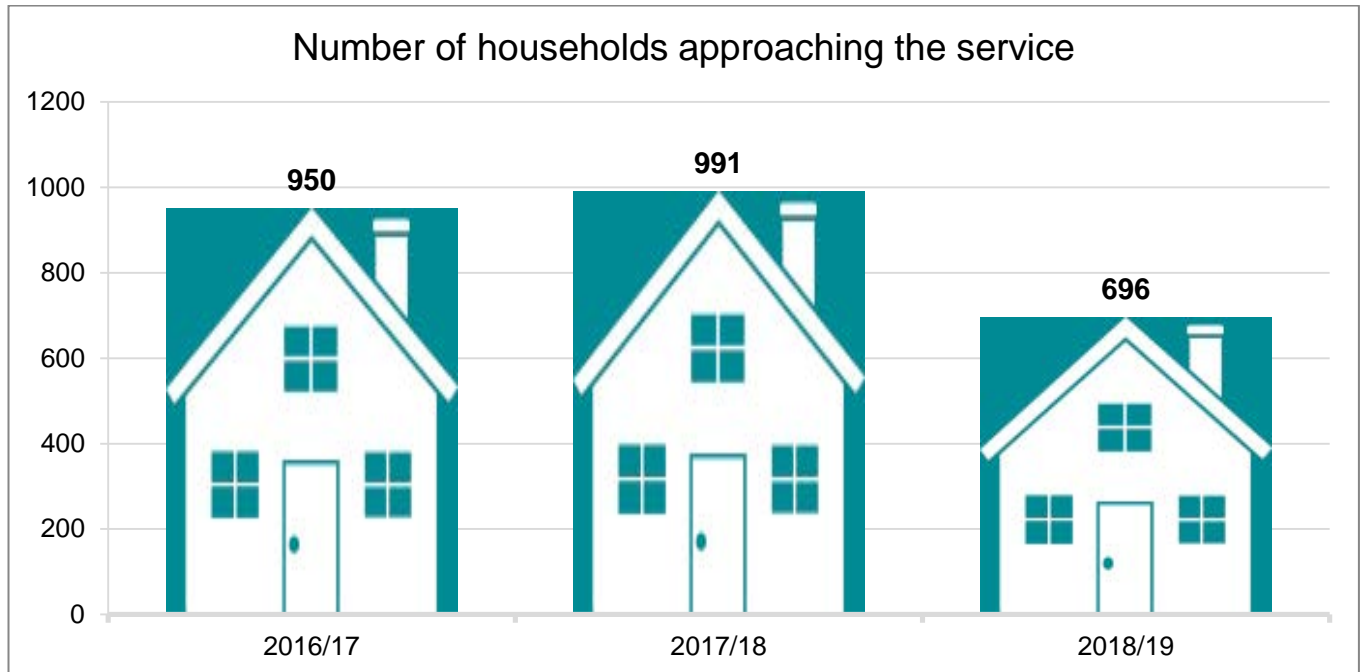
Morag was referred to the Inverclyde Macmillan Benefits Service by the Clinical Nurse Support following a cancer diagnosis. Assistance was made to apply for Personal Independence Payment; contribution based Employment Support Allowance for both Morag and her partner; disability discount to help reduce Council Tax costs and an application was made for road tax exemption. Financial gains confirmed so far are £17,347 per annum.

Morag was also assisted to apply for: a blue badge; bus pass and companion pass; parking bay; and information was provided for Morag and her partner to book a short respite break.

Homelessness

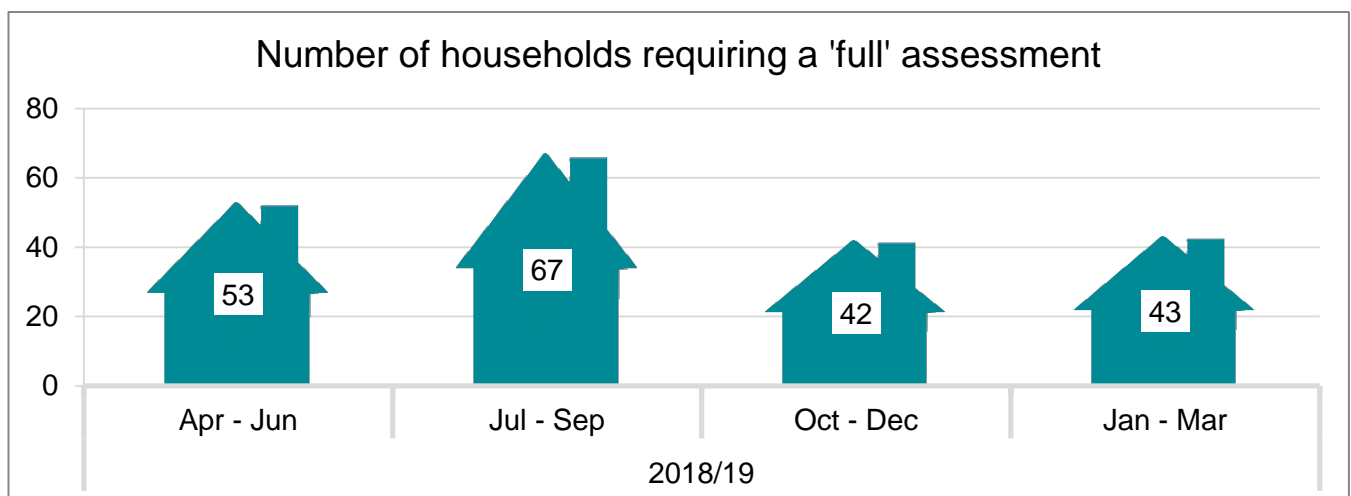
Working towards reducing Health Inequalities, we have also undertaken a range of activities that are designed to resolve homelessness as quickly as possible and, ideally, prevent this altogether.

Figures for the last 3 years show the number of approaches to the service for advice and support (also referred to as 'Housing Options') to prevent homelessness.



By focusing on interventions to prevent people from becoming homeless, we are able to resolve the vast majority of cases (approx. 73%) at this stage.

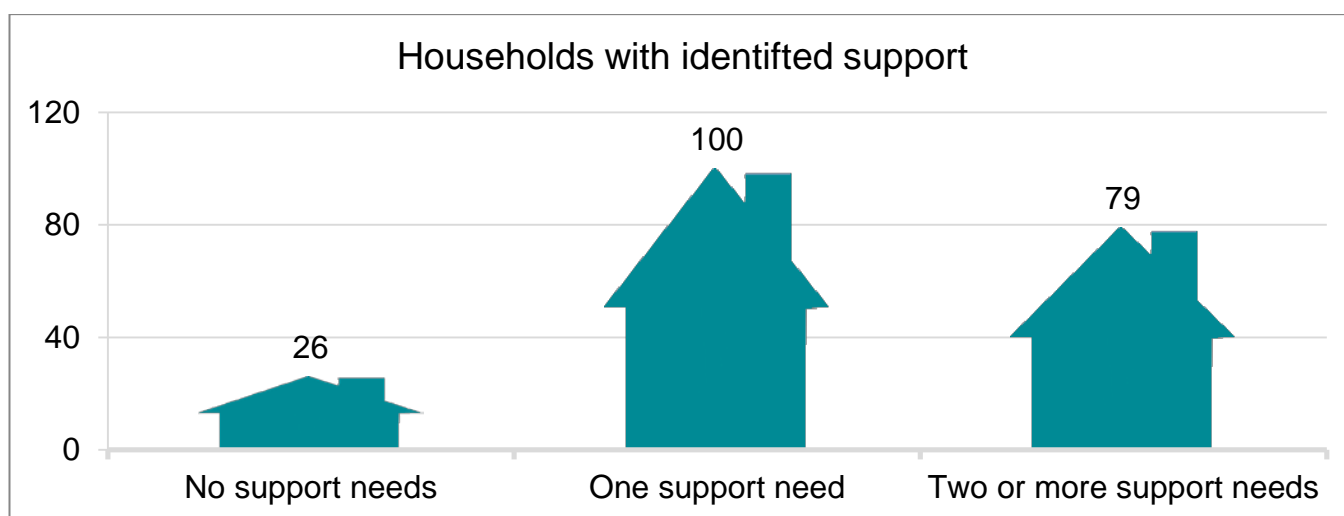
Where it has not been possible to prevent homelessness occurring, the service will carry out a more intense level of support. This involves a fuller assessment of the circumstances and needs of a presenting household and, as necessary, providing temporary accommodation. The chart below shows the number of these assessments that began in 2018/19.



During this assessment a number of areas are covered to identify the required support that can enable resolution of a household's homelessness situation. The areas include:

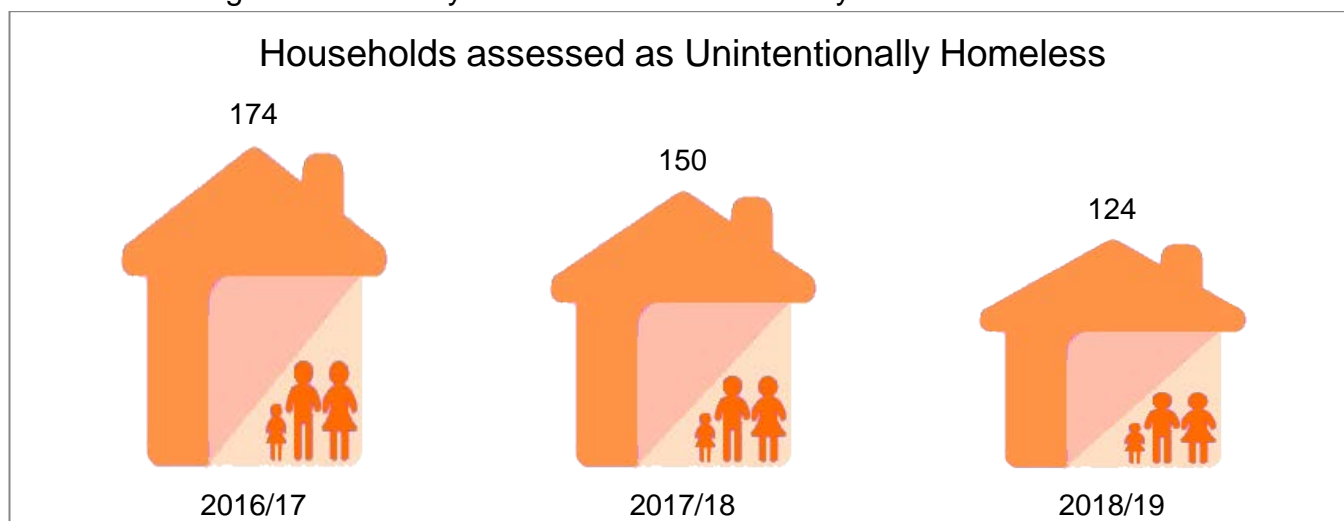
- Mental Health
- Learning Difficulties
- Physical Disability
- Medical Conditions
- Drug or Alcohol dependency
- Housing management / independent living skills

Not every household will require support in these areas, whereas some will require support in multiple areas. The chart below gives an indication of this for 2018/19.



An extract from section 24 of the Housing (Scotland) Act 1987 defines homelessness as follows: 'A person is homeless if he/ she has no accommodation in the UK or elsewhere. A person is also homeless if he/ she has accommodation but cannot reasonably occupy it... A person is intentionally homeless if he/ she deliberately did or failed to do anything which led to the loss of accommodation which it was reasonable for him/ her to continue to occupy.'

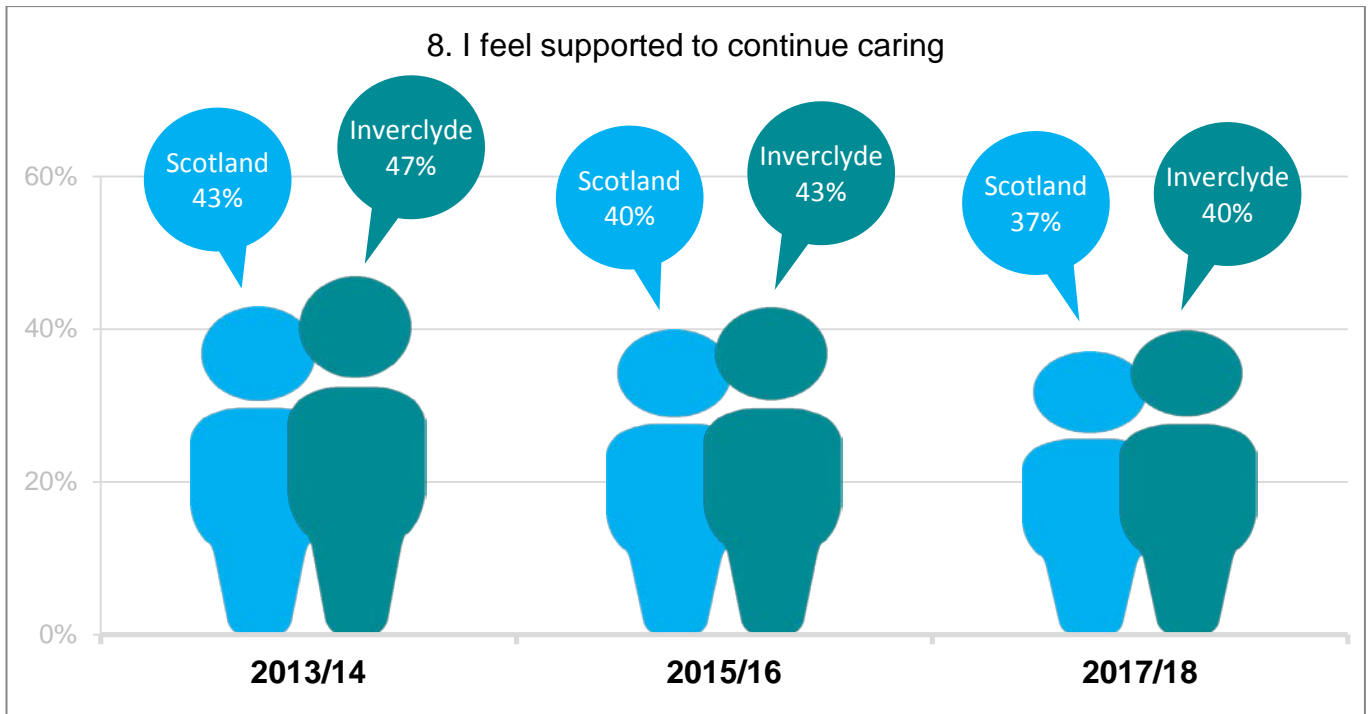
The graph below shows the reduction in the number of households that are assessed in this context as being 'unintentionally homeless' over the last 3 years.



Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

The Carers (Scotland) Act 2016 took effect on 1 April 2018, this is a key piece of legislation to “promote, defend and extend the rights” of Adult and Young Carers across Scotland. It brings a renewed focus to the role of unpaid Carers and challenges statutory, independent and their sector services to provide greater levels of support to help Carers maintain their health and wellbeing.

Current performance: National Integration Indicators



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)

Current performance: Local Indicators

Carers

The Carers (Scotland) Act 2016 commenced from 01 April 2018 and Inverclyde have been working hard with carers and young carers to ensure the successful implementation of the new powers enshrined in the Act. In April 2019, Inverclyde Health and Social Care partnership took the decision to waive all charges for respite and short breaks. We are the first Council to implement this in Scotland and will be of direct benefit to over 250 carers and their families.

The aim of the Act is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a fulfilled life alongside caring. For young carers the intention is to ensure that they are supported to ensure that they have a childhood similar to their non-carer peers.

Inverclyde has:

Worked in collaboration with Inverclyde Carers Centre to ensure the requirements of the Act are implemented locally.

Waived all charges for respite and short breaks. We are the first HSCP to implement this in Scotland and will be of direct benefit to over 250 carers and their families.

Supported Inverclyde Carers Centre to develop Carer Awareness Training to promote the rights of carers across the workforce as we move towards full implementation.

Commissioned Your Voice to develop a range of carer engagement opportunities.

Raised awareness of young carers and issues across education and the wider community, increased capacity of Young Carers support from Barnardo's Thrive Project.

Fund a Carer's Passport Card to support increased identification of carers, linking to a "Carer Friendly Inverclyde" by encouraging local organisations to offer community/commercial discounts for carers. To date over 100 businesses have signed up to the scheme and over 300 carers are in receipt of a card.

Support Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre.

Support Inverclyde Carers Centre to provide emotional support to carers.

Over 500 carers identified themselves as carers in the past financial year with around 150 Adult Carer Support Plans completed and around 30 Young Carers Statements completed.

A copy of the Inverclyde Carer & Young Carer Strategy 2017-2022 is available on the Inverclyde Council website:

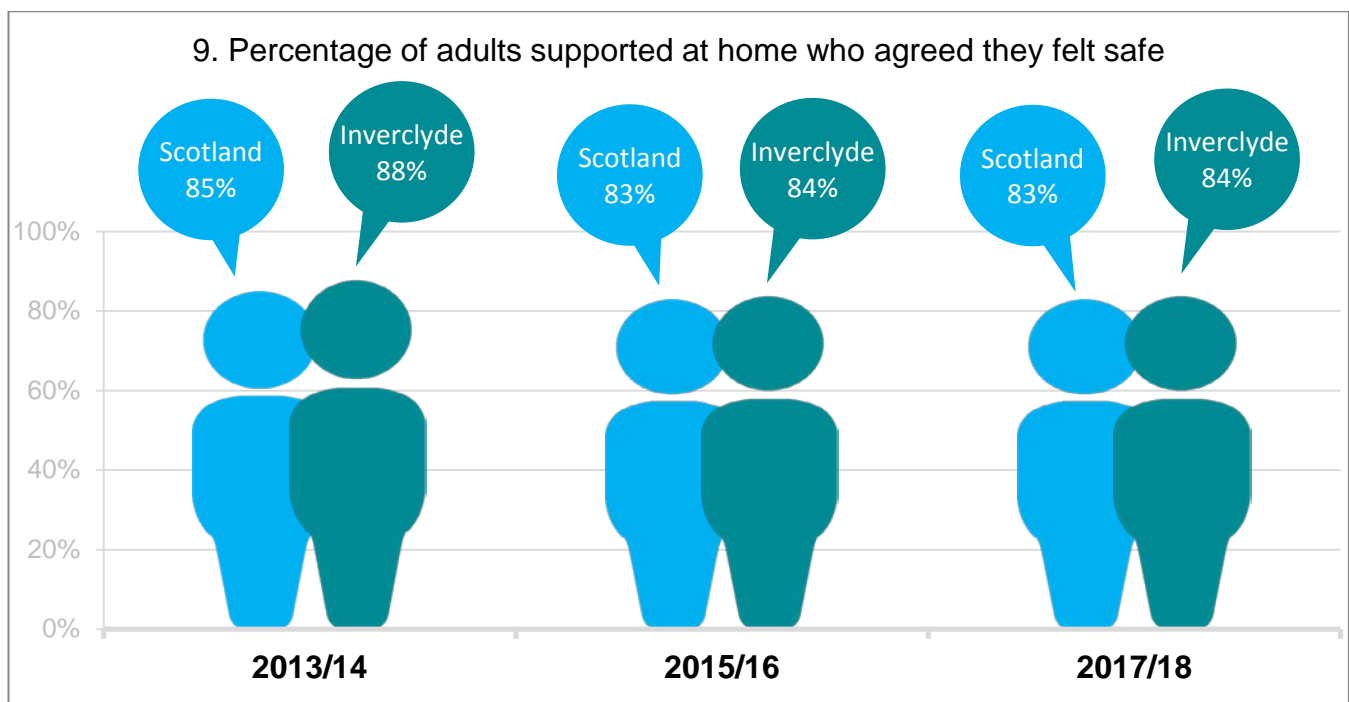
<http://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

Outcome 7 - People using health and social care services are safe from harm

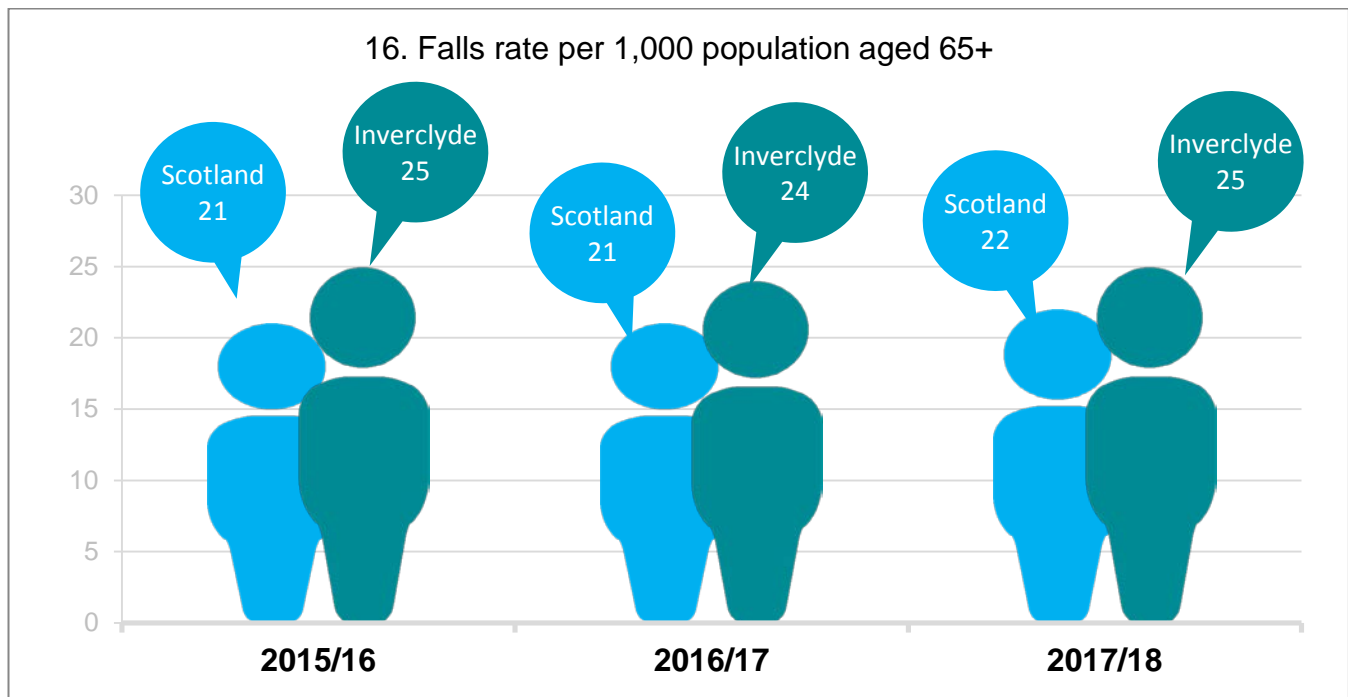
Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people.

Under the Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and where necessary intervene to make sure vulnerable adults are protected.

Current performance: National Integration Indicators



Higher figures = Better performance (data from the biennial Health and Care Experience Survey)



Lower figures = Better performance

Both locally and nationally the number of older people experiencing injury through a fall has remained static over the past 3 years, the Scottish figures range from 21 to 22, Inverclyde 24 to 25.

Falls are often a symptom of other illnesses, not a specific diagnosis, and as such are often picked up as a secondary problem when service users are referred into HSCP services for other reasons.

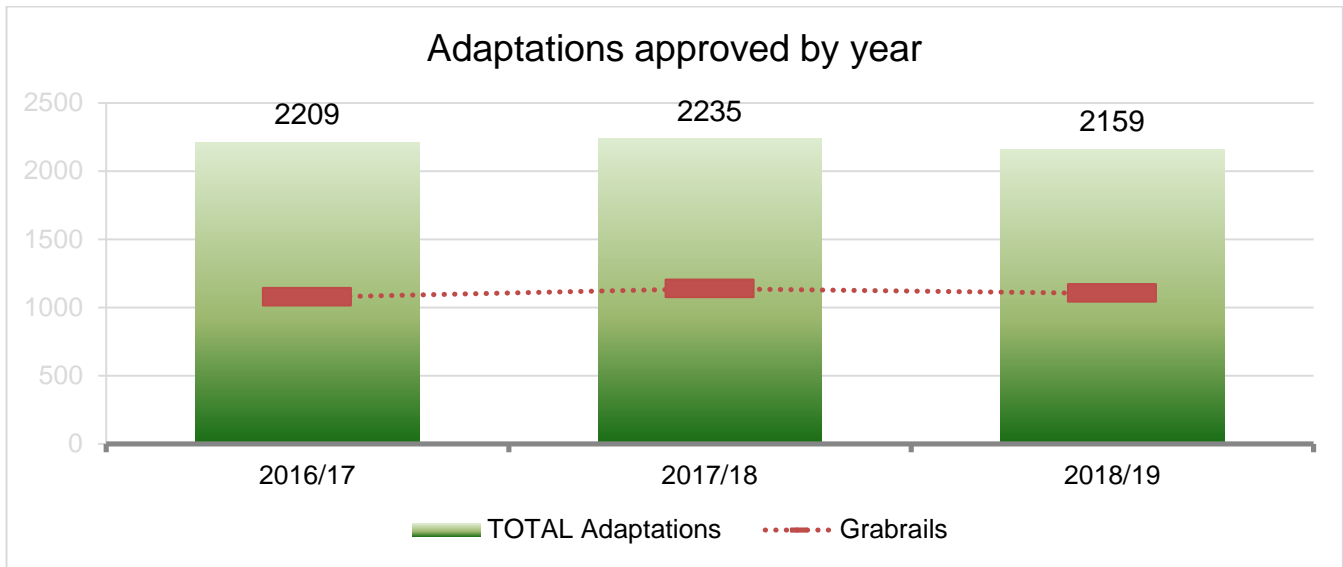
Joint working between the falls physiotherapist and Community Alarm Team should help towards reducing the rate of falls in our older population.

Current performance: Local Indicators

Housing adaptations

A further example of activity aligned to the safety outcome is reflected in the number of housing adaptations we have undertaken.

In 2018/19 we arranged for 2,159 adaptations to assist people to remain independent and safe in their own homes. Of these adaptations just over half (51%) were for grab rails which are a quick and effective solution to help prevent falls and keep people safe whilst living independently as possible.



Allan's story

The service received an urgent referral for 77 year old man (Allan) from his GP. The request was for his patient to be seen due to fall and reduced mobility.

Allan was previously independent with walking sticks and driving his own car. Following receipt of referral he was reviewed on the same day by Urgent Community RES Team. He was assessed as unable to transfer or walk unassisted and was issued with equipment which would allow him to continue to weight bear and maximise his potential to be able to return to his usual level of ability.

Specialised community equipment was also issued (wheeled commode chair, high back chair and bed lever) to maintain his function at home and reduce the stress on his wife and support her to take on the new role as his Carer.

The assessor also arranged for him to be seen urgently by other specialist community services.

The Community RES Team worked with Reablement colleagues, shared advice and shared Allan's focussed goals. There was frequent and appropriate communications between all services including Allan's GP and the services worked together to support him to improve both his mobility and function.

He has returned to using walking sticks to mobilise and is in the process of returning to driving.

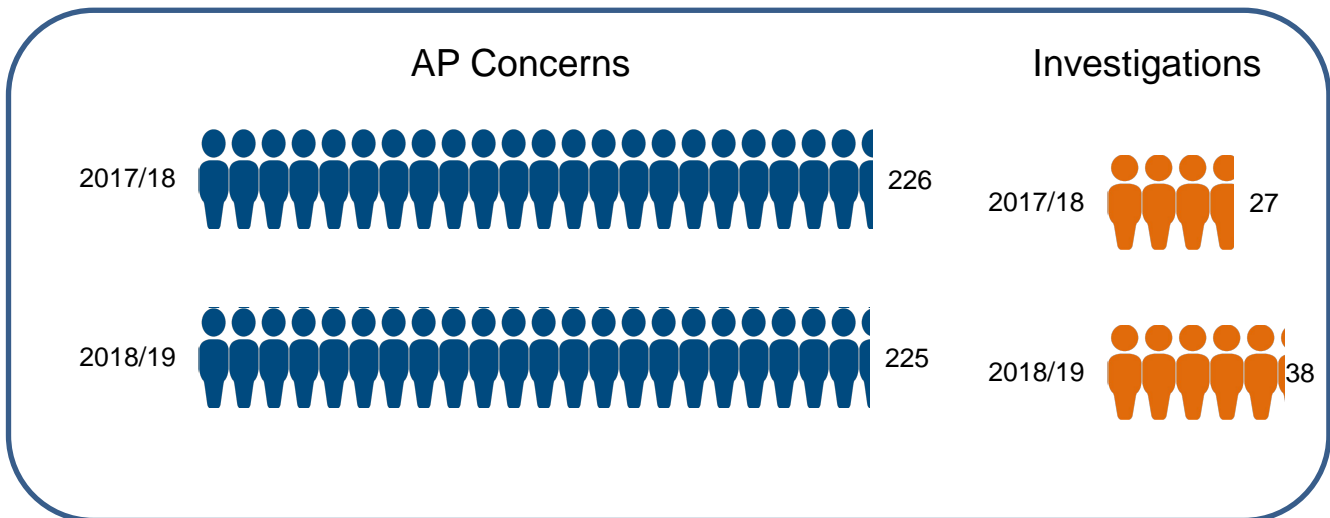
Allan continues to improve with the Community Rehab team and it is hoped that his Reablement Service can stop soon due to his improvements and increased independence

Protecting vulnerable adults

Some people with particular vulnerabilities need formalised protection to ensure that they are kept safe from harm.

During 2018/19, 225 Adult Protection concerns were referred to the HSCP (no change since 2017/18).

After initial inquiries 38 of these concerns - or about 17% - progressed to a full investigation. Investigations fluctuate from year to year but generally remain within parameters of a 10 to 20% conversion rate from referrals to investigations.



In line with the statutory duties of the Adult Protection Committee the on-going priorities are:

- Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy 2018/20 has been produced to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. The content of all training currently being delivered was audited against the West of Scotland Council Officer Learning and Development Framework. The content of existing courses have been reviewed and new courses have developed based on identified gaps.
- Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols are subject to planned review.
- Continued focus on self-evaluation, quality assurance and the impact of activity.
- Review of Communication Strategy to improve public awareness of Adult Support and Protection.

By focussing on these priorities our Adult Protection Committee ensures that people within Inverclyde HSCP are indeed safe from harm.

Ben's story

Ben's situation came to light following a police referral. He was an older man with cognitive impairment who lived alone. He was subject to financial harm following being targeted by bogus workmen. He was taken to the bank by them in an attempt to withdraw a significant sum from his account for unnecessary and non-existent work to his property.

Social work and health worked together to ensure Ben's wellbeing and finances were safeguarded in the short and longer term whilst the police, trading standards and bank progressed a criminal investigation.

Ben's situation was progressed under auspices of adult support and protection however all appropriate legislation was considered with action under adults with incapacity legislation being utilised to secure his financial position.

Whilst this criminal act was a traumatic experience for Ben and his family, they very much appreciated and felt supported by the coordinated multi-agency response to their situation.

Outcome 8 - 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

An engaged workforce is crucial to the delivery of the HSCP visions and aims. Workforce engagement helps create an environment where the workforce feels involved in decisions, feels valued and is treated with dignity and respect. It is only through an engaged workforce that we can deliver services and supports of the highest standard possible.

Current performance: National Integration Indicators

10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)
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Although the national data is still under development, there are other ways of considering the extent to which our staff experience a sense of job satisfaction.

Current performance: Local Indicators



Inverclyde HSCP iMatter has demonstrated a year on year increase in response rates and this year for the first time we exceeded the threshold of 60% return and received a detailed and specific report of the staff experiences of Inverclyde HSCP.

The report demonstrates a 80% average across all questions which suggests that the HSCP staff are well engaged while staff rated Inverclyde HSCP as a good place to work as 7.32 out of 10 on a Likert scale. Our highest and lowest scores are detailed below. It's important to note that only one of twenty nine questions fell outwith the green "strive and celebrate" category.

The Chief Officer along with members of the Senior Management Team created an improvement plan that included:

- A schedule of senior manager service area visits to increase visibility and provide opportunities to meet and speak to staff across the HSCP. The Chief Social Work Officer meets with all new Social Work staff at induction.
- All redesign programmes within the Transformation Board will include staff work streams.

- Creation of 2 “open chairs” for staff members to attend the Staff Partnership Forum is planned.
- Leadership sessions support better conversations and increased feedback within the HSCP.

IMatter helps us focus on what is important to our staff and by focusing on this improvement journey we trust they will know that they matter.

Highest Scores by year		2017	2018	2019
	My direct line manager is sufficiently approachable	90%	91%	90%
	I am clear about my duties and responsibilities	87%	89%	89%
Lowest Scores by year				
	I feel senior managers responsible for the wider organisation are sufficiently visible	67%	68%	70%
	I feel involved in decisions relating to my organisation	61%	62%	65%

Health & Social Care Standards

Health and Social Care Standards (H&SCS) sessions were provided to raise awareness amongst managers and HSCP staff in relation to the Health and Social Care Standards which came into force in April 2018. 104 staff from across the HSCP attended the sessions facilitated by Healthcare Improvement Scotland. The sessions included a presentation of the Standards and time for group discussion and reflection.

The key insights included:

- The standards support Scotland’s journey to integrate health and social care and create shared objectives, a shared language and more joined-up service for the public.
- The Standards will have a far wider impact and will apply to many more people’s experiences of care, including non-registered care and care provided by the NHS and local authority.

- There is a move away from the traditional prescriptive standards to a more holistic model looking at an individual's overall experience and therefore requires a different kind of inspection starting with care homes for older people.
- The Care Inspectorate's expectation is that the H&SCS will be used in planning, commissioning, assessment, and delivering care and support.
- For practitioners, the Standards support a reflective stance and orientate the reader to the patients/service user's experiences and the outcomes that are desired.
- For the Organisation, the Standards orientate leaders to focus on the quality of relationships, how leadership is being evidenced and person centred evidence within the services they manage.



The H&SC Standards provide a real integrated

opportunity for the whole of the HSCP workforce to work to shared goals using a common language and shared set of Standards.

Inverclyde HSCP Staff Awards

Our local Staff Awards were held in the Tontine Hotel, Greenock on 5 October 2018 and over 100 colleagues and guests came together to celebrate excellence in Inverclyde HSCP.

Our Inverclyde HSCP Macmillan Welfare Benefit Service won “our service users” category for providing a nationally recognised service, addressing the financial impacts of a diagnosis of cancer. The team also went on to win the overall “Celebrating Excellence Award” for Inverclyde HSCP and were awarded the accolade for making a real difference to people's lives when they need it most.

John Smith our Community Alternatives Resource Manager won the “our people” award for his outstanding contribution in championing recovery and social inclusion in mental health and beyond.

The New Ways project team won the “our culture” award for piloting new ways of working within primary care, introducing new roles and approaches to develop multi-disciplinary teams within GP practices.



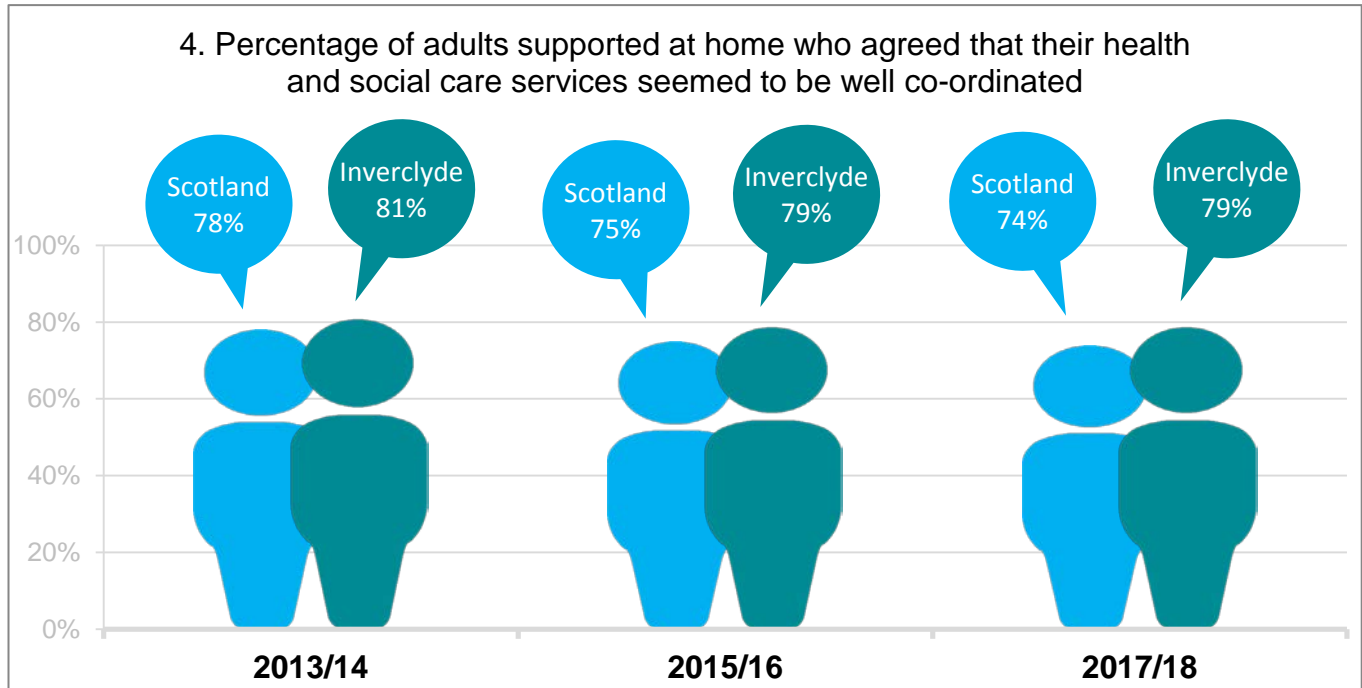
The “our leaders” award went to the Health and Community Care Team Leads who inspired and demonstrated innovative leadership and in the development and embedding of the Home 1st Reablement approach. The Home 1st team went on to win the coveted Greater Glasgow and Clyde Chairman’s award for “outstanding excellence”. The strong message of partnership working and the enabling culture inherent in the Home 1st approach is an inspiration.



Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

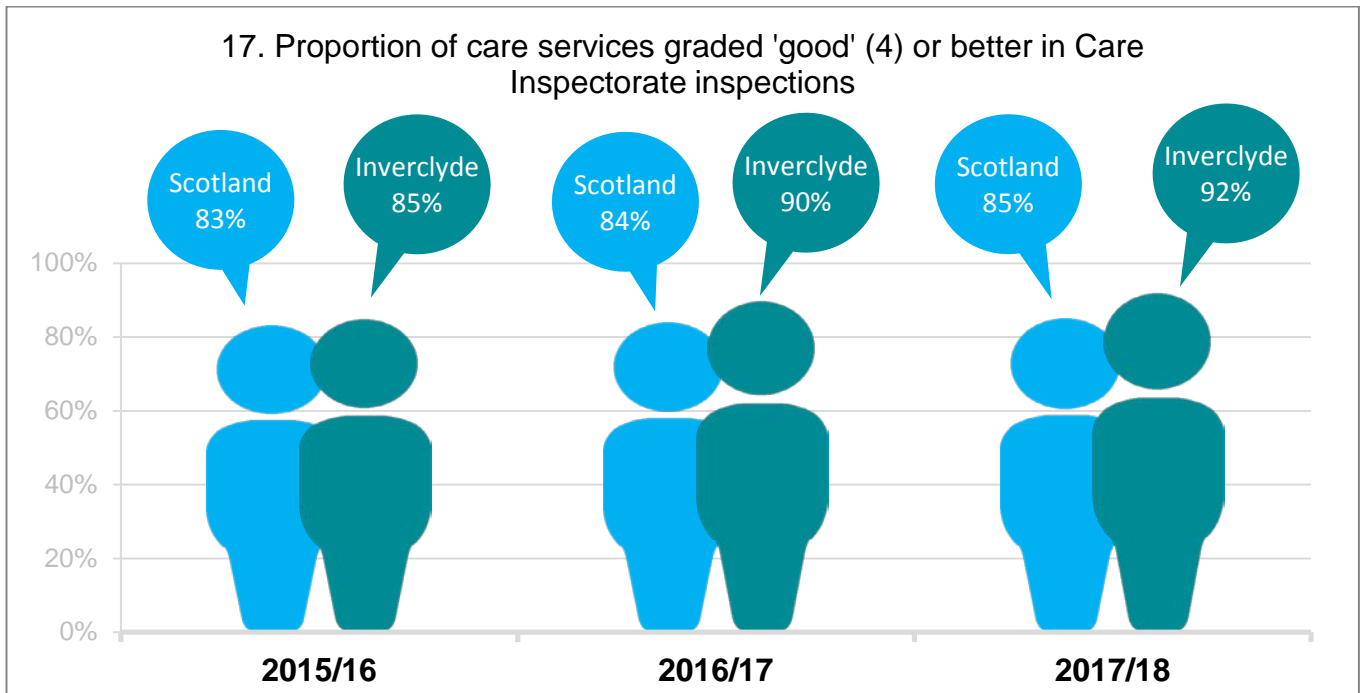
There are various ways that the HSCP is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication.

Current performance: National Integration Indicators



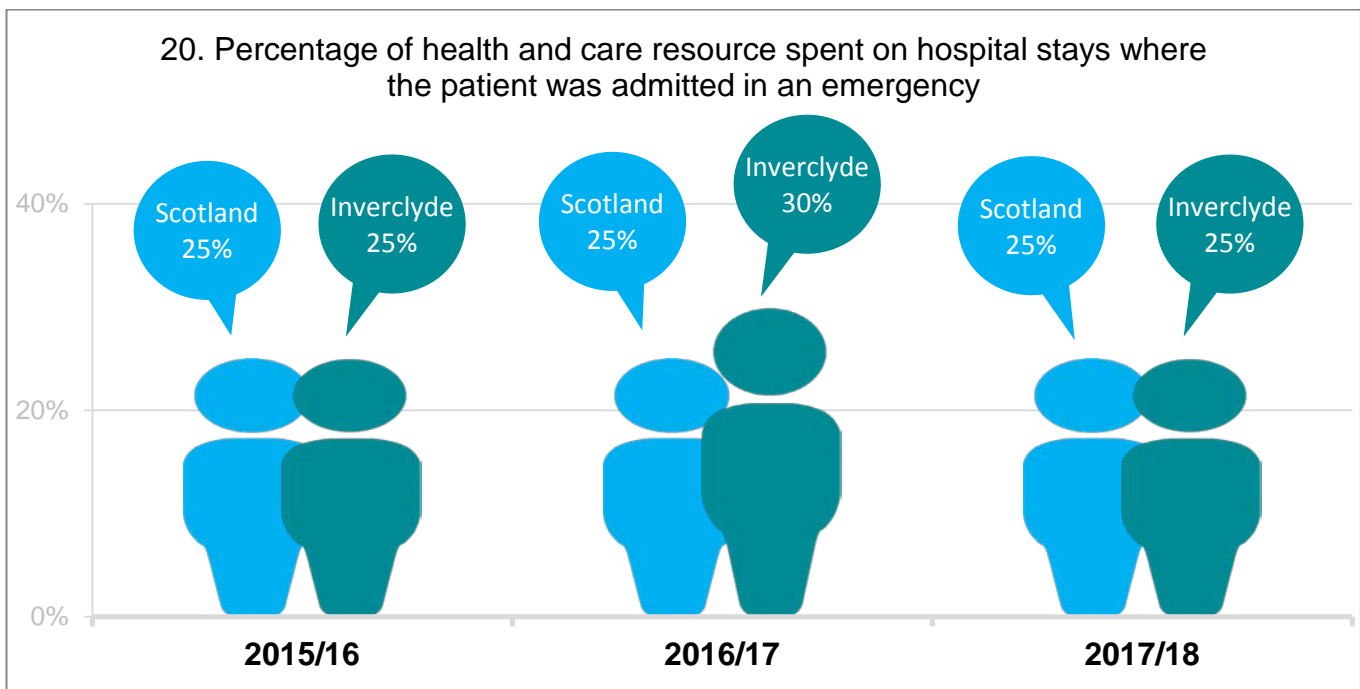
Higher figures = better performance (data from the biennial Health and Care Experience Survey)

We are consistently above average, but continue to try to do better. The six Big Actions in our 2019/24 Strategic Plan have an underlying theme of making the most of integration.



Higher figures = better performance

This reflects the strong partnership working between HSCP officers and our local care provider organisations.



Lower figures = better performance

By reducing this percentage, we hope to release money into community based services. People would rather receive care in their own homes whenever safe and appropriate.

23	Expenditure on end of life care, cost in last 6 months per death	Indicator under development (ISD)
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Current performance: Local Indicators

Inverclyde Services Care Inspectorate

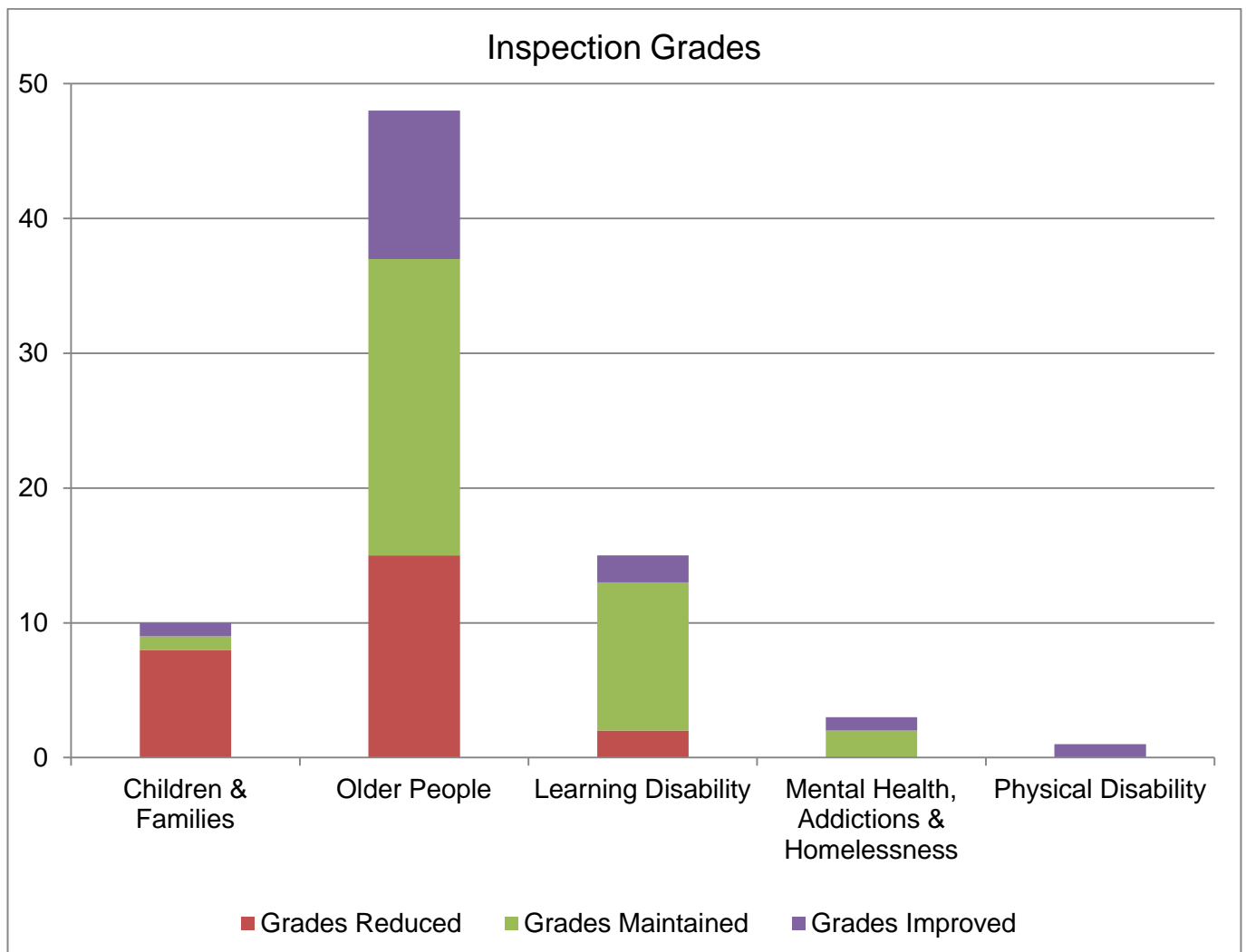
Total number of Inspections carried out for providers who receive payment from Inverclyde HSCP was 77.



39 of the services inspected were Inverclyde Area services.
38 of the services inspected were Out of Area placements.

Of the 77 services that were inspected:

- 16 Services improved their grades
- 36 Services grades were maintained
- 25 services grades decreased.



Access 1st

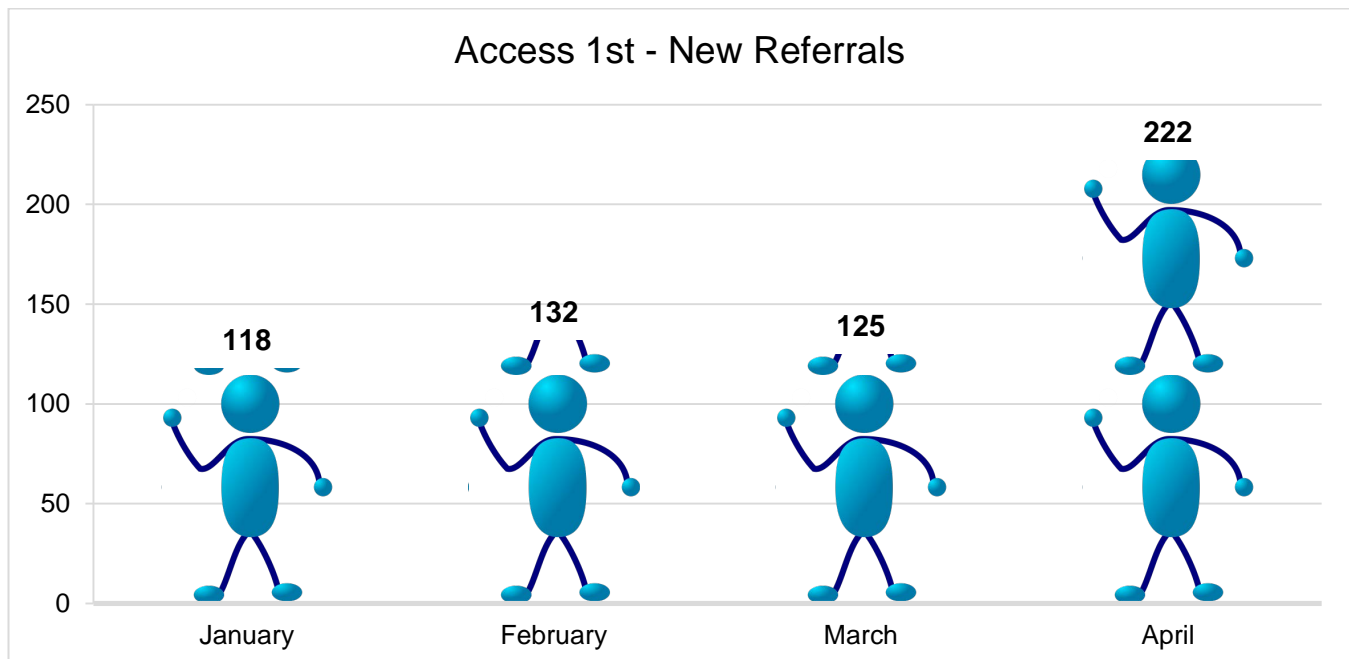
Access 1st is a single point of contact for referrals for adult Health and Social Care Services in Inverclyde. This is in line with our Home 1st approach and fits with the HSCP Big 6 strategic actions.

The approach of Access 1st is to assess the eligibility of need and support people to:

- live a safe, healthy active and satisfying life
- Feel respected and included in their local community
- Feel that they have the same opportunities as others who do not have a long term condition or disability
- Promote equality and dignity
- Support them in their role as a Carer.

Access 1st offers access to a range of supports including:-

- Signposting to relevant community organisations for services available to the whole community including community connectors
- Providing information and advice around health and social care services
- Access to equipment to assist with daily living
- Provide services which can enable individuals to enjoy a full life with a little short term assistance
- Long term support for individuals who require ongoing support due to their health or disability
- Safeguarding adults who may be at risk.



People are able to refer themselves or a family member, friend or carer to Access 1st. We also accept contacts from other professionals and representatives on behalf of their clients or patients.

As part of our overall Assessment and support planning, Access 1st will promote a person's abilities and skills as well as involvement of partner's family's friends and neighbours to meet the assessed needs of the person.

By 2024 we will improve access to HSCP services by moving from 11 access points to 3.

For more information about services we can provide or access on your behalf please contact Access 1st or visit our web page:

<https://www.inverclyde.gov.uk/health-and-social-care/adults-older-people/homecare>

Compassionate Inverclyde



Compassionate Inverclyde has grown from a small local initiative into something which many of the people involved describe as a social movement.

It comprises many different elements, all connected by a strong overarching story about enabling ordinary people to do ordinary things for ordinary people and guided by the community values of being compassionate, helpful and neighbourly.



Compassionate Inverclyde - the first compassionate community in Scotland was recognised at the COSLA Excellence Awards 2018.

The project is a partnership between Inverclyde Health & Social Care Partnership and Ardgowan Hospice and has brought together hundreds of volunteers supporting and caring for one another at time of crisis and loss.

Community engagement and development has been carried out across all age groups and many organisations within Inverclyde involving schools, churches, workplaces, community centres, hospital, local hospice, youth groups and voluntary organisations.

Strands of Compassionate Inverclyde

Compassionate Inverclyde continues to grow organically and now has many interdependent strands with the overarching movement.

No One Dies Alone (NODA)

One important strand of Compassionate Inverclyde is the No One Dies Alone work stream. Inverclyde Royal Hospital has become the first hospital in Scotland to have No One Dies Alone (NODA) programme. Local people were concerned about many people living and dying on their own. Volunteers provide support to those in their final hours who do not have family or friends available to be with them. Initially developed to support people at end of life in hospital it is now spreading to support end of life care in the community, initially in care homes.

49 People have benefitted from volunteer/No One Dies Alone companion support*

*From inception on 1/12/17 to 15/4/19

High Five Programme

Adapted and delivered to school pupils, college students, youth clubs, prisoners, community groups and a local business. Each five-week programme focuses on five ways to wellbeing and helps people to understand how they can be kind to themselves and to others.

Back Home Boxes



Representing community acts of kindness to support people who live alone as they return home from hospital. The boxes are gifted by a local business and are filled with community donations of essential food items, hand crafted kindness tokens, a get well card made by local school children and a small knitted blanket made by local people and community groups. Volunteers organise collecting contents from local community and distributing the Back Home Boxes within local hospital.

1903 people have received Back Homes Boxes*

*From inception On 13/11/17 to 15/4/19

Back Home Visitors

Is a new development based on neighbourliness whereby a volunteer visitor and a young person will visit an older person who lives alone and is socially isolated.

Bereavement Café and Support Hub

The initial drop-in bereavement groups in two community cafes have been superseded by a volunteer led support hub in a local Church. The Hub offers a meeting place for volunteers and a friendly haven for anyone in the community who is experiencing loneliness, loss, crisis or bereavement.

The synergy between each of these community initiatives amplifies their effect, improving the lives of the people of Inverclyde and enhancing the wellbeing of the community. Each day, many people facing bereavement, loneliness, illness and survivorship benefit from community acts of kindness and support that improve their wellbeing irrespective of age, condition or circumstances.

Touching Lives

I wanted to send you a quick email to express my gratitude for the Back Home Box and the kindness of it. I will explain how much it meant.

My brother was recently in Inverclyde Royal Hospital, very unexpectedly – he had collapsed which is frightening enough for anybody but even more so for him. He has had lifelong severe mental health problems and has had struggles with that over the years. He wasn't in that long but got a box given to him on discharge. I can't tell you how much it meant to him, if you had seen and heard his reaction to it you would have been so moved and would have known that what you are doing is amazing.

He leads a very isolated life and has very little contact with anybody, when I went round to visit him he had a beautiful homemade card in pride of place on his unit, what a fabulous idea and also for the children who make them to give too and understand about giving. He was so chuffed with it and he told me he'd even got jam and milk too and listed out the box items. It felt like a Christmas hamper! It's not even totally what is in the box but the very idea that somebody can be so kind to a stranger means the world and in a time of need such a tonic as well as being so useful as he hadn't been able to get the shops.

I will be donating items into the collection boxes you have and hope that it means as much to whoever gets them as it did to both my brother and me. I confess I even felt a bit tearful about it, in a good way! He gave me the heart to hang on my twig tree! So a huge thank you to you and everybody involved and the little girl from a school in Largs who made a beautiful get well card.

You are all stars.

The above feedback demonstrates how one box touches many lives.

Inverclyde Care & Support at Home Grading

The Care & Support at Home service supports over 1,300 people in their own homes providing a number of different types of support including care at home, technology enabled care – which includes community alarms and other technological assistance - rapid response and respite.

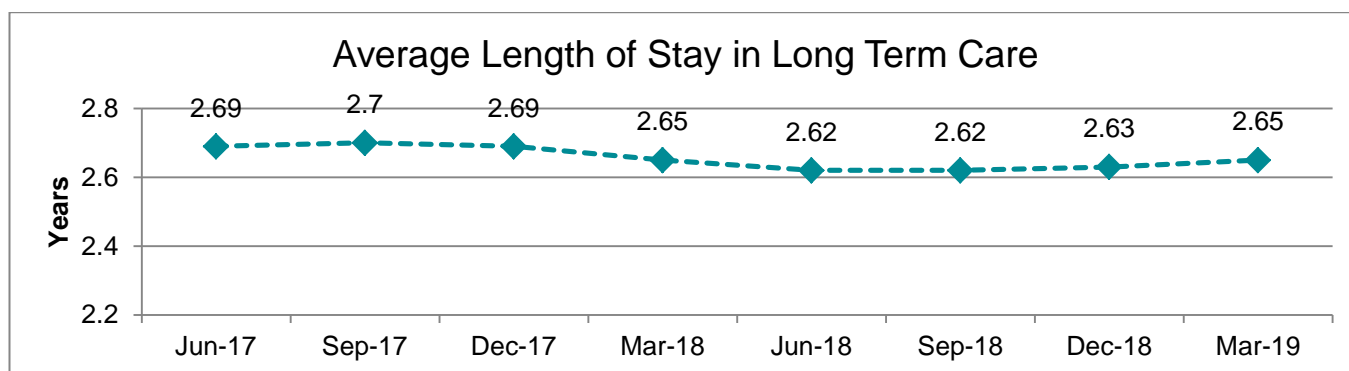


Care & Support at Home's aim is to enable people to live as normal an independent a life as possible in their own homes.

Our annual inspection by the Care Inspectorate in May 2018 graded our Care and Support and Management and Leadership as 'very good'. This has been an extremely positive outcome given the demand for these services.

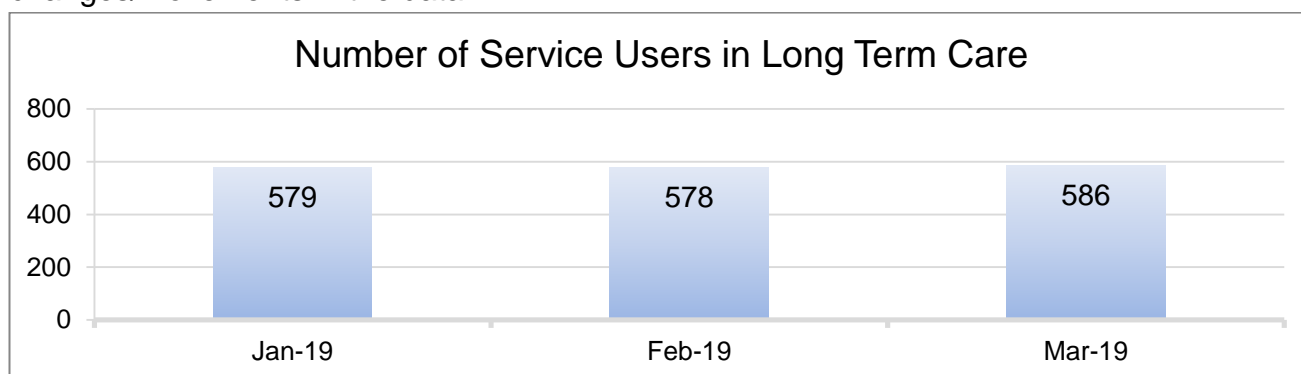
Long Term Care

The Average Length of Stay for those individuals in Long Term Care has remained fairly static. In March 2019, the average Length of Stay was 2.65 years, the measurement for the previous financial year end (March 2018) was also 2.65 years.



Although the Average Length of stay has remained static, we do know that turnover within our care homes has increased, and that clients admitted to long term care in the last few years are staying for shorter lengths of time than they did previously (this indicates that individuals are only being placed in long term care when it is deemed they can no longer live independently in their own homes supported by our other services). This is a stark contrast to some of our clients who were admitted around the turn of the millennium and whose length of stay is around 20 years.

This indicator is now measured quarterly rather than monthly due to the small changes/movements in the data.



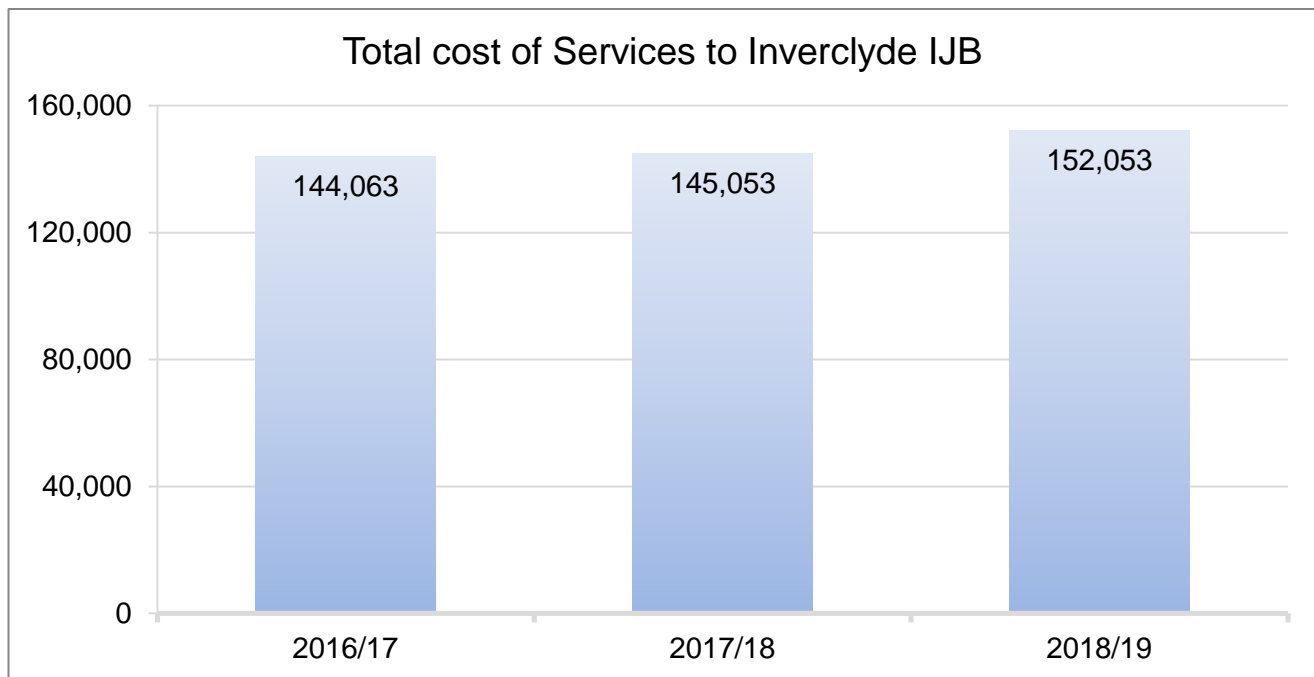
Finance

Inverclyde IJB Financial Summary by Service

	2016/17* £000	2017/18 £000	2018/19 £000
Strategy and Support Services	2,992	2,591	2,416
Older Persons	27,527	26,867	27,020
Learning Disabilities	11,028	10,653	11,898
Mental Health – Communities	5,748	5,804	6,712
Mental Health – In Patients	9,543	9,338	8,729
Children and Families	12,979	12,986	13,738
Physical and Sensory	2,714	2,659	3,117
Addiction / Substance Misuse	3,345	3,389	3,464
Assessment and Care Management / Health and Community Care	6,031	7,772	8,258
Support / Management / Administration	3,520	3,807	4,174
Criminal Justice / Prison Service	55	(38)	26
Homelessness	859	967	791
Family Health Services	21,800	21,766	25,547
Prescribing	18,136	18,817	18,591
Change Fund	1,347	1,236	1,133
Cost of Services directly managed by Inverclyde IJB	127,624	128,614	135,614
Set aside	16,439	16,439	16,439
Total cost of Services to Inverclyde IJB	144,063	145,053	152,053
Taxation and non-specific grant income	(148,023)	(146,889)	(153,538)
Surplus on provision of Services	3,960	1,836	1,485

* The Inverclyde IJB was established from 01/04/2016

The IJB works with all partners to ensure that Best Value is delivered across all services. As part of this process the IJB undertakes a number of service reviews each year to seek opportunities for developing services, delivering service improvement and generating additional efficiencies.



Budgeted Expenditure vs Actual Expenditure per annum

	2016/17* £000	2017/18 £000	2018/19 £000
Projected surplus / (deficit) at period 9	0	(1,426)	(897)
Actual surplus / (deficit)	3,960	1,836	1,485

Explanation of variances

2016/17 - variance due to balances remaining at the yearend on Earmarked Reserves inherited in year from Inverclyde Council

2017/18 - spend on Earmarked Reserves lower than anticipated coupled with a higher than anticipated overall underspend on services, mainly Social Care, as outlined in the Annual Accounts

2018/19 - higher than anticipated underspends on services, mainly Social Care, as outlined in the Annual Accounts

Health and Care Experience Survey

The Health and Care Experience Survey is undertaken every two years by the Scottish Government and asks about people's experiences of accessing and using Primary Care services. It was widened in 2013/14 to include aspects of care, support and caring that support the principles underpinning the integration of health and care in Scotland, outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.

National Indicator		2016/17	2017/18	Scottish Average (2017/18)	How we compare to our last result	How we compare to the Scottish Average
1	Percentage of adults able to look after their health very well or quite well	90%	91%	93%	↑ 1%	↓ 2%
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	88%	80%	81%	↓ 8%	↓ 1%
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	85%	77%	76%	↓ 8%	↑ 1%
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	79%	79%	74%	↔	↑ 5%
5	Total % of adults receiving any care or support who rated it as excellent or good	84%	83%	80%	↓ 1%	↑ 3%
6	Percentage of people with positive experience of the care provided by their GP practice	87%	83%	83%	↓ 4%	↔
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	88%	77%	80%	↓ 11%	↓ 3%
8	Total combined percentage of carers who feel supported to continue in their caring role	46%	40%	37%	↓ 6%	↑ 3%
9	Percentage of adults supported at home who agreed they felt safe	87%	84%	83%	↓ 3%	↑ 1%

In 2017/18 we performed at or better than the Scottish average in 6 of the 9 indicators and in the remaining 3 we were only slightly below the average.

Nationally there has been a downward trend in the results of the survey and we have also experienced this locally.

Children’s Services and Criminal Justice

National Outcomes for Children	
10	Our children have the best possible start in life.
11	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
12	We have improved the life chances for children, young people and families at risk.



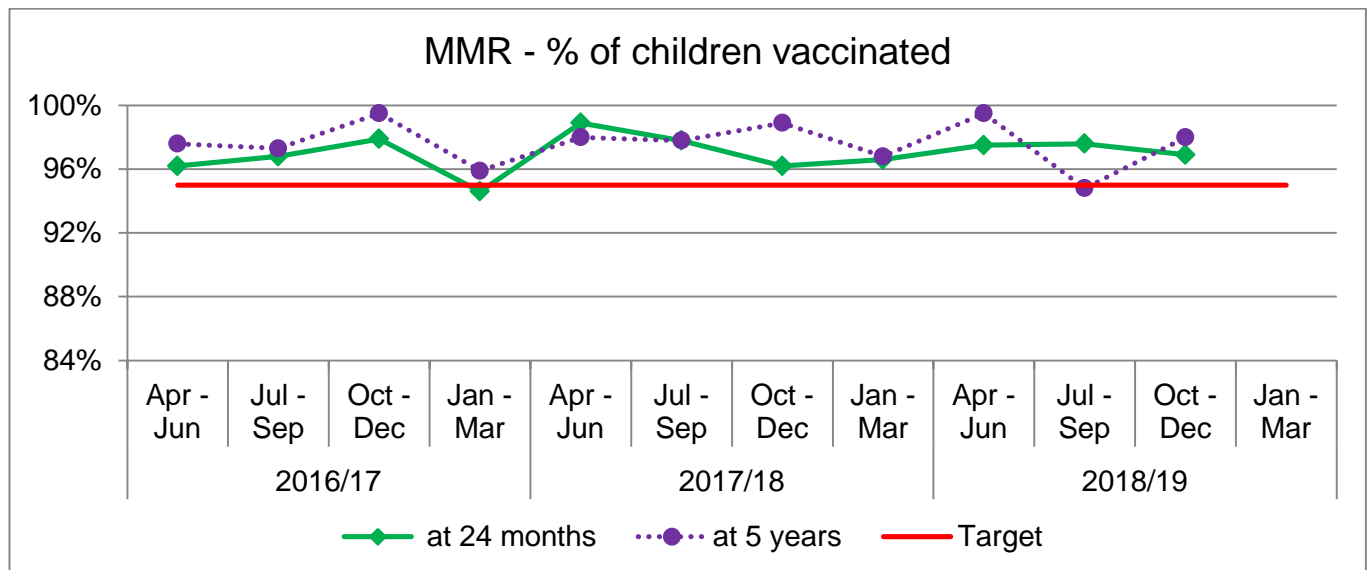
“Nurturing Inverclyde” places our children at the centre of the Community Planning Partnership (the Inverclyde Alliance), in recognition that every child grows up to become a citizen and part of a local community. Moreover, ‘Getting it right for Every Child, Citizen and Community’, will be achieved through working in partnership to create a confident and

inclusive Inverclyde with safe, sustainable, healthy, nurtured communities; a thriving, prosperous economy; active citizens who are achieving, resilient, respected, responsible, included and able to make a positive contribution to the area.

Children in Inverclyde receive the best start in life

Immunisation levels for common diseases provides a gauge on the health of the child population of the area. Uptake of immunisations also indicated a shared responsibility amongst communities to protect children and prevent the spread of illness.

In respect of Measles, Mumps and Rubella (MMR) immunisations, at both 24 months and 5 years, we have regularly exceeded the target of 95%. The development and introduction of community corporate clinics in Inverclyde has improved immunisation rates across all vaccination domains.

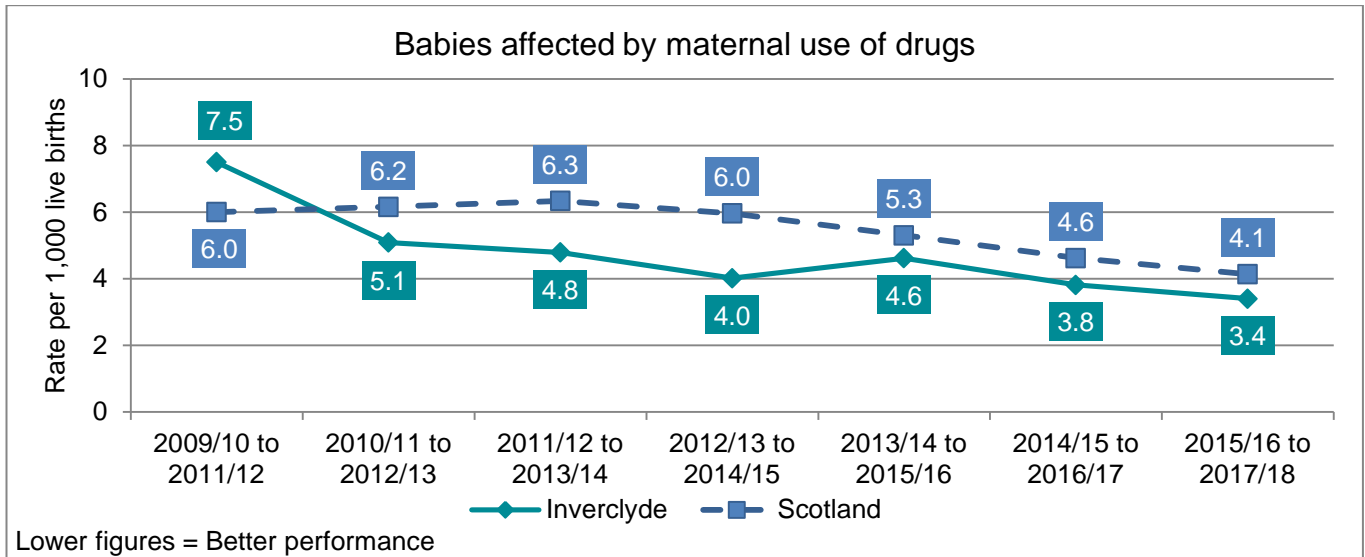


Higher figures = better performance

Babies affected by maternal use of drugs

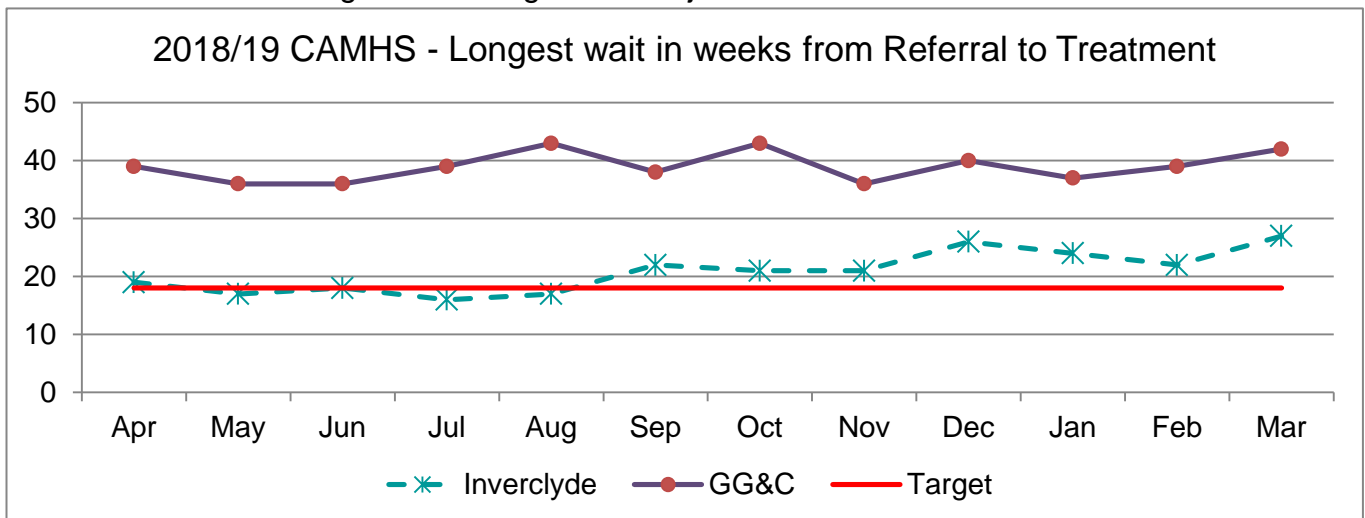
The health of a woman is an important factor in pregnancy, as we know from evidence that in general, healthy women have healthy babies. Inevitably, babies will be affected if their mothers are using drugs, and this could lead to poorer outcomes for the child. We work closely with mothers in this category and both rate and absolute numbers have been on a downward trend in Inverclyde since 2009/10.

Comparing Inverclyde with Scotland as a whole, Inverclyde now has a considerably lower rate of babies affected by maternal drug misuse than Scotland.



Child and Adolescent Mental Health Services (CAMHS)

A GG&C-wide CAMHS Quality Improvement Programme was initiated in April 2018, with one of the early aims being to reduce waiting times for treatment. Inverclyde HSCP has consistently performed better than the GG&C board average and throughout 2018/19 financial year Inverclyde CAMHS met the 90% referral to treatment (RTT) target each month. The longest wait for treatment was 27 weeks, with an average wait of 8-9 weeks. Inverclyde has also performed better than board average in reducing referral rejections for CAMHS.



A number of local and board wide initiatives are planned or underway to improve service delivery. These are described below.

Quality Improvement Programme

NHSGGC initiated a CAMHS Quality Improvement Programme in April 2018. The improvement plan includes four distinct work streams: 1. Review of overall service provision, leadership and culture; 2. Service Improvements; 3. Training and support; and 4. Supervision and Leadership.

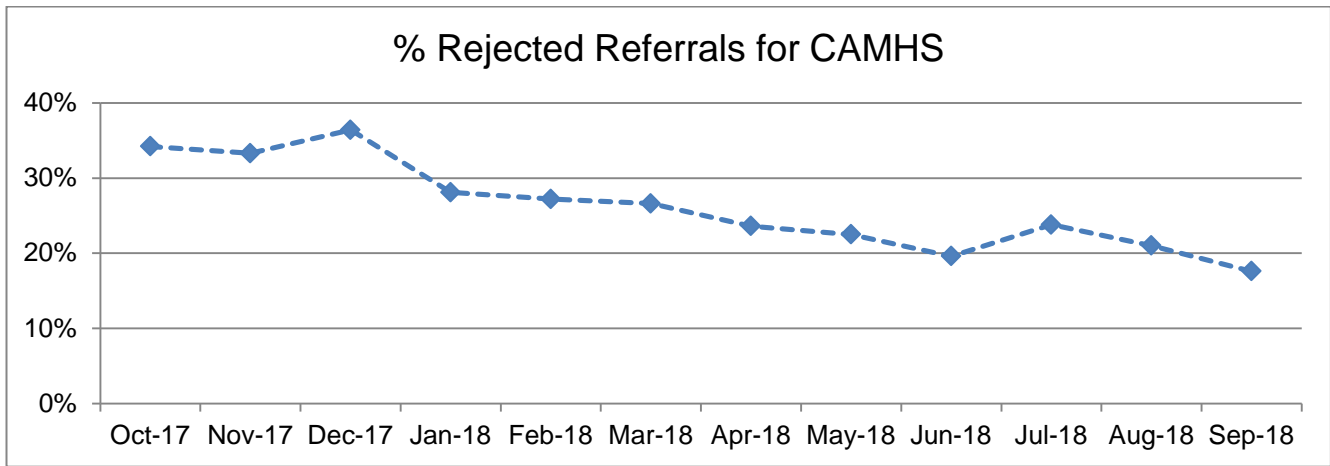
An early action of the programme was seeking to address the dip in percentage of children seen within the 18 weeks RTT target. This included introducing temporary changes to core working hours to include early evenings and weekend work. However, the range of service pressures, and likely future reduction in the RTT target, meant that a more substantial change was required. Consequently, plans were drawn up for a new CAMHS Central Choice Team (implemented from end October 2018) This is being piloted in the Glasgow City area currently and we await evaluation. This is a redesign of the current CAPA model (Choice and Partnership Approach), such that all children who are referred to the service will be seen (aside from inappropriate referrals).

The new Central Choice Team will also focus on being an engaging service, so there has been a change from using opt-in letters to making initial contact with children and families via telephone calls, with letters only used where contact is not possible. Choice appointments will concentrate on exploring what children and families hope to gain from interacting with CAMHS, and where they are referred on for treatment a full booking system will mean both children and families and local teams will know when their next appointment is scheduled. Children and young people not referred for treatment will be offered information on other local services available to them.

Internal audit of rejected referrals and reduction in rejection rate

In August 2017, Glasgow City CAMHS commenced an internal audit of all rejected referrals. Subsequently, the audit was extended to cover all eight Community CAMHS teams in NHSGGC, with data being collected by all teams by January 2018. The audit continued to run up to July 2018, with a pause on reporting internally during February 2018, to accommodate data being collated and submitted to the ISD national audit.

Since October 2017, the NHSGGC Community CAMHS Rejection Rate has varied as shown below.



The above figure is drawn from data submitted to ISD, rather than the internal audit. This demonstrates the impact that the NHSGGC internal audit and associated actions has had, with the rejection rate decreasing from the beginning of 2018, and decreasing substantially most recently. Overall, there is an increase in referrals being accepted across the Board. Currently Inverclyde is sitting < 10% community CAMHS rejection rate.

Early Intervention Project (TiPS)

Other developments in the service include the Early Intervention TIPS Project (Training in Psychological Skills for the Children's Workforce). This is a small team who are piloting a number of interventions including a pilot of 'Let's Introduce Anxiety Management' (LIAM) with Inverclyde school nurses and partner agencies.

Mental Health Access Improvement Collaborative (MHAIC) in Inverclyde

The CAMHS Inverclyde Team successfully applied to participate in the MHAIC. As part of this, the team are working on improving access to neuro-developmental ASD/ ADHD assessments for school age children in the CAMHS pathway. This mainly involves up-skilling core staff to complete the developmental history of children, as well as improving the paperwork for all initial assessments thereby reducing duplication. Findings are positive to date. Next steps will be to transfer the initiative into the Specialist Community Paediatrics school age pathway.

We have also commenced a specialist parenting group programme in CAMHS called Parents in Control (PinC) this initiative is for parents of newly diagnosed children with ADHD and this is evaluating extremely well.

Action Plan within NHSGGC mapped to Audit recommendations

The Audit Scotland report includes a wide range of recommendations for CAMH Services. To review the extent that current and planned service improvements will meet these recommendations. The team are working on the many of the actions currently or they are planned in the near future.

Early help and prevention service for children and young people

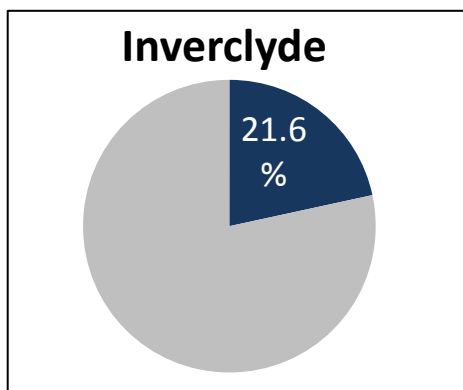
We are also at the exploration and design stage of a tier 2 mental health delivery model. This will be commissioned service across Inverclyde to support the early intervention, prevention and primary care agenda needs and supporting children in their own homes and school communities in the future. This will be a bespoke counselling and mental health intervention that meets the needs of the Inverclyde demographic. It is intended that in 2019 this service development will support the early intervention and avoid escalation of need into Tier 3 Specialist CAMHS provision.

Transitions

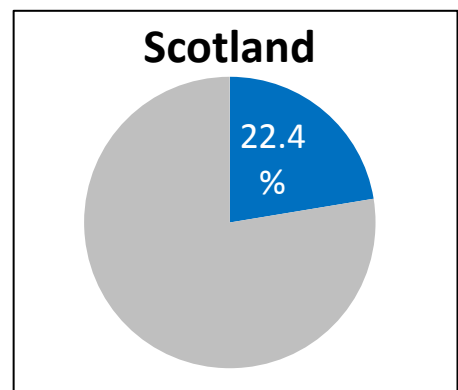
We are also working on improved transitions into Adult services and have on the 1st December adopted the Transition care plans (TCPs). This joint collaborative work will continue to be evaluated to ensure smooth transitions across services within Inverclyde.

Childhood Obesity (at risk of being overweight)

Primary 1 children have their weight measured each year. There is evidence at Scotland level that children are more likely to be at risk of being overweight or obese if they live in more deprived communities (26.1% compared to 17.1% in the least deprived communities in 2017/18). This is even more evident in Inverclyde, with 26.8% of children in more deprived communities being at risk of being overweight or obese, compared to 11.1% in the least deprived areas.



In 2017/18 across Inverclyde, 21.6% of all Primary 1 children were found to be at risk of being overweight or obese. This is slightly below the Scotland level figure of 22.4% of all Primary 1 children.



Infant Breastfeeding Rates

Inverclyde are currently progressing Programme for Government funding to support cultural change to breastfeeding in the community. The focus of this work will also be on increasing overall breastfeeding rates annually with target of 3% by 2022. We also are looking to improve attrition rates at each section of the data points.

We are also involved in an improvement initiative aimed at young mothers and those who reside in the lower SIMD (Scottish Index of Multiple Deprivation) data zones to promote breastfeeding in this group.

The Inverclyde HSCP also supported an Infant Feeding Coordinator post for 2 years. This commenced in December 2018. This focus is on the first 10 days and promoting early handover from midwifery services to Health Visitor with support worker support and coordinator support at this time and thereafter.

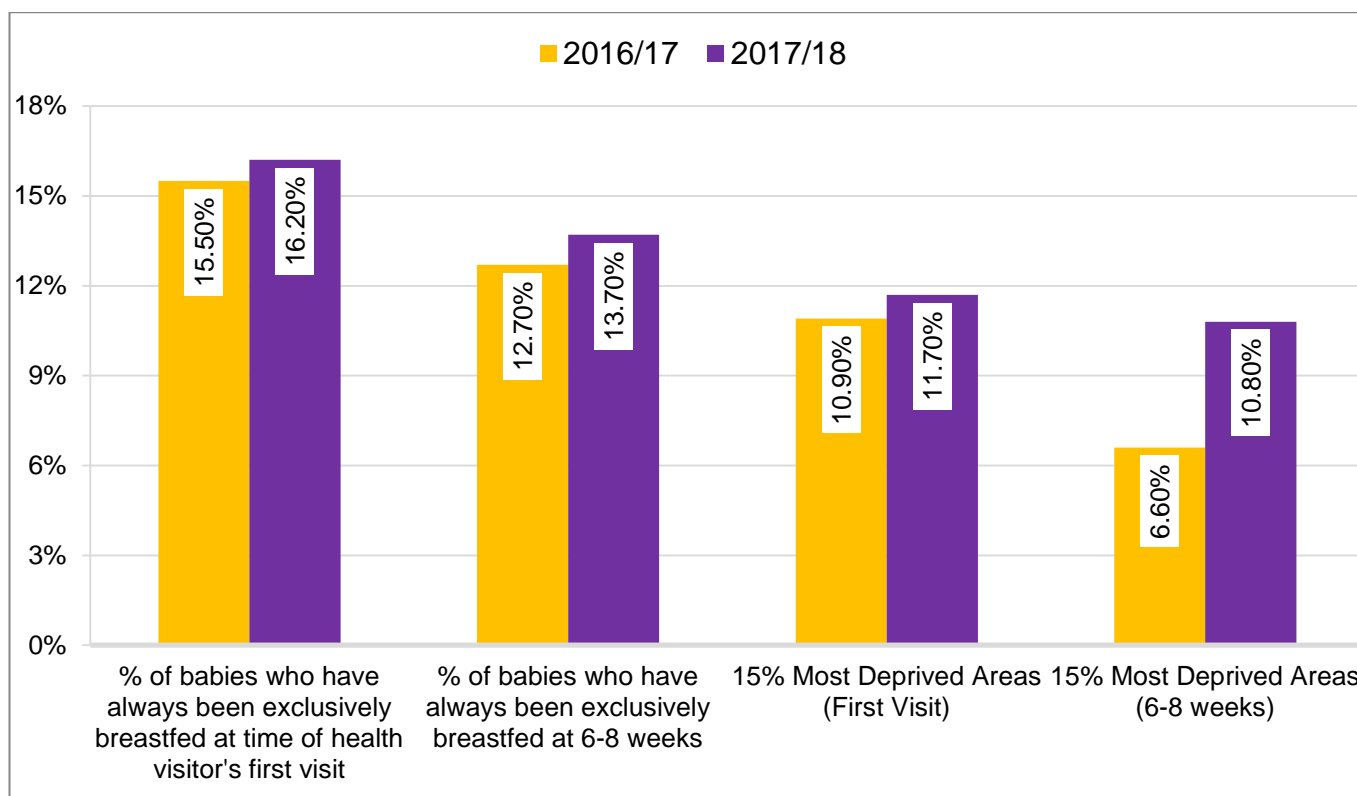
We are also implementing the UNICEF (United Nations Children’s Fund) Gold Accreditation Action Plan for revalidation due July 2019.

All of this work will be monitored quarterly via NHSGGC MINF (Maternal Infant Nutritional Framework) group and local re- configured Inverclyde MINF group.

We have also been looking at improved data collection for more accurate performance data and the intention is this dataset will be live in 2019.

By 2024 we will increase the number of Mothers breast feeding

Inverclyde are currently performing above the average for the 15% most deprived areas.



Criminal Justice

National Outcomes for Justice	
13	Community safety and public protection.
14	The reduction of reoffending.
15	Social inclusion to support desistance from offending.

The Criminal Justice Service continues to have a positive impact in the local community through the delivery of various programmes including Community Payback Orders (CPO), Multi Agency Public Protection Arrangements (MAPPA) and women’s programmes.

Unpaid Work Requirements provide an opportunity for individuals to pay back to their community through participation in work placements organised by Criminal Justice Social Work Services. This can be particularly challenging for those individuals with little or no work experience and/or poor physical or mental health, but does provide a way for such offenders to start to develop appropriate skills and experience.

In addition, the ‘other activity’ component of Unpaid Work enables Criminal Justice Social Work Services to support individuals with their interpersonal, educational and vocational skills with the aim of assisting them in their efforts to desist from further offending. This “whole person” approach aims to improve outcomes, not only for those under the supervision of the service, but also for wider communities.

Some individuals will get more than 1 CPO, but not every CPO includes a requirement for unpaid work.

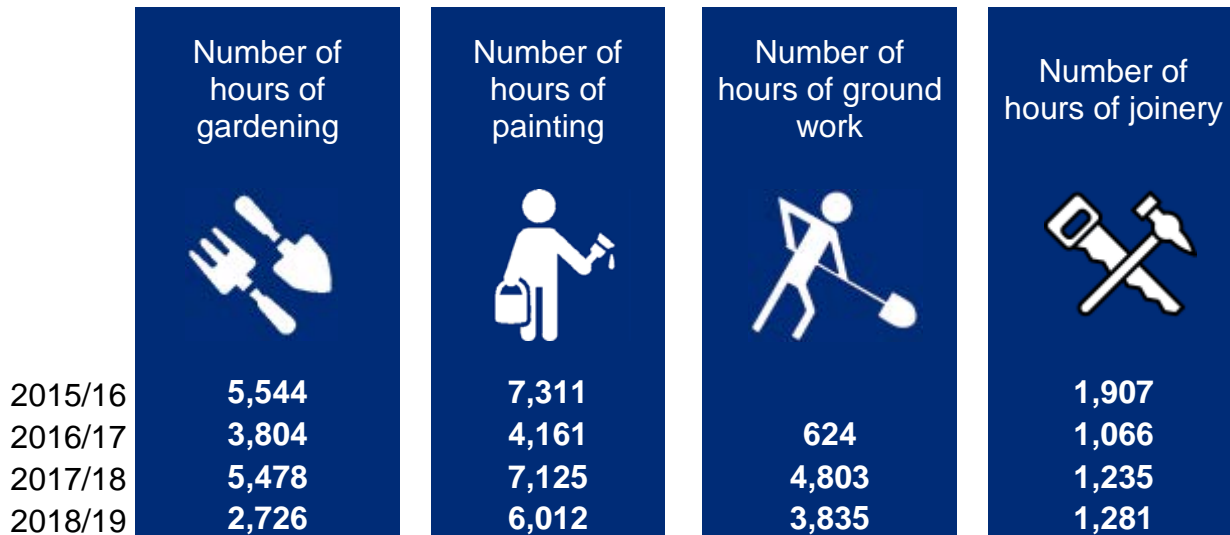
The graphics below show some Community Payback Order statistics over the last 4 years.



The Unpaid Work Service plans activity for the benefit of individuals, organisations and public areas within Inverclyde. A variety of tasks are undertaken including gardening, painting, joinery and grounds work.

The feedback from those who receive this service has been positive.

Some examples of how much work is 'paid back' into the community are shown in the graphics below.



Some comments from those who received this Service:

“We were satisfied with the work being carried out. It is much appreciated by all our staff and Service Users.”

“Found everyone very friendly and well mannered, work ethic excellent as is the standard of work”

“The team were very professional and the work carried out was to a high standard.”

“My wife and I were very happy with the service we received the supervisor was very professional, the work carried out by unpaid work was to a very high standard.”

“I was very pleased with the work done and how well they tidied up, very pleased.”

INNOVATIVE APPROACH TO OUR NEW STRATEGIC PLAN

Our innovative approach to the new Inverclyde Health and Social Care Strategic Plan engagement listened to nearly 1400 local people including children in order to shape the Strategic direction of the HSCP for the next 5 years. We asked “what are we doing well” against our 6 Big Actions and “what more can we do”. Our people’s responses have helped shape our priorities and vision. Their views have been woven throughout the fabric of our Strategic Plan and demonstrates real co-creation at a Strategic level.

What we did?

Firstly we held community events in our localities and invited people to attend however we



realised that in order to support real engagement a different approach was needed. An outreach approach was created and involved going out to existing community groups, schools and housing complexes to talk to people in the heart of their communities.

Different methods were used to engage with children, young people, communities and staff. It is an intergenerational view that created rich

discussion and a different type of plan that is easy to understand and creates action to support both young and old. We also engaged with our staff and visited service areas such as Addiction Service, Children Residential facilities and Homecare services to ask staff about their views on our Big Actions, what was working well already and what more we should be doing.

We used a local needs assessment and national information to give information to communities so they could help us shape 6 priorities known as Big Actions. Using the strategic needs assessment for adult and children we broke this down to give specific localities information on the health of people living in their communities. We then took the evidence and drafted action statements with descriptions about what we would do and asked local people and staff to advise how best to explain the actions. They told us what they thought worked well and what words or phrases they didn’t like so we arrived at the 6 Big Actions.



Our vision, values and 6 Big Actions have been shaped through a wide range of mechanisms of engagement in order to reach as many local people, staff and carers as possible. This work included targeted engagement with focus care groups and the children and young people in our schools. We adopted a “you said, we listened” approach that reached out to 1395 local people who kindly shared their thoughts and experiences in order to shape our vision and “Big Actions”.

An ‘outreach’ approach was adopted as part of the engagement and incorporated engagement with 53 focused care groups and listening to 811 individuals.

Our Achievement

What we have achieved by this innovative approach is a plan that has been co-created and is co-owned by the community, the staff and the HSCP. The Plan therefore incorporates people’s views about what’s important to them and professional views. Our “you said, we listened” document demonstrates clearly how we engaged and the impact that engagement has had on the Plan content, our vision statement and how we described our Big Actions.

TEST OF CHANGE - TAILORED CARE SOLUTIONS

In 2018 an application was made to the IHUB (Health Improvement Scotland) for consideration of a 1 year project that looked at a test of change- to tailor and seek opportunities to look at where 1 carer instead of 2 can provide care using special equipment and training. The bid was successful and funding was provided for 1 year costs for an Occupational Therapist to lead the project, training costs to train OT in the techniques and for start-up equipment costs.

The aspirations of the project is to start remodel the Moving and Handling training in Inverclyde, train staff in new techniques, assess all new cases where double up care is required to ensure that any opportunities to tailor and train staff/families/carers to provide support in moving and handling using different techniques and equipment that only require support of one other.

This model of support has been rolled out in parts of England which shows that around 30% of all people who require the support of 2 carers can be supported by 1 carer where different equipment and techniques are used. This approach is not currently the norm in Scotland and there has been a lot of national interest in the pilot.

The work is in its infancy but to date has made a significant difference in how 23 Inverclyde residents have their care provided with very positive feedback from the people involved, their families and carers.

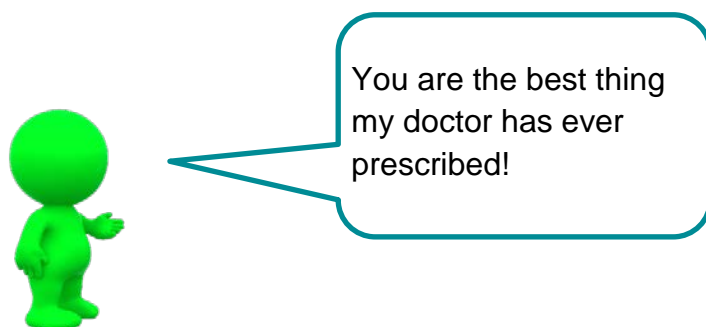
To set up and ensure that care, training and appropriate support is tailored to the individuals care needs takes time and focus, however the outcomes allow for less intrusion in people's lives and homes, more choice as families are often able to be involved.

The assessment, training and set up time and equipment are more costly than our standard approach; however the approach to date has prevented/reduced 291 care hours per week from the people who have been appropriate for this approach.

COMMUNITY LINKS WORKERS

As part of the *New ways of Working* programme, Inverclyde HSCP became an early adopter site for Community Link Workers at the end of 2017. Based within GP practices, the Community Links Workers work with a range of individuals to enable them to identify personal outcomes and priorities for their health and well-being and link them to local and national support services and activities. Working with people who are experiencing complex social and emotional circumstances, this is evidenced in the type of referrals received by the Community Links Workers and also the type of support which they are signposted to. This includes: welfare rights, money and debt advice, advocacy, counselling, victim support and women's aid.

Feedback from GPs is incredibly positive; they have fully embraced the role and are seeing significant benefit from Community Links Workers being able to spend time exploring issues with individuals. The positive impact of this relationship on patients who have mental ill health and also the early intervention for those in distress is recognised and was praised by Clare Haughey, Minister for Mental Health who visited Port Glasgow Health Centre to meet with staff and a service user.



INTRODUCING FLORENCE FOR DIAGNOSING AND MONITORING HYPERTENSION

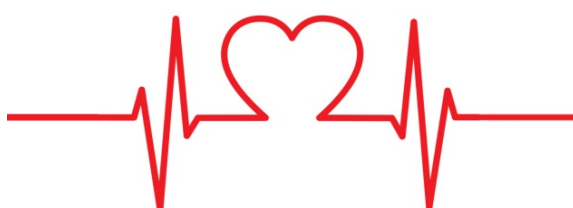
Inverclyde HSCP were awarded Technology Enabled Care funding in 2018 to test the use of Florence for diagnosing and monitoring Hypertension in general practice. Florence, which was implemented in December 2018, is a simple text messaging service which reduces the need for patients to come into practice and collates data which the clinician can base decisions on. The patient receives a blood pressure monitor to take home and receives text prompts from 'Florence' to take and send in blood pressure readings. Advice and information is texted back in return allowing the patient to better monitor and understand their condition and in some cases to show that the patient does not have high blood pressure.



Two Florence
Champions/Trainers
in Inverclyde HSCP



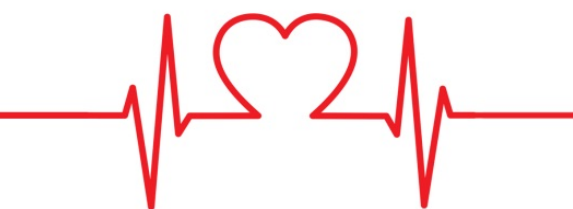
Cascaded to 4 GP
Practices with more
to follow



56 used Florence
since December 18 /
35 active patients in
April 2019



Average of 4
surgery
appointments saved
per person



Potential 36 hours
(approx.) of staff
time saved

Chief Officer's concluding remarks

This is the third HSCP published Annual Performance Report showcasing our progress in delivering the National Health and Wellbeing Outcomes. It has been an exciting year within Inverclyde being recognised through a number of local and national awards as well as the ongoing positive Care Inspectorate inspections across all registered services.

The focus on outcomes has given us an opportunity to think differently about how we deliver services and how we begin to address inequalities. The development of the new 5 year strategic plan with communities has been an opportunity to think whole system about how the HSCP and partners work together to address inequalities and improve outcomes for people living in Inverclyde. Throughout this report we reinforce the need to focus on outcomes and with this in mind, we have tried to use a format that is easy to read and visibly shows how and where we are indeed making a difference and ultimately improving the lives of the citizens of Inverclyde. The case studies are real life examples of how we are achieving our vision.

It has been a year of significant success however, Inverclyde is ambitious. As we strive for excellence, it is important we continue to learn and improve. We are lucky, our staff and communities in Inverclyde care deeply about health and social care services and we have a responsibility to deliver high quality service that make a difference to people lives. There is still much to do



Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP, Municipal Buildings
Clyde Square, Greenock
PA15 1LY

Appendix: Glossary of abbreviations

A&E	Accident and Emergency department
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
ADL	Aids for Daily Living
ASP	Adult Protection
ASP	Adult Support and Protection
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CMHT	Community Mental Health Team
COSLA	Convention of Scotland Local Authorities
CPO	Community Payback Orders
CSWO	Chief Social Work Officer
DN	District Nurse
GG&C	Greater Glasgow and Clyde Health Board
GP	General Practitioner
H&SCS	Health and Social Care Standards
HSCP	Health and Social Care Partnership
I:DEAS	Inverclyde Delivering Effective Advice and Support
ICCF	Inverclyde Community Care Forum
ICON	Inverclyde Council Online
IHUB	Health Improvement Scotland
ISD	Information Services Division (NHS)
LIAM	Let's Introduce Anxiety Management
LOIP	Local Outcomes Improvement Plan
LPGs	Locality Planning Groups
MAPPA	Multi Agency Public Protection Arrangements
MHAIC	Mental Health Access Improvement Collaborative

MINF	Maternal Infant Nutritional Framework
MMR	Measles, Mumps and Rubella
NHS	National Health Service
NODA	No One Dies Alone
NRS	National Records for Scotland
OT	Occupational Therapist
PCMHT	Primary Care Mental Health Team
PDS	Post Diagnostic Support
PinC	Parents in Control
RES	Rehabilitation and Enablement Service
RTT	Referral to Treatment
SAPE	Small Area Population Estimates
SIMD	Scottish Index of Multiple Deprivation
SMT	Senior Management Team
TCPs	Transition Care Plans
TEC	Technology Enabled Care
TiPS	Training in Psychological Skills for the Children's Workforce
UNICEF	United Nations Children's Fund

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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish


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


Punjabi

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

Urdu

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

 Inverclyde HSCP, Clyde Square, Greenock, PA15 1NB

 01475 715365

An aerial photograph of Inverclyde, Scotland, showing a harbor on the left with a pier and several boats. A railway line runs along the waterfront. The town is built on a peninsula, with residential buildings and a large green field in the center. The water in the foreground is shimmering with sunlight.

INVERCLYDE
HSCP
Health and Social
Care Partnership

Inverclyde Health and
Social Care Partnership
Hector McNeil House
Clyde Square
Greenock
PA15 1NB



Inverclyde
council

Report To: Inverclyde Integration Joint Board **Date:** 24 June 2019

Report By: Louise Long, Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/42/2019/HW

Contact Officer: Helen Watson
Head of Strategy & Support Services **Contact No:** 01475 715285

Subject: LOCALITY PLANNING GROUPS (LPGs)

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an outline proposal for the establishment and development of the HSCP Locality Planning Groups (LPGs) in line with legislation and Scottish Government statutory guidance, and how LPGs will align with and support Inverclyde Alliance requirements for locality planning with a focus on inequalities.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 specified that Health and Social Care Partnerships (HSCPs) set up two or more localities. Localities should be established to enable service planning at a local level within natural communities.
- 2.2 The importance of localities in improving health, and in particular meeting increasing demand and addressing the widening gap in health inequalities is emphasised in the Marmot Review (February 2010). The Review proposed an evidence-based strategy to address the social detriments of health, the conditions in which people are born, grow, live and age, and which can lead to health inequalities.
- 2.3 The Christie Commission Report (June 2011) states that "...effective services must be designed with and for people and communities – not delivered 'top down' for administrative purposes". The Community Empowerment (Scotland) Act 2015 places a legal duty on community planning partners to demonstrate that they are making a significant difference to the lives of their residents through the planning and delivery of local outcomes priorities and the involvement of community bodies at all stages of community planning. From these observations it becomes clear that there is a degree of synergy between the requirements of both pieces of legislation.
- 2.4 Localities should be established to enable service planning at a local level. They do not have to be defined by a hard line on a map but rather represent natural communities and delivery of local services. This means each area operates differently and we need to recognise this. Inverclyde HSCP and Inverclyde Alliance are committed to working better together because we know that is what makes a real difference. The HSCP Strategic Plan 2019-2024 states that during the early implementation phase, the current three localities (East, West and Central) will move to six localities to align with the Community Planning Partnership. To support this, we are moving towards establishing six Locality Planning Groups (LPGs). The proposed map outlining the six Locality Planning Groups (LPGs) is attached at Appendix 1.

- 2.5 To achieve this within Inverclyde, we are committed to what is termed “tooling up” our locality planning and operating arrangements so that services are “Locally Planned, Locally Owned and Locally Delivered”. This “tooling up” requires localities to develop capacity and capability to develop their Locality Action Plan driving forward transformational change, and will initially be supported by holding a Development Day for members of each LPG.
- 2.6 It is further proposed that LPGs will establish a Communications and Engagement Group to develop local Communications and Engagement Plans ensuring robust, comprehensive involvement, engagement and where necessary formal consultation plans are in place for each locality. The HSCP will be revising its Communications and Engagement Strategy to ensure consistency against agreed standards in line with legislation, statutory guidance and best practice.
- 2.7 To support the establishment and development of LPGs, and ensure locality communications and engagement processes are in place, Inverclyde HSCP has secured a senior manager on a one year secondment from Argyll and Bute HSCP through Service Level Agreement (SLA) until 31 March 2020.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board (IJB):
 - a. Approves the proposal for establishing and developing the six Locality Planning Groups (LPGs), and line of accountability and governance between Strategic Planning Group and LPGs.
 - b. Agrees that LPGs will produce Locality Action Plans outlining how they will deliver the Strategic Plan 2019 – 2024 and Big 6 Actions in their localities, driving forward transformational change, and provide regular updates as part of the performance management framework.
 - c. Agrees to the proposed LPG development sessions to facilitate “tooling up” our locality planning and operating arrangements so that LPGs can “Plan, Own and Deliver” services at local level.
 - d. Remits it to the HSCP Localities and Engagement Officer to draft a revised Communications and Engagement Strategy which will underpin all communications and engagement activities for Inverclyde HSCP and ensure a consistent agreed standard is established in line with legislation, statutory guidance and best practice. The revised Strategy will be presented to the Integration Joint Board (IJB) in September for approval.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 specified that Health and Social Care Partnerships (HSCPs) set up two or more localities. Localities should be established to enable service planning at a local level within natural communities.
- 4.2 The importance of localities in improving health, and in particular meeting increasing demand and addressing the widening gap in health inequalities is emphasised in the Marmot Review. The Review proposed an evidence based strategy to address the social detriments of health, the conditions in which people are born, grow, live and age, and which can lead to health inequalities.
- 4.3 The Christie Commission Report states that "...effective services must be designed with and for people and communities – not delivered 'top down' for administrative purposes. The Community Empowerment (Scotland) Act 2015 places a legal duty on community planning partners to demonstrate that they are making a significant difference to the lives of their residents through the planning and delivery of local outcomes priorities and the involvement of community bodies at all stages of community planning.
- 4.4 The Community Empowerment Act (Scotland) 2015 further places a statutory requirement on the Inverclyde Alliance to develop locality plans with communities that experience the greatest inequalities.
- 4.5 Statutory Guidance suggests localities should be established to enable service planning at a local level. Localities do not have to be defined by a hard line on a map but rather represent natural communities and delivery of local services. This means each area operates differently and we need to recognise this. Inverclyde HSCP and Inverclyde Alliance are committed to working better together because we know that is what makes a real difference. The HSCP Strategic Plan 2019-2024 states that during the early implementation phase, the current three localities (East, West and Central) will move to six localities to align with the Community Planning Partnership. To support this, we are moving towards establishing six Locality Planning Groups (LPGs). The proposed map outlining the six Locality Planning Groups (LPGs) is attached at Appendix 1.
- 4.6 To achieve this, we are committed to providing the right support to our locality planning and operating arrangements so that services are "Locally Planned, Locally Owned and Locally Delivered". The right support requires localities to develop capacity and capability to develop their Locality Action Plan driving forward transformational change, and will initially be supported by holding a Development Day for members of each LPG.
- 4.7 This requires localities to establish Locality Planning Groups (LPGs) with the capacity and capability to develop their Locality Action Plans informed from:
 - HSCP Strategic Plan 2019 – 2024
 - Inverclyde Alliance Local Outcomes Improvement Plan (LOIP)
 - National Health and Wellbeing Outcomes / Public Health Priorities
 - Strategic Needs Assessment
 - Locality Profile Intelligence including Locality Inequalities Plans
 - Service User / care pathways and experience informing and shaping service provision and delivery
 - Financial resource use
 - Financial planning
 - Locality Service Profiles:
 - Statutory
 - Independent
 - Voluntary
 - Workforce Planning

- Skills, Roles, Capacity, Turnover and Development
 - Continuous Quality Improvement
 - Socio-Economic Profile
 - Other Relevant Strategies (e.g. Learning Disabilities Strategy, Mental Health Strategy)
- 4.8 In Scotland, policy has directed an assets-based approach which will harness the collective resources individuals and communities have at their disposal that protect against negative health outcomes, promote positive health and wellbeing, and reduce inequalities. This approach supports the shift from correcting deficits and illness to promoting individual and community wellbeing, and reducing inequalities and poverty. Locality Planning Groups (LPGs) will therefore need to have these objectives at the forefront of their plans.
- 4.9 Scottish Government localities guidance, backed by legislation, states that there must be direct involvement and leadership of:
- Health and social care professionals who are involved in the care of people who use services
 - Representatives of the housing sector
 - Representatives of the third and independent sector
 - Carers' and service user representatives
 - People managing services in the area

When developing Locality Planning Groups (LPGs) in Inverclyde, membership will need to take cognisance of the requirements around the Alliance key priorities ensuring appropriate representation and involvement in partnership with other key stakeholders.

- 4.10 It is anticipated that health and care professionals along with other key partners will create values, outcomes, a shared purpose, and clear vision for localities by working in partnership to find solutions to challenges of implementation of local plans leading to better outcomes for individuals, families and communities. This needs to be achieved through collaborative leadership, building trusting relationships across statutory, independent / third sector / voluntary organisations and local communities. A marker for collaborative leadership will be the joint chairing (co-chair model) of Locality Planning Groups (LPGs) with a community representative being one of the co-chairs.
- 4.11 Locality Planning Groups (LPGs) will be accountable to the Strategic Planning Group (SPG) providing regular updates on Locality Action Plan implementation and performance. The Strategic Planning Group (SPG) will report to Inverclyde Integration Joint Board (IJB) and Inverclyde Alliance through their respective reporting and performance monitoring processes.

5.0 PROGRESS TO DATE

- 5.1 To support the establishment and development of Locality Planning Groups (LPGs) and ensure locality based communications and engagement processes are in place, Inverclyde HSCP has secured a senior manager on a one year secondment from Argyll and Bute HSCP through Service Level Agreement (SLA) until 31 March 2020.
- 5.2 The HSCP Localities and Engagement Officer has been working with Inverclyde Council Community Learning and Development team and Inverclyde Alliance policy officers to develop the proposed structure for Locality Planning Groups (LPGs). These discussions will continue as we move forward with establishing the Locality Planning Groups (LPGs), developing capacity and capability, developing initial Locality Action Plans and establishing locality based Communications and Engagement Groups.
- 5.3 Appendix 2 outlines the proposed timescale for establishing and developing the six

Locality Planning Groups (LPGs).

- 5.4 The HSCP Strategic Planning Group (SPG) approved the outline proposal for the establishment and development of the six Locality Planning Groups (LPGs) at its meeting on 30 May 2019.

6.0 NEXT STEPS

- 6.1 The agreed six Locality Planning Groups (LPGs) will be established in July / August and to begin building capacity and capability within localities we will be running a one day Development Session in each area. Following the development session, Locality Planning Groups (LPGs) will be responsible for developing their Locality Action Plans based on the following:

- HSCP Strategic Plan 2019 – 2024
- Local Outcome Improvement Plan priority areas
- Locality Inequalities Plans (Alliance)
- National Health and Wellbeing outcomes
- Financial and service sustainability and transformation
- Begin to identify how locality profiles / services must change to ensure strategic objectives are met and priority outcomes are achieved

- 6.2 To ensure Locality Action Plans are progressing transformational change in line with the key priority areas, performance monitoring processes will be established.

- 6.3 It is proposed that LPGs will establish a Communications and Engagement Group to develop local Communications and Engagement Plans ensuring robust, comprehensive involvement, engagement and where necessary formal consultation plans are in place for each locality. The HSCP will be revising its Communications and Engagement Strategy to ensure consistency against agreed standards in line with legislation, statutory guidance and best practice.

- 6.4 Robust communications and engagement plans will be established and developed in each locality to support community and staff engagement in line with legislation, statutory guidance and best practice, and in line with the revised Communications and Engagement Strategy. These plans will need to ensure we use feedback from people who access / use services, wider local communities and staff to inform planning processes.

7.0 IMPLICATIONS

7.1 FINANCE

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
			59,000		

Annually Recurring Costs / (Savings)

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

LEGAL

7.2 None at present

HUMAN RESOURCES

7.3 No implications at present

EQUALITIES

7.4 Has an Equality Impact Assessment been carried out?

	YES
X	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.	Locality Action Plans will be developed and implemented in a way that ensures local services are fully accessible
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Equality Impact Assessments (EQIAs) will be required within locality planning and service transformational processes, this is in line with legislation.
People with protected characteristics feel safe within their communities.	Locality Action Plans will be developed and implemented in a way that safeguards everyone in our local communities
People with protected characteristics feel included in the planning and developing of services.	Locality Planning Groups (LPGs) will be required to ensure we work with local communities and specific groups in the development and implementation of Locality Action Plans.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff have an awareness and understanding of the different needs of individuals within our communities, and respond to individual needs
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Staff have an awareness and understanding of specific needs some

	individuals have, and respond to individual needs
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Locality Planning Groups (LPGs) will be required to ensure we work with local communities including the refugee community in the development and implementation of Locality Action Plans.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 There are no implications at present

NATIONAL WELLBEING OUTCOMES

7.6 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.	Locality Action Plans will be developed and implemented in line with National Health and Wellbeing outcomes. Tackling inequalities in the areas experiencing the greatest inequality will be a primary focus.
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	Locality Action Plans will be developed and implemented to support delivery of the HSCP Strategic Plan.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Locality Action Plans will need to ensure we use feedback from people who access / use services, wider local communities and staff to inform planning processes
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Locality Action Plans will be developed and implemented supporting positive outcomes and experiences of those accessing our services
Health and social care services contribute to reducing health inequalities.	Tackling inequalities in the areas experiencing the greatest inequality will be a primary focus for Locality Planning Groups(LPGs), in line with the stated objectives of the IJB and the Alliance Board

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.	Locality Action Plans will be developed and implemented to ensure carers are supported and their own health and wellbeing are not affected as a result of their caring role
People using health and social care services are safe from harm.	Locality Planning Groups (LPGs) will ensure local services are safe and sustainable
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff will be supported to ensure continuous service improvement is embedded into their day to day work
Resources are used effectively in the provision of health and social care services.	Locality Planning Groups (LPGs) will have delegated authority to locally plan, own and deliver services, and to do so in a way that ensures all resources are used efficiently and effectively

8.0 DIRECTIONS

8.1

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

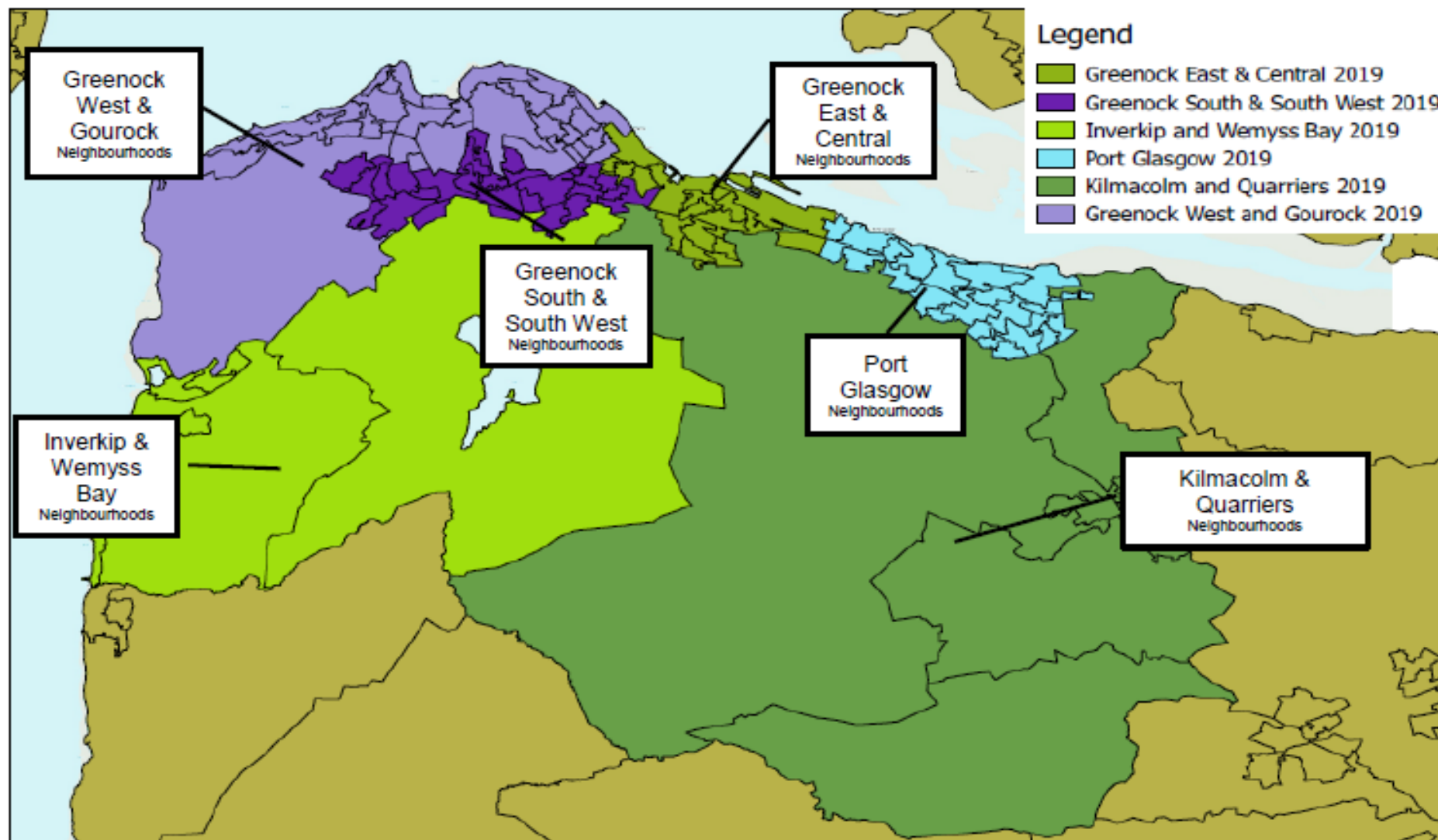
9.0 CONSULTATION

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. The proposal for Locality Planning Groups (LPGs) has been informed by feedback from staff, local communities and partners. Locality Action Plans will need to ensure we use feedback from people who access / use services, wider local communities and staff to inform planning and implementation processes.

10.0 BACKGROUND PAPERS

10.1 Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government
 Localities Guidance, Scottish Government, July 2015
 "Fair Society, Healthy Lives", Professor Sir Michael Marmot, February 2010
 Report on the Future of Public Services, Dr Campbell Christie, June 2011
 Review of Progress with Integration of Health and Social Care - Ministerial Strategic Group for Health and Community Care, Scottish Government and COSLA, February 2019

LOCALITY PLANNING GROUPS (LPGs) PROFILE MAP



LOCALITY PLANNING GROUPS (LPGs) TIMETABLE

Date	Regular Business
July / August	Neighbourhood / community event in each LGP, bringing together a range of individuals and groups
August 2019	Establish LPGs, membership and agree Terms of Reference
August 2019	Public health profile, Socio-economics profile, other key documents & Strategies
August / September 2019	LPG development and planning LPG development sessions
September 2019	Draft indicative Local Action Plan Review “tooling up” Other information / resources
October 2019	Review and progress Local Action Plans Support capability and capacity development of LPG
November 2019	Strategic Planning Group (SPG) – sign off Locality Action Plans
November - December 2019	Review and progress Local Action Plans
December 2019	Consider options for succession planning once Localities & Engagement Officer contract ends (March 2020)
January 2020	Review and progress Local Action Plans Draft annual report to Strategic Planning Group
February 2020	Review and progress Local Action Plans Annual report to Strategic Planning Group (SPG)
March 2020	Review and progress Local Action Plans – actions / improvements for 2020 onwards

Report To: Inverclyde Integration Joint Board **Date:** 24 June 2019

Report By: Louise Long, Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/40/2019/SMcA

Contact Officer: Sharon McAlees
Head of Children's Services and Criminal Justice
Inverclyde Health & Social Care Partnership **Contact No:** 01475 715282

Subject: Early Mental Wellbeing Help for Children and Young People (Primary Care)

1.0 PURPOSE

1.1 The purpose of this report is two-fold –

- i. To bring to the attention of the Integration Joint Board the planned developments pertaining to maintaining and sustaining the mental health and wellbeing of children and young people and their families; and
- ii. To seek approval for the development of a commissioned service, utilising some of the Transformation Board funding to enable commissioning of a service.

2.0 SUMMARY

2.1 Sustaining and improving the emotional wellbeing and mental health of children and young people is both a national and local priority. This is augmented by the need to ensure there is adequate and effective support for children and young people with mental health problems and that they have early access to the help they require.

2.2 Over the years, several policy drivers have considered the above and the latest Scottish Government's 10-year mental health strategy places children and young people at the heart of the early intervention and prevention agenda. Moreover, other policy drivers, such as the 5-year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 places children and young people as part of their 'Prevention, Early Intervention & Health Improvement' work stream.

2.3 A number of research findings suggests that 4 in 10 young people will have a mental health issue.

More recently, an independent Children and Young People's Mental Health Taskforce, jointly commissioned by COSLA and the Scottish Government, published a Delivery Plan detailing their intended actions between now and November 2020. This national review intends to forge ahead with a set of

recommendations that focus on improving children and young people's mental health comes at a critical time.

Supplementing these developments was the publication, towards the end of last year, of an Audit Scotland report on "Children and Young People's Mental Health" (see http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf), aiming to establish how effectively children and young people's mental health services are delivered and funded across Scotland.

- 2.4 So as to fully and robustly respond to the above, the HSCP (Children and Families & Criminal Justice) in conjunction with Inverclyde Council's Education Services, are seeking approval to commission a sustainable community-based (early help) tier 2 service to support our children with emotional wellbeing and mental health needs.

The development of such a service directly responds to the HSCP's Strategic Plan, in terms of Big Action 2 (*'A Nurturing Inverclyde will give our Children and Young People the Best Start in Life'*), particularly –

- Supporting mental health, through improving children and young people's mental health and
- In action 2.10 'by 2022 we will align our strategy to support and improve children and young people's mental health in line with the national review'.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the contents of this report.
- 3.2 The Integration Joint Board is asked to agree to the direction of travel outlined in this paper.
- 3.3 The Integration Joint Board is asked to approve the funding, outlined in the financial implications, detailed below, to support the commissioning and service delivery.
- 3.4 The Integration Joint Board is asked to agree to take further progress reports, once the service has been commissioned.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The local approach to improving mental health and wellbeing is based on developing a population-wide approach, with the development of partnerships across agencies and sectors in our community to enable better awareness of actions and approaches that support mental wellbeing as well as responding to people with mental health needs.

The Strategic Needs Analysis, primarily constructed for last year's area-wide Children's Services Inspection, is highlighting that our child and adult population face some of the most challenging consequences typically arising from inter-generational inequalities. While the recent inspection activity commended the actions that are being taking to mitigate this, the inspection report noted that "more of the same is not enough and will not do".

- 4.2 An integral part of the consultation for the HSCP's Strategic Plan (2019 – 2024), children and young people themselves identified mental health as their top priority. Through this consultation and via Clyde Conversations young people expressed a strong view that they have very little access to services that offer early help.

A rapid evidence review, facilitated by the HSCP's Health Improvement Team, engaging with GPs, Education Services, School Health and Social Work, concluded that statutory services are under significant pressure. Many of the respondents' views were that it was time for an increased systemic and whole-systems approach to the way services are delivered around the agenda for improving children and young people's mental health. A significant number of the respondents the supported the necessity for the development of an early help service provision in a Tier 2 context (Appendix 1).

- 4.3 To support the findings in 4.2, Appendix 2 contains a summary of Audit Scotland's "Children and Young People's Mental Health" and local implications and considerations. This summary will be an integral part of the commissioning process that will determine how the service will work with existing resources, to avoid any duplication (Appendix 2).

- 4.4 On the basis that research suggests that 4 in 10 young people will have a mental health issue and this is augmented by analysis of CAMHS data suggesting that approximately between 10 and 30% of referrals may be prevented by the provision of effective early help (tier 2) support.

This has been suggested by the findings of the developments to inform the work of the independent Children and Young People's Mental Health Taskforce.

- 4.5 Cognisance has also been given to the recent publication of the 'Estimated Prevalence of Problem Drug Use in Scotland 2015/16' report (IDS, Scotland).

A review of the pertaining Inverclyde data has been made, which has involved cross-referring to locally available data.

We now know that any referrals involving children and young people (under 16s), with significant alcohol and substance misuse issues, are being referred on to existing service provision.

We also found that other reviews have variable data and it is suggested that improving and capturing of data is a strong feature, as part of the commissioning process. This will explicitly involve signposting and ensuring the service dovetails with the existing service provision.

- 4.6 **Service Specification Model:**

Given the significant alignments with Primary Care and Education Services, the model developed would work to achieve the best synergy within the current established locality (Education Services) ASN forums and GP clusters. To ensure this approach, there would be a requirement of 7 members of staff within the team, including a team/project lead, providing the necessary leadership and management. Each of the current locality clusters would be allocated 2 members of staff.

It is expected that the team/project lead will have, as a minimum, a professional qualification and qualification to carry out the role and function as described below, with the members of staff working in the clusters also having a recognised qualification and competencies to ensure service delivery.

Crucially, the commissioned service will -

- Help to support the strengthening of the local GIRFEC pathway, which has clarified the roles and responsibilities of our wider children's services, particularly in relation to ensuring that the right help is offered at the right time;
- The wider-work of delivering on the children and families agendas, especially in the sustaining and improving children and young people's mental health, sitting as part of 'Nurturing Inverclyde';
- The intended direction of travel, described below, has considered the views and perspectives of children, young people and their families, which has strong links to our Corporate Parent responsibilities; and
- Build upon the existing resource of 2 x counsellors in secondary schools who have been recently appointed by Inverclyde Council's Community Learning and Development service.

Monitoring and evaluation of the service delivery model will employ the principles of an improvement methodological approach and determining SMART objectives based on the outcome described below.

4.7 Service Specification Model Key Outputs and Outcomes:

The commissioned service will work employing the enhanced collaborative approach and specifically aligned to the principles of the Inverclyde GIRFEC pathway. The local model provides a framework for HSCP/Education joint commissioning of mental health and wellbeing support interventions aligned to the recently developed Education Locality ASN Forums in Port Glasgow, Greenock and Gourock. This framework provides a single point for any necessary request for assistance to Council-based and other partner agencies, enabling opportunities for a more collaborative approach to future planning and shared funding of resources, including staff, also to be more easily facilitated.

Inverclyde's Education Services Locality ASN Forum provides a framework for partner agencies to work collaboratively to target appropriate mental health and wellbeing support to identified children and young people. Access to a qualified locally based health and wellbeing Counsellor will support the prevention and early intervention agenda through a single point of referral to both assess the level of need and subsequently the signposting of the child and family to the appropriate support whether tier 2, neuro-developmental or tier 3, CAMHS. This is a key deliverable in the HSCP strategic plan.

In terms of outcomes, we expect the commissioned service to –

- Improve children and young people's mental health in line with the national review, which is detailed above.
- Have easy access to early support for children and young people who are experiencing high levels of anxiety, distress, mild depression or at risk of

developing these.

- Children and young people receive the support they need in a structured way, working through a programme of care.
- Ensure children and young people and their families are receiving the right help at the right time.
- Foster strong relationship-based support for children and young people and their families.
- Through service developments, staff who are working with and supporting children and young people and their families will gain knowledge and skills and confidence.
- Build capacity in Primary Care settings and clusters and within education establishments.
- Facilitate culture change in the way that referrals are made to ensure that children and young people and their families are receiving appropriate help and support from a single system.

4.8 The total costs for the commissioned service are £250,000.

The programme for government agreed funding for the provision of 360 school based counsellors. The allocation of this funding is still subject to negotiation between the Scottish Government and CoSLA. However, from what is currently known, the proposed allocation method is –

1. Based on one team leader for each Local Authority of £45,000 with the remaining funding distributed based on secondary pupil numbers.

It has been assumed Inverclyde's share of the funding will be in the region of £200,000 for 2019/20.

The approval from the Integration Joint Board (outlined below in the financial implication section) is for Transformation Board funding of £50,000 per year over three years equalling £150,000.

The use of these funds is to supplement the above fund on a partnership basis to enable the embedding of the service on a locality basis. The contribution from the Integration Joint Board will also support the extension of the service to align with primary care.

4.9 In terms of sustainability, government funding is recurring. In respect of the additional funding requested via the Integration Joint Board, it is a key intention of this development to deliver a single system of support for children's emotional wellbeing and mental health.

However, it is recognised there is significant transformational activity that will be necessary to first meet and then smooth demand. Should demand be smoothed, no recurring funds would be required on an ongoing basis and the service sustainable on the basis of the core recurring funding.

It is important to note that the development of this commissioned service also responds to the recommendations from the Audit Scotland report outlined in 4.3 above (Appendix 2).

5.0 IMPLICATIONS

5.1 FINANCE

Cost Centre	Budget Heading	Budget Years	Proposed Spend this	Virement From	Other Comments
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			Report £000		
IJB	Transform -ation Fund	2019/20	150	N/A	Funding available for 3 years to 2022

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
Children & Families	Payments to Other Bodies	2019/20	200	N/A	SG funding for School Counselling (£200K) plus £50k per annum from Transformation Fund (above)

5.2 LEGAL

There are no legal implications arising from this report.

5.3 HUMAN RESOURCES

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

5.4 EQUALITIES

5.4.1 Has an Equality Impact Assessment been carried out?

	YES an EQIA has been completed and will be subject to final approval by the Inverclyde Alliance.
X	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.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive Impact – the service model will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive Impact – the service model will ensure there are no cases of any discrimination
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	None

maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 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.	Through embedding early intervention and prevention approaches, the commissioned service will ensure that service users have access to a range of supports.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

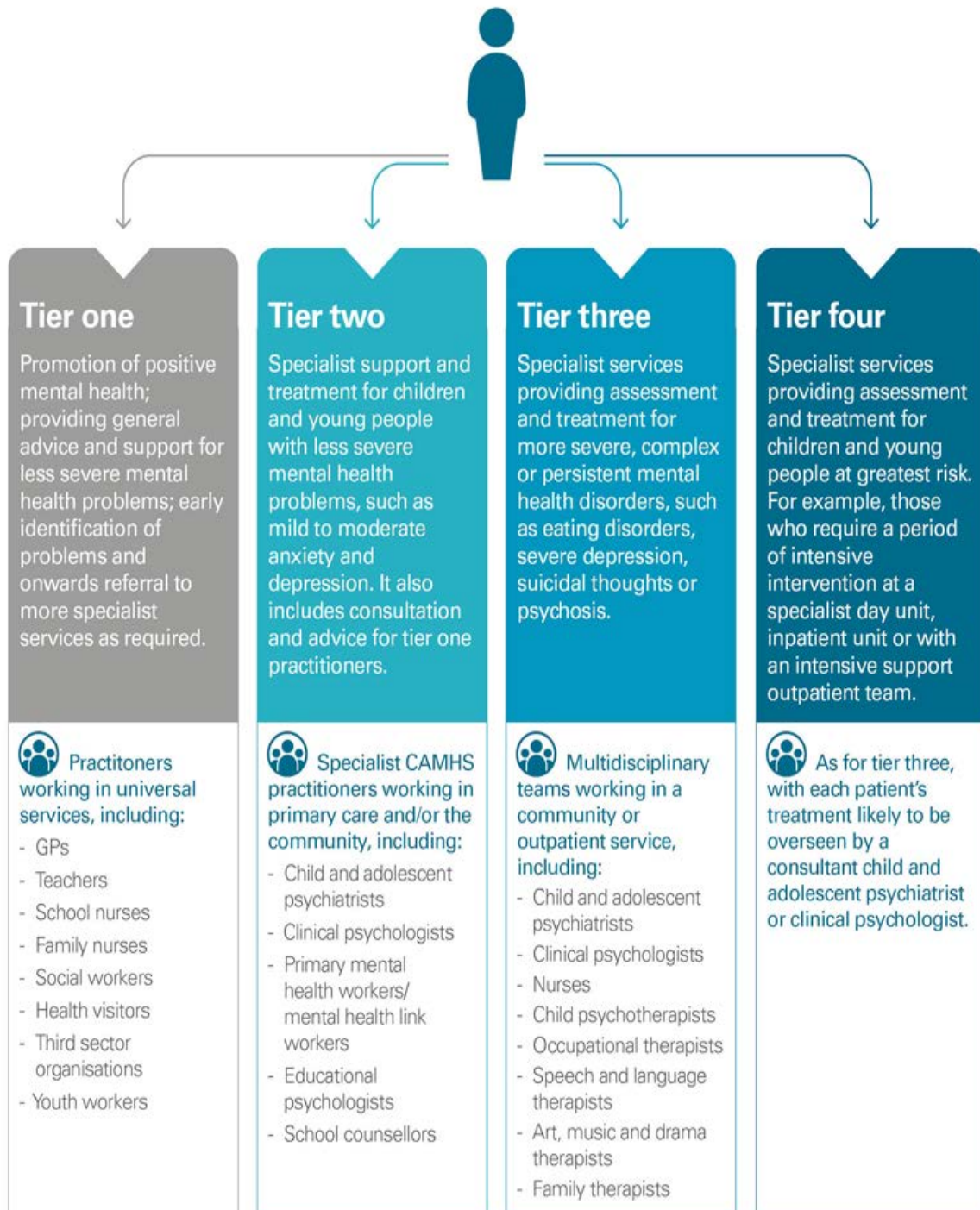
7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

7.2 Consultation processes have been outlined in 4.2 above.

8.0 BACKGROUND PAPERS

8.1 None.

Tiered Model of Children and Young People’s Mental Health Services



Briefing Summary: Audit Scotland - Children and Young People's Mental Health (September 2018)

1.0 PURPOSE

- 1.1 The purpose of this document is to provide a briefing summary on the above.

2.0 CONTEXT & BACKGROUND

- 2.1 The Scottish Government's Mental Health Strategy, published in March 2017, aims to give the same priority to mental health as physical health. It highlights the importance of early intervention and prevention, stating that this should be central to both funding and activity.

In relation to children and young people's mental health, the strategy commits the Scottish Government to look across all four tiers of the current model of care (See Appendix 1), recognising the importance of specialist services but also the importance of intervening early. There is also a commitment to taking a human rights-based approach to improving mental health services.

- 2.1 Audit Scotland published its "Children and Young People's Mental Health" audit report last month (see http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf), aiming to establish how effectively children and young people's mental health services are delivered and funded across Scotland.

To facilitate this aim, the following 3 questions were explored –

- How effective are the funding and delivery of mental health and wellbeing services across Scotland in meeting the needs of children and young people?
 - What are the main factors supporting and impeding the delivery of children and young people's mental health and wellbeing services, at both a national and local level?
 - How effectively is the Scottish Government providing strategic direction to support the improvement of outcomes for children and young people's mental health and wellbeing?
- 2.2 The audit looked across the whole system of children and young people's mental health and wellbeing services, including services delivered by NHS boards, councils and their partners. The audit also looked at services to intervene early and help prevent mental health problems, such as work in schools to promote resilience and wellbeing.

Audit Scotland's report sets out many areas that need to be addressed, and highlights examples of organisations working together to redesign and improve services.

2.4 Key findings of the audit are –

- Clear signs that the system is under significant pressure. In the last five years, there's been a 22% increase in the number of referrals to specialist mental health services;
- The number of young people having their referral rejected has risen over that time as well;
- Children and young people are also waiting longer for treatment, with over a quarter of youngsters who started treatment in the last year waiting over 18 weeks;
- The current system is geared towards specialist care and responding to crisis, rather than being focused on identifying and helping young people earlier to prevent more serious episodes of mental ill-health;
- While early intervention is at the heart of the Scottish Government's mental health strategy - that's not what the current picture is saying;
- It appears to be really difficult for children, young people and their families to get the support they need, at the right time, and, it is suggested that this is to do with how complex and fragmented the system is. For example, access to early intervention services like school counselling and primary mental health workers are patchy depending on location and access to specialist support also varies a lot across the country.
- It seems very difficult to identify how much is being spent on services for young people or what kind of difference these services are making to their lives. And that's principally because of the national financial and performance data is so limited.
- This is crucial because without a much clearer understanding of the ways young people are accessing existing services it will be challenging to begin addressing the issues raised in the report.

3.0 REPORTS RECOMMENDATIONS

3.1 Audit Scotland have suggested a number of recommendations, with the strong message that

“it is not possible for one organisation to address all the issues raised in this report. To improve support for children and young people with mental health problems in Scotland, a wide range of organisations, both nationally and locally, need to work together with children and young people”.

4.2 Broadly, these recommendations can be themed as –

- There is a requirement for a much clearer view of what works for children and young people;
- Planning to make the changes that are required and
- A move away from relying on short-term isolated initiatives.

5.0 LOCAL CONSIDERATIONS AND IMPLICATIONS

5.1 Considerations –

- The Inverclyde area needs to ensure there is an increased focus on

prevention, exploiting opportunities in local policy work, allowing for further influencing the ways services respond to the needs of children, young people and their families.

- In terms of future service planning and delivery, make sure there is a systemic and whole systems approach.
- Inverclyde HSCP, specifically its Specialist Children's Services (SCS) and the local Child & Adolescent Mental Health Services (CAMHS) planning and delivery, work within the confines of the recently established SCS Oversight Group. This group's immediate focus is the SCS CAMHS Framework and the impact of the recent Scottish Government Mental Health Strategy and Public Health Priorities. These documents emphasise the importance of early intervention and prevention and state that this should be central to both funding and activity.
- Consider these findings and a local response within the context of the work of the Children and Young People's Mental Health Taskforce, jointly commissioned by COSLA and Scottish Government (see <https://www.gov.scot/publications/children-young-peoples-mental-health-taskforce-delivery-plan/>), who published its delivery plan (December 2018).

5.2 Implications –

- Inverclyde is part of a new CAMHS Central Choice Team (implemented from end October 2018). This is a redesign of the current CAPA model (Choice and Partnership Approach), such that all children who are referred to the service will be seen (aside from inappropriate referrals).
- The new Central Choice Team will also focus on being an engaging service, so there has been a change from using opt-in letters to making initial contact with children and families via telephone calls, with letters only used where contact is not possible. Choice appointments will concentrate on exploring what children and families hope to gain from interacting with CAMHS, and where they are referred on for treatment a full booking system will mean both children and families and local teams will know when their next appointment is scheduled. Children and young people not referred for treatment will be offered information on other local services available to them.
- It is therefore anticipated that the Referral to Treatment (RTT) times will improve significantly and to support this assumption, from a GGC-wide perspective, the average accepted referrals per month increased to 497, from 357 in 2017/18. However, over the last three months of 2018, this was considerably higher at an average of 593 accepted referrals per month. A total of 6796 referrals were received in 2018. Collaboration with locality Children's Services to support locality-based early stage mental health and well-being interventions is clearly important as these services go forward.
- The impact on RTT at HSCP level is summarised as –

HSCP	% Children seen within RTT October 2018	% Children seen within RTT November 2018	% Children seen within RTT February 2019	Prediction for meeting RTT HEAT
East Dunbartonshire	84	85	85	June 2019
East Renfrewshire	64	72	73	Sep 2019
Glasgow City	82	85	89	June 2019
Inverclyde	93	94	94	Already Met
Renfrewshire	82	81	89	June 2019
West Dunbartonshire	83	85	83	Sep 2019

- The Inverclyde position is highlighted above and it a testament to the continuous improvement approaches that are implemented locally.
- Other developments in the service include the Early Intervention TIPS Project (Training in Psychological Skills for the Children's Workforce). This is a small team who are piloting a number of interventions including a pilot of 'Let's Introduce Anxiety Management' (LIAM) with Inverclyde school nurses and partner agencies.
- The CAMHS Inverclyde Team successfully applied to participate in the Mental Health Access Improvement Collaborative (MHAIC). As part of this, the team are working on improving access to neurodevelopmental ASD/ADHD assessments for school age children in the CAMHS pathway. This mainly involves up-skilling core staff to complete the developmental history of children, as well as improving the paperwork for all initial assessments thereby reducing duplication. Findings are positive to date. Next steps will be to transfer the initiative into the Specialist Community Paediatrics school age pathway.

Report To: Inverclyde Integration Joint Board **Date:** 24 June 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:**
IJB/45/2019/HMacD

Contact Officer: Dr Hector Macdonald
Clinical Director **Contact No:** 01475 715284

Subject: **ANNUAL REPORT - CLINICAL AND CARE GOVERNANCE 2018-2019**

1.0 PURPOSE

- 1.1 This report provides a summary of the yearly activity of the Clinical and Care Governance Group for 2018 -2019. Members of the IJB are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation. The Annual Report for Clinical and Care Governance will also act as a reference point in the wider strategic direction of governance for Inverclyde Health and Social Care Partnership.

2.0 SUMMARY

- 2.1 The report covers the work of the Clinical and Care Governance Group for 2018 – 2019. There will be a Development Day to be held on 23rd July 2019 to discuss the role and remit of the Group.

3.0 RECOMMENDATIONS

- 3.1 Members of the IJB are asked to note the report and the Development Day to be held by the Clinical and Care Governance Group on 23rd July 2019.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 Each Health and Social Care Partnership is requested by NHS Greater Glasgow and Clyde to provide an Annual Report of the activity of Clinical and Care Governance.
- 4.2 The intention is to provide an overview of activity to allow NHS Greater Glasgow and Clyde to overview the work of all the Health and Social Care Partnerships.

5.0 IMPLICATIONS

FINANCE

5.1	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

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

HUMAN RESOURCES

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

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES
x	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.

- 5.4.2 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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are clinical or care governance implications arising from this report. The Annual Report is part of the Clinical and Care Governance assurance for NHS Greater Glasgow and Clyde for Health and Social Care Partnerships.

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

6.0 DIRECTIONS

6.1

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

Annual Clinical & Care Governance Report 2018 - 2019

Principal Author:	Dr Hector MacDonald
Co-Authors:	Dr Deirdre McCormick, Anne Marie Long
Approved by:	
Date approved:	

1. Foreword

- 1.1 Inverclyde Health and Social Care Partnership is built on established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation.
- 1.2 Inverclyde Health & Social Care Partnership includes all community health, social care, and community justice services along with the budgets and staff associated with them. These services are delivered by the Health & Social Care Partnership and overseen by the Integration Joint Board (IJB).
- 1.3 Inverclyde Health and Social Care Partnership has a history of strong partnership working with communities, patients, service users, local GP's and hospitals, the independent and third sector service providers, council partners and housing providers.
- 1.4 The Annual Report for Clinical and Care Governance reflects the work of the Clinical and Care Governance Group (CCGG). The report is structured around the three main domains set out in the National Quality Strategy namely Safe, Effective and Person Centred Care. The work of the Clinical and Care Governance Group reflects the substantial activity in local governance structures and the report is an illustration of the activity in improving the quality of care in Inverclyde Health and Social Care Partnership.
- 1.5 A Clinical and Care Governance Facilitator has been appointed to shape the process in Clinical and Care Governance and works in a shared arrangement between Inverclyde and East Renfrewshire Health and Social Care Partnerships.

2. Clinical Governance Arrangements

2.1 Definition of Clinical and Care Governance

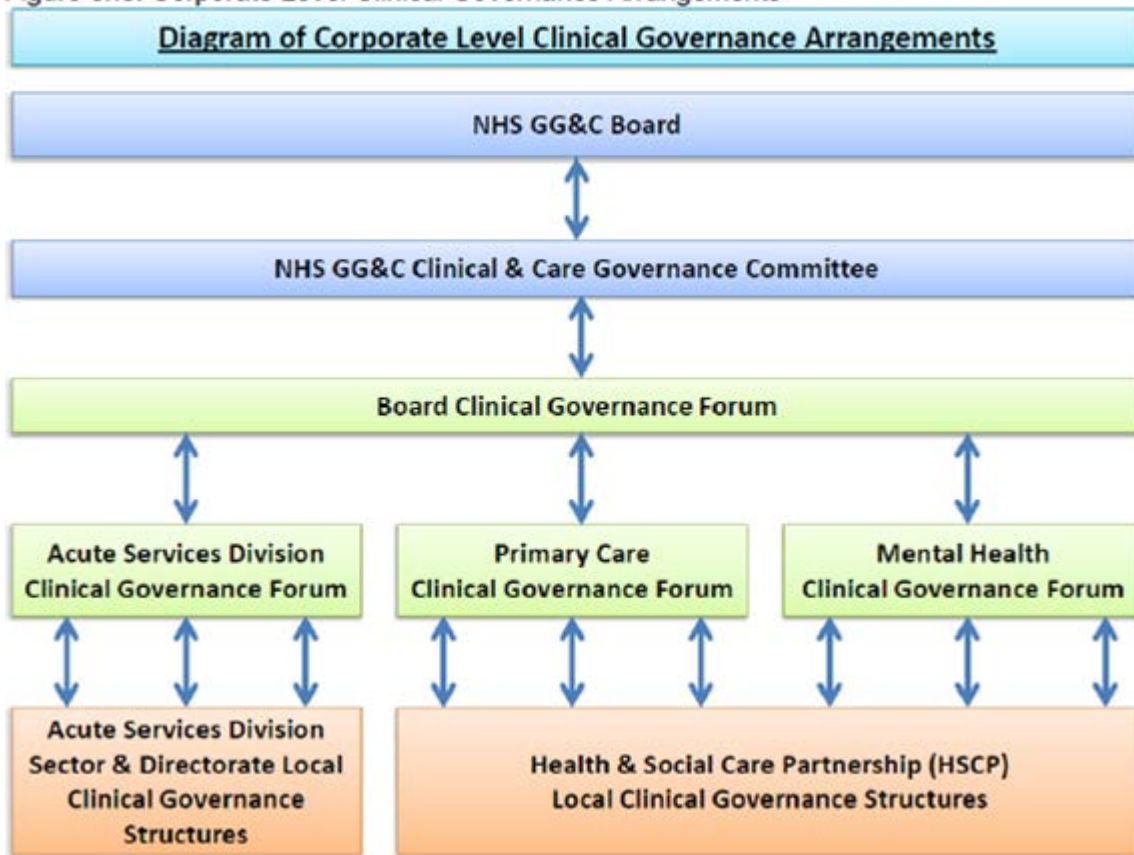
Clinical and Care governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained.

2.2 Clinical and Care Governance in Inverclyde HSCP

There is a Clinical and Care Governance Group who convene quarterly with meetings held on 18th July 2018, 10th October 2018, 15th January 2019 and 19th March 2019. The group is chaired by the Chief Officer and the Clinical Director. It is attended by Chief Social Work Officer, Chief Nurse, Head of Mental Health, Addictions & Homelessness, Clinical Risk Co-coordinator NHS Greater Glasgow and Clyde, Service Manager - Integrated Care and Support, Head of Service Health and Community Care, Head of Service Strategy and Support Services and the Clinical and Care Governance Facilitator. Representatives from Unison (staff side) also attend the meeting.

- 2.3 NHS Greater Glasgow and Clyde's Corporate Level Clinical Governance is outlined in Figure one.

Figure one: Corporate Level Clinical Governance Arrangements



2.4 Key responsibilities of the Clinical and Care Governance Group:

- Providing assurance to the Integration Joint Board (IJB), the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Reviewing significant and adverse events and ensure learning is applied.
- Supporting staff in continuously improving the quality and safety of care.
- Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services.
- Creating a culture of quality improvement and ensuring that this is embedded in the organisation
- The Clinical Director completes an exception report 6 times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF).

2.5 The Health and Community Clinical and Care Governance group sits as a sub group of Inverclyde Health and Social Care Partnership's CCGG. The group meets every six weeks and is chaired by the Head of Service and there is representation from team leaders and service managers from all areas of Health and Community Care. Submissions are also noted from NHS board wide NHS GG&C Learning Disability Group and other professional forums.

2.6 Areas of Clinical and Care Governance Developed by the group in 2018-19 are:

- Scrutiny of all Datix reports and ensuring that reports are reviewed and authorised within the agreed time scale and that learning from incidents is discussed across the teams and implemented where required.
- All safety action notices are distributed across all teams and reviewed as necessary.

- Actions from the main governance group are taken forward – e.g. ensure that mandatory training is undertaken and recorded appropriately on electronic systems – Learn Pro.
- Learning from Care Inspectorate reports are shared across service where there are common learning themes for improvement.
- Learning from complaints is shared and feedback from service users discussed as part of the cycle of continuous improvement.
- Development and review of the Health and Community Care Risk Register as an active operational document to inform the HSCP of potential risk.
- Ensure that all professional registration is scrutinised and regular checks are made on validity of registration time periods – NMC, NMC, HCPC, SSSC.

2.7 Mental Health Governance arrangements

- 2.8 Health and Social Care Partnerships (HSCPs) are committed to the delivery of whole system Mental Health Service delivery to meet the mental health needs of the Greater Glasgow & Clyde population. Mental Health Service delivery spans across the full range of inpatient and community settings involving the six partner HSCPs. The MHS whole system governance structure fulfils the organizations statutory responsibility, assuring the quality of safe and effective health service delivery.
- 2.9 Glasgow City HSCP, through its Chief Officer, has a responsibility for co-ordinating the strategic planning of adult mental health services on behalf of other HSCPs within Greater Glasgow and Clyde. Glasgow City HSCP also hosts a number of NHS GG&C wide professional leadership roles for adult mental health services, including for medical, nursing and psychology staff. These professional roles also have a strong connection with NHS GG&C Board responsibilities for governance and public health.
- 2.10 System-wide governance is co-ordinated by the Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive. In addition, HSCP governance structures and arrangements are in place to oversee local operational matters. Within Inverclyde HSCP we have the monthly Integrated Mental Health Clinical Services Group forum. This is shared with Renfrewshire HSCP and contributes to system wide governance across adult and older adult mental health in-patient and community settings. The regular membership comprises Heads of Service, Service Managers, Clinical Directors, Professional leads and Clinical Governance Facilitator for each area. The forum is extended each quarter to Mental Health Team Leads to support the broader Clinical Governance agenda.

2.11 Social Work Governance

The Chief Social Work Officer (CSWO) meets at regular intervals with the Chief Executive of the council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the strategic planning group.

In representing the unique contribution of social work services in the delivery of public protection the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the adult protection committee.

The Social Work Practice and Care Governance Group considers three priority themes of Practice Governance, Practice Development and Distributed Leadership.

The Children and Families Health Care and Justice Governance Group discuss operational matters with the CSWO. The Clinical and Care Governance Facilitator assisted this group in February 2019 and the Terms of Reference of the group was updated and the group is trialling a

reporting template for issues of exception and escalation to the Clinical and Care Governance Group.

3. SAFE

3.1 Significant Clinical Incidents (SCI)

The work of the CCGG is supported by regular updates from the Clinical Risk Co-ordinator. These reports are a standing item and they cover the Datix reporting of patient related clinical incidents and incidents progressed to Significant Clinical Incident (SCI) investigation. The group reviews progress and Improvement Plans in order to seek assurance that the appropriate actions have been implemented alongside the essential learning and development.

3.2 Annual Overview of Significant Clinical Incidents

Table 1: Incidents Escalated to SCI Investigation from 1 April 2018 – 31 March 2019 (Inclusive)

Directorate admitted	Specialty	Unit	Category	Sub-Category
Specialist Children's Services	CAMHS	Larkfield Unit	Suicide	Overdose - Non-prescribed/Illicit Medication
Mental Health Services	Addiction Services	Cathcart Street	Suicide	Jump from Height
Mental Health Services	Community Mental Health Team	Inverclyde Royal Hospital	Violence and Aggression	Patient Physical Assault on Other
Children and Family Services	Health Visiting	Greenock Health Centre	Other Incidents	Child Protection Issue
Mental Health Services	Community Mental Health Team	Crown House	Violence and Aggression	Patient Physical Assault on Other

3.2.1 Patient Related Clinical Incidents

Table 2 details the Patient – Related Clinical Incidents during the period 1 April 2018 – 31 March 2019.

Table 2: Patient – Related Clinical Incidents 1/4/2018 – 31/3/2019 inclusive.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Abscondment/Missing	5	3	0	2	2	0	8	5	7	0	0	0	32
Challenging Behaviour	4	6	2	5	5	7	6	5	3	2	5	4	54
Communication	1	0	1	6	4	0	2	2	1	0	0	1	18
Discharge or Transfer Problem	0	0	0	0	0	1	2	0	4	0	0	0	7
Laboratory/Specimen	0	0	0	0	0	0	0	1	0	6	0	0	7
Medical Devices/Equipment	2	1	1	1	0	0	0	1	2	1	0	0	9
Medication - Administration	0	4	0	5	0	0	2	4	1	1	0	2	19
Medication - Dispensing/Supply	0	0	1	2	1	2	1	1	2	2	1	1	14
Medication - Monitoring	1	1	0	0	0	0	1	1	0	3	1	0	8
Medication - Patient Induced	0	2	0	0	0	1	1	0	0	0	1	1	6
Medication - Prescribing	1	0	1	0	0	1	2	0	0	1	2	1	9
Patient Observations	0	0	0	0	0	1	0	2	0	0	0	1	4
Pressure Ulcer Care*	3	2	2	4	0	6	2	2	3	5	0	4	33
Self Harm	1	0	0	2	2	2	1	2	6	2	3	5	26
Suicide	0	1	0	0	1	0	0	0	1	0	2	2	7
Treatment Problem	1	0	0	0	0	0	1	1	0	1	1	0	5
Other Incidents	6	9	5	6	4	10	5	7	7	9	13	14	95
Total	25	29	13	33	19	31	34	34	37	33	29	36	353

* In the context of Pressure Ulcer Care 14 were caseload acquired Pressure Ulcers all of which were unavoidable. The remaining recorded pressure ulcers have been inherited from other areas, for example, care homes, acute services and within patients' homes (prior to health care delivery). Pressure Ulcers which have been assessed as level 3&4 would expect to proceed to SCI investigation if avoidable. As part of our quality assurance processes risk management colleagues review Quarterly Data to scrutinise the incidents they would expect to proceed to SCI Investigation and share with Chief Nurse.

3.3 Significant Case Review

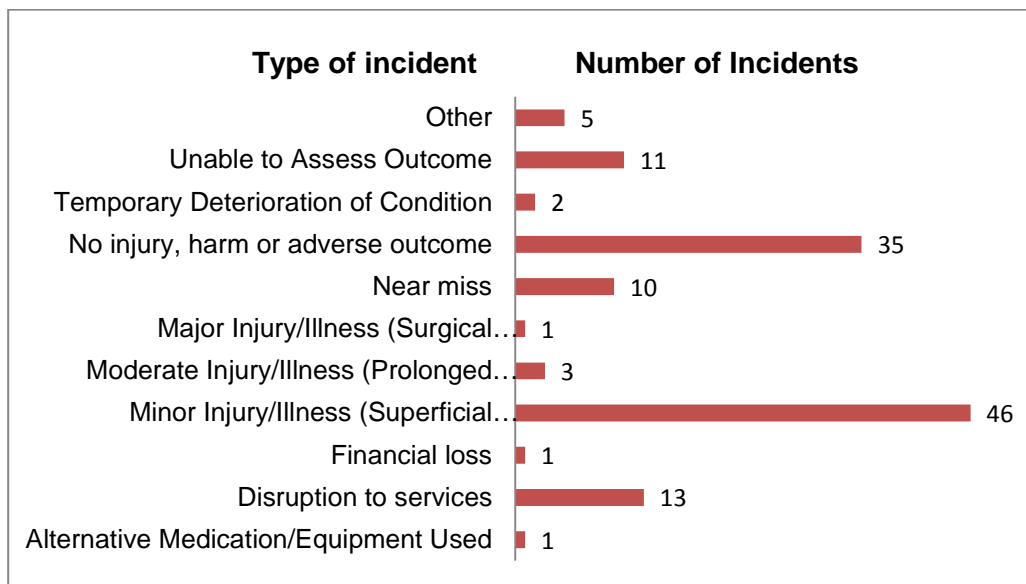
During this annual report period there has been one Significant Case Review. The review examined the involvement of services, and the potential for adult support and protection to have assisted an adult patient who was refusing services throughout the final period of their life. The care, support and treatment of the patient demonstrated the challenges to adult protection systems and the agencies within which it exists. Several actions to strengthen future policy and practice in similar cases were identified as a result of the review. Improvement plans were scrutinised by the clinical care governance and the Chief Officers Group with the Adult Protection Committee National Network enabling shared learning alongside local development sessions. The improvement plan will be monitored through the adult support and protection committee with updates, as appropriate, to the CCGG.

3.4 Health and Community Care Datix Governance Arrangements

The following is an example of how Health and Community care review their Datix information. All services across Health and Community Care work collaboratively to ensure that Datix reports are reviewed and approved within the agreed timescales and that any learning or action points are shared across the services. Staff are regularly supported to utilise the Datix system to ensure that all incidents and near misses are reported. Through the care group governance groups within the Partnerships Heads of Service monitor and review performance on the sign of the Datix reports with data provided from the clinical risk team. This data forms part of the Partnership performance management reporting process.

The table below documents the number of incidents reported by final outcome from May 2018 to May 2019.

Table 3: Number of Incidents Reported by Final Outcome from 1 May 2018 to 1 May 2019 inclusive



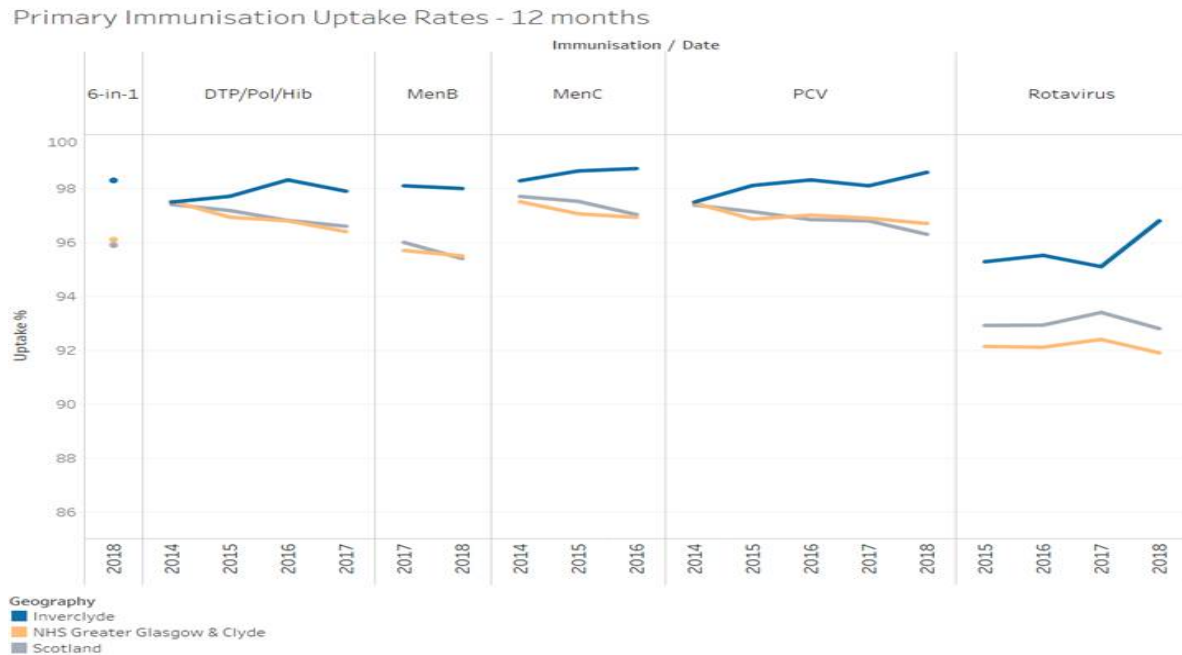
3.5 Immunisation

In tandem with our New Ways test of change programme we introduced corporate preschool immunisation clinics replacing the previous mix we had in Inverclyde of mostly GP based clinics. This was done partly due to necessity but also identified as an opportunity for Inverclyde to test the model that was planned for the 2018 New GP contract. The service has been running since December 2016 from 2 Health Centre sites and has resulted in a more co-ordinated and streamlined service with more efficient use of staffing resources from the Children and Families team and a reduction in GP practice workload.

This model is now being mainstreamed throughout NHS Greater Glasgow and Clyde as part of the Transforming Vaccinations Programme Board work stream.

Statistics provided by ISD on immunisation figures show that since inception of the corporate approach there has been a rise in vaccination uptake in this group. Inverclyde HSCP's figures are highest in NHS Greater Glasgow and Clyde and consistently among the best in Scotland

Figure 2: Primary Immunisation Uptake Rates – 12 months



3.6 Adult Protection

3.6.1 There is good practice guidance in joint working between Inverclyde Adult Protection Committee and Care Home providers in Inverclyde. The guidance establishes a unified approach to dealing with adult protection concerns and adults with changing needs across all care homes in Inverclyde. Inverclyde Health and Social Care Partnership and a range of public bodies work together to support and protect adults who are unable to safeguard themselves, their property and their rights. It provides a range of measures which can be used to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible.

3.6.2 An Adult Support and Protection audit in Mental Health and Addictions was undertaken in 2018, and was repeated very recently. The report highlighted a number of positive practice examples such as the strength of risk assessments. The report also raised concerns regarding explicit consent to information sharing and IT systems not linking to each other. An action plan is being developed as part of our programme of quality improvement.

3.7 Professional Nursing Assurance

3.7.1 The professional nursing assurance framework and associated work plan forms the focus for the Senior Nurse Leaders meeting within the partnership. Ensuring effective frameworks to develop implement and monitor professional practice standards and quality of service delivery to continuously improve and enhance patient care through programmes of audit, reporting and action planning is the core business of the group. The framework is based on the national nursing and midwifery professional framework developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored. The framework enables an iterative approach to quality improvement activity across all services. The Chief Nurse actively participates as a member of the NHS GG&C Nursing Network, led by the NHS Board's Director of Nursing to review and develop nursing practice and governance across the organisation.

3.7.2 Nursing Professional Quarterly Governance Reports which include detail on significant events, fitness to practice issues, registration lapses and complaints are submitted to the NHS GGC Board Nurse Director as part of care assurance processes.

3.8 Community Nursing Workforce – Safe Staffing Legislation

3.8.1 Utilisation of the Community Nursing Workforce Assessment Tools provides an important consistent evidence based tool for establishing the staffing needs of a range of services. The national tools were developed in partnership with key stakeholders, researched, tested and refined with the final ratification and validation. To date the Nursing and Midwifery Workforce Workload Planning Programme (NMWWPP) has facilitated local implementation and several runs of the tools have been completed within Children and Families Service, District Nursing, Learning Disability and Mental Health.

3.8.2 The Health and Care (Staffing) (Scotland) Bill was introduced by the Cabinet Secretary for Health and Sport on 23 May 2018. The timeline for the development and approval of the Bill has now reached Stage 3. The Health and Care (Staffing) Bill will place a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are in place at all times which will include the use of the Nursing and Midwifery Workforce Workload Planning Programme tools. The Nursing and Midwifery Workforce Workload Planning Programme tools form an important building block to ensure safe staffing levels alongside listening to highly skilled professionals enabling them to exercise professional judgement and having flexibility in the system to adapt to real time changes in patient dependency and acuity.

3.8.3 The output from the run of the tools is the focus of discussion within the respective teams and services. It is recognised that further work is required to further improve data quality. Output of the runs has been shared with local teams encouraging ownership and the opportunity for the teams to scrutinise, discuss and develop improvement action plans in preparation for next run of the tools. The data from the runs informs workforce planning for all care groups from an NHS GGC board perspective and is discussed at the NHS Board Nursing, Midwifery and Allied Health Workforce Planning Group Chaired by the Board Nurse Director.

3.9 Out of Hours Review

3.9.1 As part of the continuing development of Inverclyde Health and Social Care community services we are undertaking a review of the Out of Hours Community Nursing and Social Work Services, building on existing close working relationships.

3.9.2 Inverclyde's community alarm team, district nursing and home care are co-located at the Hillend Centre providing evening and through, the night care working collaboratively to provide ongoing assessment and support to facilitate discharge from hospital and maintain people safely at home.

3.9.3 The review will seek to formalise links between the teams in the face of challenges around high demand, increasing patient complexity and co morbidity. We will explore opportunities to maximise shared care and joint working to facilitate safe, sustainable, efficient and effective person centred care within the home environment.

3.9.4 A steering group is in place with an expected completion date of September 2019. Community and patient consultation is being carried out by Your Voice. Staff engagement events are taking place and liaison with partner stakeholders will be included as part of the review.

3.10 Specialist Learning Disability Services

3.10.1 Specialist learning disability services have a system wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six health and social care partnership areas, specialist learning disability inpatient services, the Learning Disability Clinical Director and general manager with input from the clinical effectiveness team, clinical risk, academia and service users and carers.

3.10.2 The overall aim of the clinical governance model in Specialist Learning Disability Services is to improve quality, ensure safe, effective and person centred equitable services. There are two clinical governance work plans (in patient and Health and Social Care Partnership Board wide) which focus on the following areas: patient safety, clinical effectiveness, clinical audit, learning and education, research and development, involvement of patient and carers and development of practice and clinical networks.

3.10.3 Both the in-patient clinical governance and Health and Social Care Partnership wide clinical governance meetings are held on a bi monthly basis. The inpatient clinical governance activity is reported via the health and Social Care partnership Primary Care and Community Governance Forum meeting.

3.10.4 Each Health and Social Care Partnership area completes an exception report in advance of the bi-monthly meetings. Exception reports are a standing agenda item at the meeting. All Learning Disability Significant Clinical Incidents reports and all community learning disability Datix incidents are reviewed at the meetings. Progress with any board wide pathway or network development is also reviewed.

3.10.5 The inpatient service has been successful in gaining AIMS accreditation. To date NHS Greater Glasgow and Clyde are only the second learning disability service in Scotland to have achieved this accreditation. In order to get to the standard required, there were six years of continuous planned work with over 50 improvement projects undertaken and completed. A new plan of further quality improvement work is being developed and will help to ensure the in-patient service retains its accreditation status over the next three years.

3.10.6 Inverclyde Community Learning Disability Services has representation of NHS Greater Glasgow & Clyde Learning Disability Governance Forum where learning summaries from SCIs are shared across the services to ensure that learning and developments are implemented.

3.10.7 There are close links to Inverclyde with the Lead Professional Nurse Advisor (Learning Disability) and Psychology to ensure clinical care development within the services and to support professional operational issues. The professional Nurse Advisor is professional accountability to the Chief Nurse (Inverclyde and East Renfrewshire) HSCPs.

Areas of ongoing care governance within NHS Greater Glasgow and Clyde Learning Disability are:

- Updating of the Learning Disability operational processes and standards
- Epilepsy Risk Questionnaire
- EMIS steering group
- Information sessions relating to gender based violence and routine sensitive enquiry
- Establish a food, fluid and nutrition group

3.11 Inverclyde HSCP Learning Disability Redesign

3.11.1 In September 2018 the learning disability day services after extensive consultation with service users and their families successfully integrated two day centre facilities in one day service opportunity promoting community activities and resources. Underpinning the integration of services was an extensive staff development program of support to allow staff to support service users with complex needs.

3.11.2 Detailed risk planning was undertaken and review of service user personal care requirements resulted in the completion of state of the art personal care areas which allows staff to deliver personal care to service users in a dignified and supportive manner.

3.11.3 Part of the integration consultation took place with the Care Inspectorate to ensure the service fully meets its registration requirements and care standards.

3.12 Pharmacy and Prescribing

3.12.1 Annual GP prescribing feedback visits by the Lead Clinical Pharmacist, and prescribing initiatives 2018/19 supported safety and quality in prescribing, particularly in relation to respiratory disease, diabetes and infection. All GP practices took part in the Repeat Prescribing LES to support accurate and efficient repeat prescribing processes with minimal medication waste, and used ScriptSwitch Prescribing Support System to support safe and cost effective prescribing, and improve formulary compliance.

3.12.2 During 2018/2019, local community pharmacists have increasingly dealt with minor ailments and the Health & Social Care Partnership Prescribing Team are developing closer working relationships with local community pharmacies to continue to improve safe and effective use of medicines.

3.12.3 Members of the Prescribing Team have participated in NES and NHS GGC training and developed competency assessments for new staff and new activities, with regular Team meetings and peer review, and use of Datix to record and learn from medication incidents.

4. EFFECTIVE

4.1 Technology Enabled Care

4.1.1 The use of technology enabled care continues to expand with new developments within home and mobile health monitoring seeing those with long term conditions such as COPD, Diabetes and Hypertension having greater choice, control and self-management over their condition. This has been possible using simple digital technology in the form of a phone app (FLO) and (Docobo) home health monitoring hubs. Significant training and awareness with colleagues in community nursing; acute and community services has led to increased joint working and new ways of working just starting to be rolled out.

4.1.2 Early evidence suggests that the above initiatives have resulted in a reduction in primary care appointments; home visits by community nursing, hospital admissions and has been a key factor in supporting discharges from hospital.

4.2 Home First

4.2.1 Inverclyde Home 1st aims to deliver health and social care in the home or community and maintain people's independence where possible. Working closely with staff at Inverclyde Royal Hospital assessments on future care needs are made as early as possible in collaboration with the patient and family. The majority of patients are assessed and discharged home as soon as they are deemed medically fit including those requiring a complex home care package or care home placement. This has led to the development of a rapid discharge planning process and in some cases prevented hospital admission when it wasn't required.

4.2.2 Home First were awarded the Special Judges Award of Excellence at the NHS Greater Glasgow and Clyde staff awards. The panel of judges were so impressed by the Inverclyde Home 1st entry they agreed – for only the fourth time in the eight years that the Chairman's Awards have been running – to make a special award of excellence.

4.3 Frailty Tool for Older People

4.3.1 We are currently implementing the Rockwood Frailty tool across all teams within the Health and Social Care Partnership. This tool brings opportunities to measure any change of people's abilities throughout our intervention and can be used to measure complexity of care.

4.4 Rehabilitation and Enablement Service

4.4.1 This service is in the process of completing mandatory audit of Allied Health Professionals for ICIL RES to include qualitative and quantitative information on 5 patient interactions (3 repeat appointments and 2 discharges). The NHS Greater Glasgow and Clyde Community Rehabilitation Audit (joint venture between NHS Greater Glasgow and Clyde Physiotherapy Group and Glasgow Caledonian University) is being rolled out to show effectiveness of physiotherapy input in the community.

4.4.2 The Allied Health Practitioner Director receives assurance through completion of the Allied Health Professional Quarterly Governance Report. There are more areas to complete including an additional section for cross system learning, key successes, and key risks to clinical quality and updates on any key issues from previous meetings.

4.5 Occupational Therapy

4.5.1 This service is in the process of tendering for a Stores Management System to upgrade efficiency, safety and security systems to manage equipment storage, delivery and servicing of equipment. This will involve upskilling colleagues to enable prescription of equipment to further improve safe and quick discharge from the emergency department and hospital to prevent delays.

4.5.2 Occupational Therapy are working with a new provider for Care and Repair and providing workshops to ensure consistency in grant applications for adaptations.

4.5.3 A Single handed care project, as a test of change, is working to remodel moving and handling training and techniques. From May 2018 to date 22 people with complex care needs have moved to one handed care. This has resulted in a reduction of 286 care hours per week.

4.6 Children's Services

4.6.1 Following the Care Inspectorate joint inspection of children's service in Inverclyde in 2017 the Child Protection Committee committed to make improvements in its processes designed to identify risk and need.

4.6.2 The Social Work teams were restructured to form a request for assistance team which aims to provide a consistent service pathway for all referrals to social work and to also support our partners in their named person roles with signposting to other services and providing advice and guidance when the level of need does not reach the threshold for social work intervention.

4.6.3 The Child Protection Committee has focused on continuous improvement in the multi-agency response to risk and significant harm by strengthening the interagency referral discussion process. The IRD quality assurance group has met six weekly with a target of ensuring that 80% of the IRD's sampled were graded as good or higher and this target has been met. Practitioner guidance has been updated, new recording templates and processes have been put in place including the use of conference calling and coaching is on offer to staff participating in the discussions to ensure fidelity to the guidance and that processes are thoroughly and correctly implemented.

4.6.4 Health Visiting Service – in 2016 the Scottish Government released the final version of the Revised Universal Pathway. The Pathway presents a core home visiting programme to be offered to all families by Health Visitors as a minimum standard. The programme consists of 11 home visits to all families – 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years. Spanning the antenatal to pre-school period it ensures the opportunity for Health Visitors to fulfil their role promoting and supporting and safeguarding the wellbeing of children. It was acknowledged that these additional visits will result in increased pressure on Health Visitors, consequently funding from Scottish Government provided for 200 new Health Visitors across NHS Greater Glasgow & Clyde to reduce case load sizes to mitigate this.

4.6.5 A significant recruitment campaign has been ongoing across NHS Greater Glasgow & Clyde to recruit appropriately trained nurses and support them to undertake the requisite Specialist Community Public Health nurse qualification. For Inverclyde this means that we have experienced an incremental increase in the establishment of Health Visiting.

4.6.5 UNICEF has recently awarded Inverclyde HSCP health visiting service the gold award for their work with the baby friendly initiative (BFI). Increasing Breast feeding rates within Inverclyde is a key priority area as outlined within Big Action 2 within the Strategic Plan.

4.7 Mental Health, Addictions and Homelessness Services

4.7.1 Mental Health Strategy – a key focus over the last year has been engaging with the development work for implementation of the 5 year mental health strategy. The aim of the work is to optimise the efficiency and effectiveness of patient care across mental health services, shifting the balance of care not only from inpatients to community but in enabling people to be supported with their continuing recovery away from mental health services. Some key areas of change are focussed on introduction of peer recovery support workers, which the Inverclyde service is involved in piloting; improving responses to unscheduled care, and building on recovery oriented systems of care within our CMHT.

4.7.2 Action 15 of the National Mental Health Strategy aims to increase access to mental health professionals with a strong focus on primary care and acute hospital settings. Additional funding is being used to extend our response within our local emergency department at IRH, and to develop local responses to people experiencing distress that may otherwise be referred directly to our mental health services.

4.7.3 Within our inpatient service we have been preparing to implement the Royal College of Psychiatrists Accreditation for Inpatient Mental health Services (AIMS). This supports the provision of effective inpatient care, and the standards are based on delivery of care from the multi-disciplinary inpatient team. The accreditation standards are reviewed on an annual basis and are applied each year during the self and peer review processes by AIMS member wards. The standards cover the following topics:

- General Standards
- Timely and Purposeful Admission
- Safety
- Environment and Facilities
- Therapies and Activities

Due to gaps within the multi-disciplinary team this work is yet to get underway.

4.7.4 Inverclyde has two staff who graduated from the NHS Education for Cohort 2 Dementia Specialist Improvement Leads (DSIL). Bite size training sessions were developed by the Physiotherapist during her DSIL training in response to needs identified by local staff, including the trainers of the local Stress and Distress modules, who noted that there was some difficulty translating theoretical models into practice. The sessions were developed as an opportunity for staff to spend time looking at practical dementia care and to try out techniques and interventions to reduce stress and distress and meet the complex physical and mental healthcare needs of this patient group.

4.7.5 The training was initially designed for nursing assistants who had not received the same level of training as their Registered nurse colleagues. This staff group provide a high level of practical care for patients within the ward environment and it was felt that in providing techniques which could immediately be used in practice, this might improve the overall quality of care for patients. Evaluation of the training and feedback suggests that staff shared their learning and that they felt the content was valid for staff at all levels who had clinical contact with patients. The sessions were well received and there is a drive to see these sessions continue. Training can be used as evidence towards NMC revalidation requirements.

4.7.6 Improving the physical health of people with mental health problems is a key focus of the mental health strategies. The service has a physical healthcare clinic which works together with GP's to ensure peoples physical health care is appropriately monitored, in context of their mental health treatment. 4.7.7 Addressing smoking continues to be a key area of focus. A recent audit on Hospital Smoking Cessation was carried out in the Langhill Clinic. The results showed that after an initial strong focus on supporting patients to reduce or stop smoking whilst they are in hospital there is a need to refresh our approach, with consideration required to consistent use of NRT, and having effective conversations with patients. There is an identified need for further training to support staff in this area.

4.7.7 Electronic Medicines Reconciliation (The Orion Medicines Management Module within Clinical Portal) was rolled out in mental health wards on 4th September 2018, following successful implementation in acute wards.

4.7.8 The Mental Welfare Commission for Scotland visited Willow and Oak Wards within Orchard View in September 2018 and the report was very positive in all aspects of care, examples include: care plans in both wards were person centred and reviewed regularly; plans for the management of stress and distress used the Newcastle model and contained detailed information about triggers and individual distraction. Risk assessments were in place and regularly reviewed. Multidisciplinary team reviews were regular and decisions were clearly recorded. Evidence was also found of relatives/carers being consulted and involved in care decisions.

4.8 Focus on Drug Deaths in Inverclyde

4.8.1 The prevalence of drug use within our community and incidence of drug deaths within Inverclyde remains a key area of concern, and within this last year there has been increased focus on the need for us to address this through wider partnership working. The latest available date for drug use prevalence from 2015/16 was published in March 2019, indicating that for Inverclyde the estimated problem drug use prevalence rate for Inverclyde was 2.9% of the population aged 15-64, compared to 1.62% for Scotland as a whole, and Inverclyde has the highest rate in Scotland. In 2017 there were 23 drug related deaths in Inverclyde. Review of trend data indicates this is increasing but when the rate for drug related deaths is considered within the context of the estimated drug misusing population Inverclyde has a lower rate than Scotland as a whole.

4.8.2 The local Drug Death Action Plan has been updated and includes both NHS GG&C board wide work and local actions. It is intended to establish a drug death prevention group during 2019, with a seminar to initiate this once the data for 2018 is published in the summer.

4.8.3 The Drugs Action Partnership Group has also been established led by K Division of Police Scotland aimed at supporting work to combat the increasing drug related death trend and to improve extant information sharing processes in order to protect those most at risk of harm as a result of drug misuse. The overall objective is that through strong partnership working, we improve the overall knowledge of the illicit drug commodity user market in order to protect those most vulnerable to harm and to reduce the impact of drugs on individuals, families and communities within Renfrewshire and Inverclyde.

4.8.4 The Scottish Government currently has a focus on ending homelessness in Scotland, following on from the recommendations of the Homeless and Rough Sleeping Action report published in May 2018. This requires the local authority to develop a Rapid Rehousing Transition Plan to be taken forward over 5 years. The Inverclyde plan was developed based on the outcome of the temporary accommodation review and this will be the mechanism for taking this work forward during 2019/20, following finalisation of the plan with the Homelessness Team at Scottish Government, and clarification of transitional funding to enable the plan to be taken forward.

5. PERSON CENTRED CARE

5.1 Primary Care

5.1.1 Developing the multi-disciplinary team in primary care is fundamental to delivering the new GP contract. Inverclyde has two Health and Social Care Partnership employed Advanced Nurse Practitioners carrying out unscheduled care home visits on behalf of East Cluster with a plan to roll out additional nurses to cover all practices. ANP's provide safe, effective clinical care for patients and have enabled a redistribution of clinical activity which would otherwise have required a GP service. GPs have reported the significant impact this has on managing their workload which will include their requirement to focus of patients with complex healthcare needs. Patient feedback is very positive.

5.2 HSCP Complaints

5.2.1 The Clinical and Care Governance Group consider complaints that have been received as part of the quality assurance process and seek assurance that associated improvements plans and learning from complaints are addressed.

5.2.2 From 1st April 2018 to 31st March 2019 58 complaints received. Of the 58, 100% were closed during the year within agreed timescales. 27 complaints were closed at Stage 1, and 31 complaints were closed at Stage 2. Stage 1 is a complaint dealt with as a front line resolution within 5 days and stage 2 is a full complaints investigation within 20 working days. 10 complaints were upheld at Stage 1 with 15 not upheld at Stage 1. 2 were partially upheld at Stage 1. 10 were upheld at Stage 2, with 14 not upheld by Stage 2 with 7 partially upheld at Stage 2.

5.2.3 Table 4 shows the breakdown of Total Complaints by Directorate, Theme and Outcome.

TABLE 4 BREAKDOWN OF COMPLAINTS BY DIRECTORATE, THEME AND OUTCOME					
Health and Community Care		Children's Services and Criminal Justice		Mental Health, Addictions and Homelessness	
Total Complaints	32	Total Complaints	15	Total Complaints	11
Stage 1	17	Stage 1	5	Stage 1	5
Stage 2	15	Stage 2	10	Stage 2	6
Theme of Complaint		Theme of Complaint		Theme of Complaint	
Services not provided to appropriate standard	17	Services not provided to appropriate standard	7	Services not provided to appropriate standard	8
Staff professional practice	11	Staff professional practice	5	Staff professional practice	3
Services not provided	3	Services not provided	2	Services not provided	0
Breach of confidentiality	1	Breach of confidentiality	0	Breach of confidentiality	0
Report content	0	Report content	1	Report content	0
Commissioned providers	1	Commissioned providers	0	Commissioned providers	0
Outcomes		Outcomes		Outcomes	
Upheld	15	Upheld	3	Upheld	2
Not Upheld	14	Not Upheld	9	Not Upheld	6
Partially Upheld	3	Partially Upheld	3	Partially Upheld	3

5.3 Scottish Public Sector Ombudsman Complaint Reviews

Five Scottish Public Sector Ombudsman (SPSO) complaint reviews were undertaken between 1 April 2018 and 31 March 2019. To date one report has been received from the SPSO, this 1 complaint was not upheld. We await the remaining reports from the SPSO. The CCGG will be review as they are received.

5.4 GP Complaints

The 14 GP Practices in Inverclyde Health and Social Care Partnership report on complaints received by members of the public on a quarterly basis. These data are reviewed at the C&CG Group and information is reviewed by the Clinical Director and any significant issues are discussed at the GP Forum. Themes arising from complaints and any learning are also taken to the Post Graduate Education Group for planning of learning events. Complaints that are escalated to the Scottish Public Services Ombudsman are reviewed by the Clinical and Care Governance Group and Decision letters are routinely shared with the group for their information and comment.

5.5 Patient Safety

Inverclyde, 11 Opted In Practices

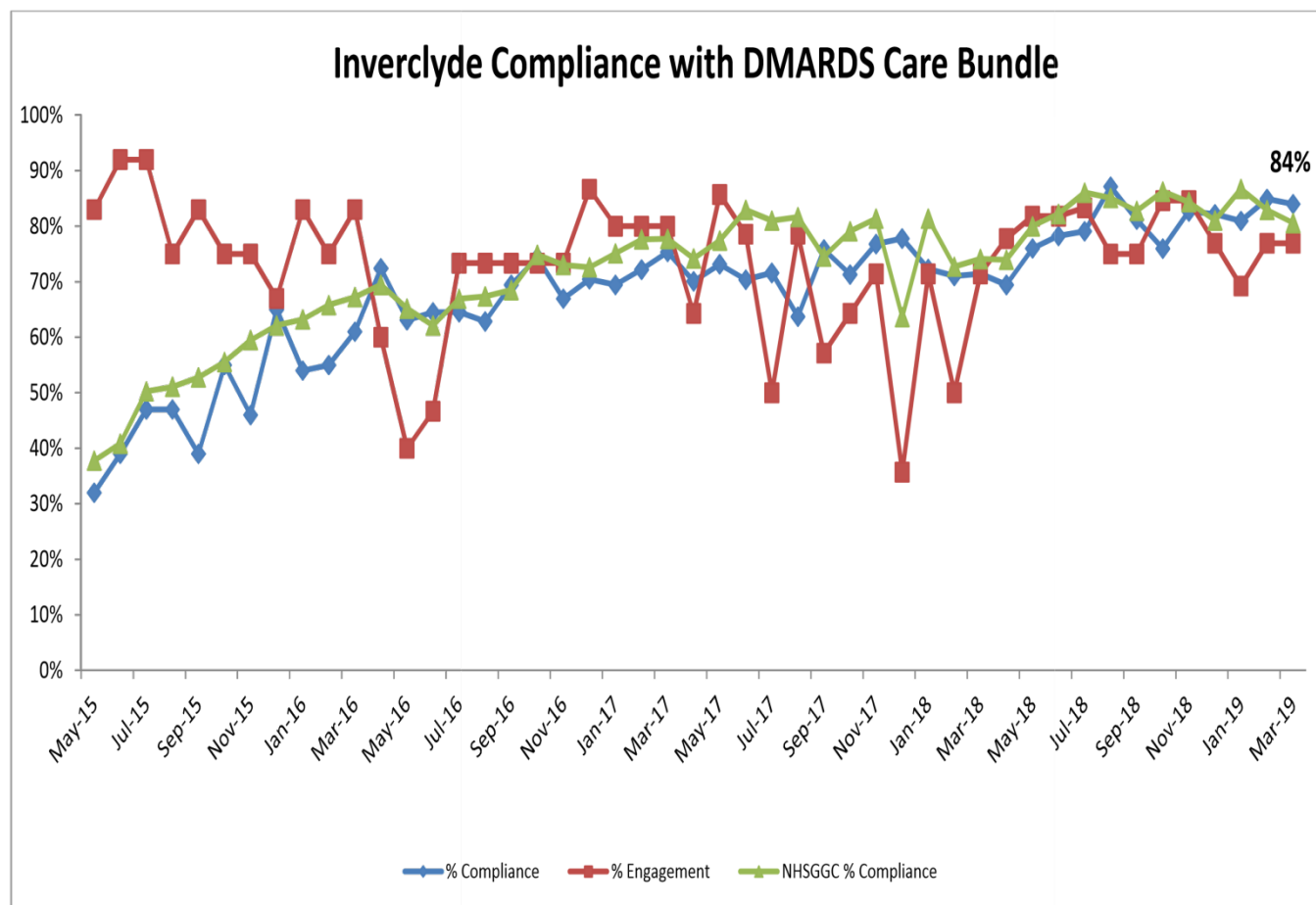


Figure 3: Inverclyde Compliance with DMARDS Care Bundle

5.3.1 Inverclyde have 11 of 14 GP Practices that have opted in to participate in the final year of the DMARDS LES DMARDS are potentially toxic medications used to treat Rheumatic and Gastrointestinal disease and require close monitoring of their use. Figure 2 details the compliance with the DMARDS Care Bundle for Inverclyde and NHS Greater Glasgow and Clyde overall to the end of year 4.

5.3.2 A median compliance of 78% with the DMARDS Care bundle was achieved over the 4 years in which the DMARDS LES was available. In February and March 2019 45% (7) individual practices achieved compliance of 90% (or greater) with the DMARDS Care Bundle, the highest level of achievement to date.

Six Practice one to one support activities with GP practices were carried out between May 2015 and March 2019. A median compliance of 71% with the DMARDS Care bundle was achieved over the 4 years in which DMARDS Les were available.

5.6 Medicines Reconciliation

5.6.1 During 2018/19, in all GP practices, pharmacists and technicians supported improved medicines reconciliation across the primary/secondary care interface, increasing communication with patients and community pharmacies. They also dealt with medication requests and queries. Patients in all 14 GP practices benefitted from clinical pharmacist medication reviews via a clinic or home visit for patients with Falls, Heart Failure and for older people with medication-related issues at the primary/secondary care interface. Patients in 7 GP practices benefitted from clinical pharmacist medication reviews for polypharmacy, respiratory, pain or care home review.

5.6.2 During 2018/19, the Prescribing Team accepted referrals for medication review, and delivered training and support on prescribing and medicines management to GP practices, Non-Medical Prescribers, patient groups – Osteoporosis and Respiratory, Social Care Home Care staff and Care Home staff – including management of UTI in Care Homes.

5.7 Addiction Services Review

5.7.1 Within our Addiction service the review has enabled us to take a thorough look at what the service is currently offering, including the range of interventions provided across the disciplines within the drug and alcohol teams. The review is governed by key principles to anchor the service user at the heart of a new model of care:

- Service users receive the right assessment and treatment at the right time, which is centred on their needs
- The focus on a recovery pathway in which the service user is fully involved and is able to participate in planning their own sustainable recovery
- Ensuring safe, effective, evidence based and accountable practice.

5.7.2 The recommendations from phase 2 were reported to the Integrated Joint Board in May 2019, and these are now being taken forward within an implementation plan which will develop the tiered model of services based on a single point of access in to the service and single pathway for service users and development of our recovery resources. Further work is focussed on the development of interventions within the service, for example Psychological Therapies. The review has identified gaps in provision including for young people, comprehensive family support and the need to develop a more coherent approach to prevention and education across the whole population. These areas of work require input from wider HSCP services and partners and this is being taken forward with the Alcohol and Drug Partnership and the Inverclyde Alliance.

5.7.3 Inverclyde has also been successful in achieving additional funding through the CORRA Foundation Challenge Fund, and this has been matched with investment from the IJB's Transformation fund to enable us to test new pathways for service users. The long term aim of this project is to promote early intervention, treatment and recovery from alcohol and drug misuse, preventing ill health and improving wellbeing. The project will enable us to test approaches to outreach addiction liaison services across primary care; enhance acute liaison services responding to the needs of people presenting to IRH to support effective discharge and prevent readmission; and test extended working across 7 days including community based detoxification work. This sits well with the work to modernise our alcohol and drug services.

6. CONCLUSION

6.1 The Clinical and Care Governance arrangements within Inverclyde remain robust. Inverclyde Clinical and Care Governance Group has maintained effective oversight of the key areas of clinical risk and quality. Internal arrangements are well connected enabling engagement and information sharing to ensure we are appropriately monitoring and improving the quality of care delivered to our patients and service users.

6.2 A development event for the Clinical and Care Governance Group has been scheduled to take place on 23rd July 2019. The agenda will cover a review of the Terms of Reference for the group, including membership, linkage to all existing governance structures within the Partnership and alignment of the Clinical and Care Governance work plan to the HSCP Strategic Plan.

6.3 The recommendations from the development day will inform the future direction of the group and strengthening its pivotal role in ensuring the delivering of safe, effective and person centred care to the People of Inverclyde.