

A meeting of the Inverclyde Integration Joint Board will be held on Monday 21 June 2021 at 2pm.

This meeting is by remote online access only through the videoconferencing facilities which are available to members of the Integration Joint Board and relevant officers. The joining details will be sent to participants prior to the meeting.

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

Please note that this meeting will be recorded.

Anne Sinclair  
Interim Head of Legal Services

<b>BUSINESS</b>	
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<b>ITEMS FOR ACTION:</b>	
2. <b>Minute of Meeting of Inverclyde Integration Joint Board of 17 May 2021</b>	<b>p</b>
3. <b>Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
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Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.

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

In terms of Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020, it is necessary to exclude the public from this meeting of the Integration Joint Board on public health grounds. It is considered that if members of the public were to be present, this would create a real or substantial risk to public health, specifically relating to infection or contamination by Coronavirus.

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

## INVERCLYDE INTEGRATION JOINT BOARD – 17 MAY 2021

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### **Inverclyde Integration Joint Board** **Monday 17 May 2021 at 2pm**

#### **Present:**

#### **Voting Members:**

Councillor Jim Clocherty (Chair)	Inverclyde Council
Alan Cowan (Vice Chair)	Greater Glasgow and Clyde NHS Board
Councillor Lynne Quinn	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Dorothy McErlean	Greater Glasgow and Clyde NHS Board

#### **Non-Voting Professional Advisory Members:**

Louise Long	Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Sharon McAlees	Chief Social Worker, Inverclyde Health & Social Care Partnership
Lisa Branter	Interim Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Dr Deirdre McCormick	Chief Nurse, NHS GG&C
Dr Chris Jones	Registered Medical Practitioner

#### **Non-Voting Stakeholder Representative Members:**

Gemma Eardley	Staff Representative, Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Christina Boyd	Carer's Representative

#### **Also present:**

Karen Haldane	CVS Inverclyde
Vicky Pollock	Legal Services Manager, Inverclyde Council
Anne Malarkey	Interim Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Allen Stevenson	Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Lorraine Harrison	Inverclyde Learning Disability Services, Inverclyde Health & Social Care Partnership
Heather Simpson	Inverclyde Learning Disability Services, Inverclyde Health & Social Care Partnership
Emma Cumming	Project Manager, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Allan MacDonald	ICT Services Manager, Inverclyde Council
George Barbour	Communications, Tourism & Health & Safety Service Manager, Inverclyde Council

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**Chair:** Councillor Clocherty presided

The meeting took place via video-conference.

### 30 Apologies, Substitutions and Declarations of Interest

30

Apologies for absence were intimated on behalf of:  
 Stevie McLachlan (Inverclyde Housing Association Representative – River Clyde Homes);  
 Simon Carr (Voting Member, Greater Glasgow and Clyde NHS Board);  
 Paula Speirs (Voting Member, Greater Glasgow and Clyde NHS Board); and  
 Hamish MacLeod (Service User Representative, Inverclyde Health and Social Care Partnership Advisory Group).

Councillor Robertson and Ms Boyd declared an interest in agenda item 12 (Reporting by Exception – Governance of HSCP Commissioned External Organisations)

### 31 Chief Officer's Report

31

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update on a number of areas of work underway across the Health & Social Care Partnership and (2) appending the log of decisions taken with the approval of the IJB Chair, Vice Chair and Chief Officer during the period 5 January to 17 May 2021.

Prior to discussion of the report, the Board viewed a video made by staff from Inverclyde Learning Disability Services which provided an insight into their experience of working through the COVID pandemic. Staff members Heather Simpson and Lorraine Harrison, who appeared in the video, were present at the meeting and answered questions from Board Members. Ms Simpson and Ms Harrison emphasised the importance of strong leadership and support in the early days of the pandemic, when service provision changed rapidly and new working practices had to be adopted, and the pride that they felt in achieving this.

Councillor Clocherty expressed his appreciation to the Learning Disability Services Team on behalf of the Board for creating the video and for their service during the pandemic.

Ms Simpson and Ms Harrison left the meeting at this juncture. The report was then presented by Ms Long and provided the following updates:

Emergency Decision Making – it was noted that as per COVID arrangements for decision making, the updated Emergency Decision Log was attached as an appendix to the report to allow the Board to review.

Inverclyde HSCP COVID-19 Response – updated numbers and details were presented on the vaccination programme for staff, Older People's Care Home residents, the housebound and general public.

Community Assessment Centre at Greenock Health Centre – the Centre is currently open 2-3 afternoons per weeks and demand remains low with an options appraisal in place regarding a future site for this facility.

Personal Protective Equipment and Lateral Flow Testing – Inverclyde HSCP Personal Protective Equipment (PPE) Hub continues to support commissioned providers with PPE where they are unable to source it. Lateral Flow Testing and Polymerase Chain Reaction Testing continue to be rolled out.

Assurance and Support to Care Homes - the pressure that Care Homes have been

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under during the COVID pandemic was acknowledged. The practical support offered by way of PPE, vaccination programmes, infection control and meaningful contact was highlighted, and the Board advised of weekly multi-disciplinary meetings and daily safety huddles to assist in maintaining a high level of performance. It was noted that Inverclyde Care Homes are all currently open for visiting and admissions, there are no current COVID outbreaks and testing of staff and residents continues.

Enhanced Care Home Support - a two-part process has been implemented to offer extra assurance and support: Care Home Assurance visits, which will include a contribution from a qualified Social Worker, and a review of the care and support offered to all residents. Themes and learning from Assurance visits will be taken to the Greater Glasgow & Clyde Care Home Assurance Group in order that collaborative learning can take place across the region.

Sir Gabriel Woods Home – the distress caused by the closure of the home in February 2021 was acknowledged and the Board advised that all 28 residents had now been rehomed, with the transition being dealt with in a measured and proportionate way.

Learning Disability Day Services and Supported Living - the impact on the service of the COVID pandemic was detailed and an overview given of new practices which were introduced to achieve an acceptable level of service provision, with links to Public Health Scotland and the Care Inspectorate.

Older People's Day Care Recovery - it is anticipated that services will recommence on 24 May 2021 on a phased basis and that new demand will be reviewed and monitored over the next 6 months, with Hillend Day Services initially reopening their base at Inverkip, and the Active Living For All groups continuing with an outreach service.

Care At Home Recovery - full service recommenced on 3 May 2021 on a phased basis with social and respite support at home being assessed on an individual basis to determine priority, and provided when essential. Scottish Government payment guidance will be followed, and any subsequent amendments will be implemented.

Recovery - the NHS Remobilisation and Inverclyde Council Organisation Plan have been developed to support NHS/Council COVID recovery. The IJJB Strategic Plan has 104 actions within the 6 Big Actions, with 29 of those actions prioritised. A report will be placed on the agenda for the June meeting of the IJJB with additional information to be taken forward in 2021/22. The HSCP Recovery group, which has met every 2 weeks for the past year, is due to stop and the Strategic Planning Group will monitor recovery. The Local Resilience Management Team now meets 6 weekly.

Wellbeing Plan - wellbeing of staff is closely monitored in line with the Plan developed in November 2020. Numerous initiatives have been put in place and wellbeing is actively promoted. Celebrating success will be the theme of the next Chief Officer report, using the significant positive feedback received to thank all staff.

Members requested further detail on the rehoming of residents of Sir Gabriel Woods Mariners Home. Officers advised that all residents had been accommodated within other care homes mostly within Inverclyde, noting that one or two residents had chosen to move outwith the area, and that friendship groups were maintained within the moves. Most staff have also been employed within other Care Homes in Inverclyde.

With reference to recovery and the IJJB Strategic Plan, Members encouraged the IJJB not to lose sight of the actions which were not prioritised, and requested that they be monitored from a risk perspective and an update provided at the June meeting. Ms Long advised that the Strategic Planning Group will be looking at this matter before the next meeting of the IJJB.

Members requested insight into the Wellbeing Plan. Ms Long advised that a sub-group had been developed which was staff-led. The importance of a phased return of staff to the workplace with appropriate support mechanisms was confirmed.

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### **Decided:**

- (1) that staff within the Learning Disability Service are thanked for creating the video presentation and their work during the pandemic;
- (2) that the updated Emergency Decision Log be noted;
- (3) that the update on Care Homes, including the vaccination programme, be noted;
- (4) that the additional governance put in place to provide oversight and support to Care Homes be noted;
- (5) that the update on the Learning Disability Day Centre be noted;
- (6) that the successful placement of 28 residents from Sir Gabriel Woods Care Home be noted;
- (7) that the update on, and review of, the day centre provision for older people be noted and approved;
- (8) that it be noted that the Care at Home service resumed in full on 3 May 2021.

### **32 Minute of Meeting of Inverclyde Integration Joint Board of 29 March 2021 32**

There was submitted the Minute of the Inverclyde Integration Joint Board of 29 March 2021.

The Minute was presented by the Chair.

During consideration of this item Ms Boyd advised that prior to the meeting on 29 March she had submitted an email with relevant points which she wished addressed at that meeting, and had not received a response. Ms Long offered an apology and advised that a response would be sent forthwith.

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

### **33 Appointment of Interim Chief Finance Officer 33**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership confirming the appointment of the Inverclyde Integration Joint Board's new Interim Chief Finance Officer.

The report was presented by Ms Pollock and noted that the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 set out the arrangements for the membership of all Integrated Joint Boards and that the IJJB was required to appoint a 'proper officer' with responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973. Pending the appointment of a replacement Chief Finance Officer, following the resignation of the previous post holder, it was necessary to appoint an Interim Chief Finance officer to cover until a permanent replacement is recruited.

Councillor Clocherty welcomed Interim Chief Finance Officer Lisa Branter to the meeting.

### **Decided:**

- (1) that the appointment of Ms Branter as the Interim Chief Finance Officer of the IJJB be confirmed; and
- (2) that Ms Branter be designated the IJJB's Interim Section 95 Officer.

### **34 Inverclyde Integration Joint Board Audit Committee Membership 34**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership seeking agreement for the appointment of a non-voting member of the Inverclyde Integration Joint Board to the Inverclyde Integration Joint Board Audit Committee.

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The report was presented by Ms Pollock and noted that Gemma Eardley recently intimated her resignation from the IJJB Audit Committee and it was therefore necessary for the IJJB to appoint a new non-voting member to the IJJB Audit Committee to fill this vacancy.

**Decided:**

- (1) that the resignation of Ms Eardley as a non-voting member of the Inverclyde Integration Joint Board Audit Committee be noted; and
- (2) that Diana McCrone be appointed to serve as a non-voting member on the Inverclyde Integration Joint Board Audit Committee.

### 35 Update on Implementation of Primary Care Improvement Plan

35

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the implementation of the Primary Care Improvement Plan.

The report was presented by Mr Stevenson and Ms Cumming and provided a detailed history of the development of the Plan and the difficulties in implementation due to the COVID pandemic. The report advised that in December 2020 the Scottish Government and British Medical Association issued a joint letter 'The GMS Contract Update for 2021/22 and Beyond' which outlined some changes to the implementation dates and introduced contractual arrangements for delivery of the Memorandum of Understanding between Health Boards and GP practices, with transitional payments being introduced where service is not provided. Challenges and updates to delivery of priority areas were noted as follows:

**Vaccination Transformation Programme:**

Changes in December letter – 2022-23 practices no longer default provider of any vaccinations with transitional payments available.

The NHSGGC wide co-ordinated approach for the Programme had been paused due to the COVID pandemic, childhood vaccinations are now delivered by a board-wide service and no longer the responsibility of GPs, an accelerated response to the delivery of flu vaccinations was implemented, and as the Programme resumes the pace of change will need to increase, with action required on COVID vaccination boosters, travel vaccinations and additions to the flu immunisation cohorts.

**Pharmacotherapy Services:**

Changes in December letter – Regulations will be amended so that Health Boards are responsible for providing Level 1 Pharmacotherapy service for 2022-23 with transitional payments available.

There continues to be a positive shift in GP workload and an increase in patient safety through local models, although the original local model is now seen as top-heavy in senior pharmacy grades. The development of a hub for Level 1 workload (processing and task based work) and opportunities for skill-mix continue to be explored, which would provide economy of scale and better use of technical staff.

**Community Treatment & Care Services:**

Changes in December letter – Regulations will be amended so that Health Boards are responsible for providing a community treatment and care service for 2022-23 with transitional payments available.

Treatment rooms are currently running at 70% capacity in line with COVID restrictions. A stock take of progress following implementation of the Treatment Room Review is underway. Building works are planned for Gourock Health Centre which will allow for some further development of the Service, but developing this area of service will remain a significant challenge.

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### Urgent Care (Advanced Practitioners):

Changes in December letter: Legislation will be amended so that Boards are responsible for providing an Urgent Care Service for 2023-24. Consideration is required about how this fits in to other urgent care redesign work.

There are now 3.5 wte Advanced Nurse Practitioners (2.5 trainee) with an original plan to increase this to 7.5 wte covering all practices. The joint approach to providing specialist paramedics in practices has not resumed since staff were re-deployed from general practice to support the COVID response, and whilst this was not funded by the Primary Care Improvement Fund it was a supportive response.

### Additional Professionals (Advanced Physiotherapy Practitioners):

Vacant posts have now been successfully filled, which returns the service to the pre-COVID position. This service will not form part of any new contractual commitments or transitionary payment arrangements as GPs decided not to prioritise further investment or develop a different approach to the current model.

### Additional Professionals (Mental Health):

A Distress Brief Intervention service has been developed, which is now being delivered by SAMH and offers timely Connected Compassionate Support to those in distress, and an alternative service to those who require a short period of support. The service will move to a fully commissioned model during 2021/22.

### Community Link Workers:

This service will remain in place within all 13 practices in Inverclyde, and has gone through a formal tender process with the contract being awarded to CVS Inverclyde. The addition of Welfare Rights Officers to practices, as outlined by the Scottish Government in March, will complement the CLW service.

There was discussion on the provision of Pharmacology Services, with Members expressing concerns over the level of provision and the possible realignment of workloads as the staff structure is thought to be top-heavy. Dr MacDonald provided an explanation of the roles within the Pharmacy Service and sought to provide reassurance that the quality of service provision would not be affected by any future restructuring.

Board Members enquired if it was the intention for GP services to return to a pre-COVID provision model. Dr MacDonald confirmed that it was, and provided an overview on current GP clinic working practices. He further advised that lessons can be learned on the effectiveness of new practices introduced during the COVID pandemic e.g. remote consulting. It was agreed that this matter could be discussed at a future GP Forum and that a report will be brought to a future meeting of the IJJB providing an update.

There was discussion on the level of Physiotherapy provision, noting the link between access to physiotherapy and wellbeing. Members requested that a report be brought to a future meeting of the IJJB in order that waiting times can be monitored.

### **Decided:**

- (1) that the current position regarding the implementation of the Primary Care Improvement Plan, associated challenges and changes to contractual commitments be noted; and
- (2) that the IJJB note the recurring shortfall of £199,499 should there be a commitment to all of the essential and additional elements of the MOU;
- (3) that it be noted that officers will provide a further update report once consultation with GPs and the Local Medical Committee has concluded and an updated Primary Care Improvement and Spending Plan presented to the IJJB.
- (4) that a report be brought to a future meeting of the IJJB on Physiotherapy waiting times.



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Dr MacDonald left the meeting at this juncture.

### 36 Inverclyde Alcohol and Drug Partnership Update

36

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the funding of the Inverclyde Alcohol & Drug Care Partnership (ADP).

The report was presented by Ms Malarkey and provided a detailed breakdown of funding streams, including the NHS Board baseline allocation (£14,696,471 2021/22 baseline allocation and £15,203,246 allocation + 3.5% uplift), Programme for Government: Local Improvement Fund (£278,798), Drug Deaths Taskforce Funding (£78,493), and various new Scottish Government funding initiatives. The report also advised of an application made to the Corra Foundation for additional funding of £441,882, for a 20 month test of change to develop an Early Help Team which will provide support to people in Greenock Police custody and therefore also support people across the GGC area.

Board Members sought reassurance that should the application to Corra and the 20 month test of change be successful that future funding would be available to enable the project to continue. Ms Malarkey advised that she was very hopeful that the project would continue and acknowledged the number of drug deaths within Inverclyde.

There was discussion on the importance of a whole-system approach to dealing with alcohol and drug abuse within the community, with Board members and officers highlighting the need to work with partner agencies, learn from the successes of other authorities, the importance of employment and general good health, and that contributing factors such as gambling cannot be ignored. Ms Malarkey advised that staff were briefed on support measures that can be offered to clients.

#### **Decided:**

- (1) that the additional ADP funding detailed in the report be noted; and
- (2) that APD Funding Plans be approved.

### 37 NHS Greater Glasgow & Clyde Partnership Wide Care Home Hub Support Development

37

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the development of a NHS Greater Glasgow & Clyde partnership-wide Care Home Support Hub, with the proposal that the non-Glasgow partnerships Care Home team be hosted by Inverclyde Health & Social Care Partnership.

The report was presented by Mr Stevenson and advised that a Care Home Hub model was currently being developed, consisting of a Corporate Team and two Hubs, one for Glasgow City and one for the remaining five non-Glasgow HSCPs. The Care Home Hub model will combine expertise between multidisciplinary HSCP teams, Infection Control and Practice Development to support Care Homes. A Care Home Hub Oversight Board has been established to provide leadership, support, oversight and governance in the development and delivery of the Care Home Hub Model, and is a multi-disciplinary and multi-agency forum which will work collaboratively with all stakeholders as the model progresses.

Board Members were assured and encouraged at the non-Glasgow Hub being hosted by Inverclyde HSCP, and there was discussion on how the Hub would fit with existing systems, the flexibility of the proposed staffing model and what services it was envisioned that the Hub would provide. Officers emphasised that the Hub would be an

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additional resource and would enhance the service which Care Homes currently provide. It was anticipated that, as the Hub will cover a larger area than Inverclyde, that there will be collaborative learning. Ms Long advised that she is attending a development session later this week.

**Decided:**

- (1) that the development of the Care Home Hub model containing Glasgow partnership and non-Glasgow partnership components to support Care Homes with a financial contribution of £172k from Inverclyde HSCP be noted; and
- (2) that approval be given to Inverclyde HSCP hosting the non-Glasgow Care Home Hub multidisciplinary team.

### 38 Inverclyde Adult Support & Protection Partnership – Feedback Findings from Completed Joint Inspection Activity 38

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the outcome of the Inverclyde Joint Adult Protection Inspection led by the Care Inspectorate Health Improvement Scotland & Her Majesty's Inspectorate of Constabulary.

The report was presented by Mr Stevenson and advised that the Inspection had commenced in January 2020, was suspended as a result of the COVID pandemic, and had now been completed. No assessment grading will be made, but a report from Inspectors is expected by summer 2021. Formal feedback from Inspectors has been very positive, particularly around practice, partnership working and outcomes for vulnerable adults. Inspectors reported 'that adults subject to adult support and protection, experienced a safer quality of life from support they receive' and 'Adults at risk of harm were supported and listened to...to keep them safe and protected'. Areas of improvement were acknowledged and noted that these were identified in the initial Position Statement submitted at the start of the process.

**Decided:**

- (1) that thanks and appreciation be conveyed to all staff connected with the Inspection;
- (2) that the content of the report be noted and the positive outcomes regarding the recent Adults Support & Protection Inspection in particular the area of improvement and the key strengths identified be noted; and
- (3) that it be noted that a further report will be provided in May 2022 detailing progress on the improvement plan and improvement actions.

### 39 The Promise Partnership Funding 39

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the successful funding application made to The Promise Partnership to progress the cultural and system changes linked to #Keep the Promise.

The report was presented by Ms McAlees and outlined the proposed plan developed by Inverclyde HSCP for the local delivery and progression of The Promise which will be referred to locally as I-Promise (Inverclyde Promise). The Promise report was published in February 2020, demanding change across the care system in Scotland, and the background of this was detailed. Inverclyde HSCP received an invite to apply for funding which was made available by the Scottish Government and administered by the Corra Foundation. It was confirmed on 29 March 2021 that Inverclyde HSCP had been offered an investment from the Corra Foundation through the Promise Partnership on

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behalf of the Scottish Government of £250,000. Investment is for one year commencing April 2021, Inverclyde HSCP must work closely with the national Promise team and expenditure must commence within four months. It is anticipated that the funding will be used to resource a small dedicated team, the Lead Promise Keepers, who will work across the Partnership and with children, young people and their families, to deliver I-Promise. A breakdown of the composition and duties of the team was detailed in the report, in addition to the proposed governance structure with the creation of an Oversight Board.

Board Members requested clarity on how governance of I-Promise would be achieved, and officers provided reassurance that there would be continuing dialogue and that future reports would provide greater detail. Officers emphasised that I-Promise was a priority for Inverclyde HSCP for the next 10 years and that regular updates would be provided to the IJJB. The necessity of succession planning was acknowledged, and the importance of encouraging and maintaining younger staff member's participation in the process given the timescale of the project.

Board consensus was that the development of I-Promise provided an exciting opportunity to have a positive impact on families within Inverclyde. Officers were requested to consider if I-Promise could be added to the Implications section of all Inverclyde Council reports to endorse the culture change proposed within the I-Promise model.

### **Decided:**

- (1) that thanks and appreciation are conveyed to all staff who participated in submitting the successful funding application;
- (2) that the content of the report and the successful applications by the HSCP in partnership with CVS Inverclyde and Inverclyde Alcohol & Drug Partnership to both Promise Partnership funding streams be noted;
- (3) that the forming of Inverclyde's I-Promise team to take the lead and progress in the cultural and organisational shifts aimed at #Keep the Promise be agreed and supported; and
- (4) that the Chief Officer be authorised to issue the following direction to the Chief Executives of Inverclyde Council and NHS Greater Glasgow & Clyde:

The Council/NHS is asked to employ a Senior Officer at the appropriate grade subject to job evaluation and to fund a modern apprenticeship post. Additional staff outlined in the report to be employed in partnership with third partners.

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

Item	Paragraph(s)
<b>ADRS – Proposed update to workforce model</b>	<b>1</b>
<b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b>	<b>6 &amp; 9</b>

**40 ADRS – Proposed update to Workforce Model****40**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the activity of the Alcohol & Drug Recovery Service (ADRS) and seeking approval on the proposed changes to the workforce model as a result of learning through the COVID 19 pandemic.

The report was presented by Ms Malarkey and advised that an Alcohol and Drug Recovery Service Implementation Plan had been underway since 2018. At the beginning of the pandemic the service was working through the Plan to bring about required change in order to deliver a recovery orientated and progressive service. Although the service design was put on hold, bringing together staff into one team was accelerated as the service moved to a hub model with oversight of all cases. As the service had reflected on learning through the pandemic, the report proposed some amendments to the staffing model within the existing financial envelope which would support delivery of new care and treatment models, ensure that the statutory social work function is retained and that professional leadership and governance arrangements are strengthened within the service at this point of considerable change. Board Members enquired if the steps detailed in the report were the final ones to a fully integrated Alcohol and Drugs Service, and officers advised that they were, and that the proposed changes would bolster the existing staffing model.

**Decided:**

- (1) that the Board approves the changes to the workforce model, which will be contained within the existing financial envelope, as detailed in Appendix 1 to the report; and
- (2) that the transfer of 2 posts and associated funding to the Inclusive Education, Culture and Communities Directorate of Inverclyde Council be approved in order to deliver on the Prevention and Education agenda.

**41 Reporting by Exception – Governance of HSCP Commissioned External Organisations****41**

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.

Councillor Robertson declared a non-financial interest in this item as a Board Member of Financial Fitness, and Ms C Boyd declared a non-financial interest as a Director of Inverclyde Carers' Centre. Both formed the opinion that the nature of their interest and of the item of business did not preclude their continued presence at the meeting or their participation in the decision-making process.

The report was presented by Mr Stevenson and appended the mandatory Reporting by Exception document which highlighted changes and updates in relation to quality gradings, financial monitoring or specific service changes or concerns identified through submitted audited accounts, regulatory inspection and contract monitoring.

Updates were provided on establishments and services within Older People, Adult and Children's Services, with officers providing the Board with reassurance that staff had visited Newark Care Home following Silverline Care entering into administration and that no concerns were noted.

**Decided:**

- (1) that the Governance report for the period 20 February 2021 to 26 March 2021 be noted; and

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(2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poorly performing services guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>21 June 2021</b>
<b>Report By:</b>	<b>Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>DS/LS/064/21</b>
<b>Contact Officer:</b>	<b>Diane Sweeney</b>	<b>Contact No:</b>	<b>01475 712147</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to request agreement of a timetable of meetings for both the Inverclyde Integration Joint Board (IJB) and the IJB Audit Committee for 2021/22.
- 1.2 Members will note from the 2021/22 timetable that it is proposed to hold five meetings of the Integration Joint Board, and three meetings of the IJB Audit Committee. This is to accommodate the Scottish Local Government Elections on 5 May 2022 and Statutory Meeting of Inverclyde Council provisionally scheduled for 26 May 2022, when Councillors are formally appointed to committees and outside bodies.
- 1.3 As in previous years, to tie in with the arrangements for signing off the annual accounts, it is proposed that the September IJB and IJB Audit Committee be held on 20 September 2021.
- 1.4 To avoid a potential clash with a number of meetings arranged by NHS Greater Glasgow & Clyde and which are attended by members of the IJB, the meetings for Inverclyde IJB are on Mondays.
- 1.5 Meetings of the IJB and IJB Audit Committee are scheduled to begin at 2pm and 1pm respectively. The only exception to this is the IJB Audit Committee on 20 September. It is proposed that on that day, members meet with the External Auditors and Chief Internal Auditor at 12 noon (via video conference) without other senior officers present, as provided for in the Committee's Terms of Reference, and that the usual business of the Committee commence at 1pm.

## **2.0 RECOMMENDATION**

- 2.1 It is recommended that agreement be given to the timetable of meetings for the Inverclyde Integration Joint Board and IJB Audit Committee for 2021/22 as detailed in the appendix to the report.
- 2.2 It is recommended that, in the light of the ongoing COVID-19 emergency, all meetings continue be held via video conferencing and that this arrangement be reviewed at a future date, taking account of the public health situation at that time

### 3.0 BACKGROUND

- 3.1 The Standing Orders of the Inverclyde Integration Joint Board (IJB) provide for meetings to be held at such place and such frequency as may be agreed by the Board. The proposal in this report is for five meetings to be arranged for the period from September 2021 to June 2022, with all meetings commencing at 2pm.
- 3.2 In June 2016, an Audit Committee was established as a Standing Committee of the IJB. The Audit Committee's Terms of Reference provide for the Committee to meet at least three times each financial year and that there be at least one meeting a year, or part thereof, where the Committee meets the External Auditors and Chief Internal Auditor without other senior officers present.
- 3.3 It is proposed that the IJB Audit Committee meets on three of the six dates on which the IJB meets in September, January and March.
- 3.4 It is also proposed that, in the light of the current ongoing COVID-19 emergency, all meetings of the Integration Joint Board and IJB Audit Committee continue be held via video conferencing and that the arrangements for future meetings be reviewed at a future date, taking account of the public health situation at that time.

### 4.0 IMPLICATIONS

#### Finance

- 4.1 There are no financial implications arising from this report.

#### 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

- 4.2 None.

#### Human Resources

- 4.3 None.

#### Equalities

- 4.4 There are no equality issues within this report.

#### 4.4.1 Has an Equality Impact Assessment been carried out?

X

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.

#### 4.4.2 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

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

### National Wellbeing Outcomes

4.6 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

## 5.0 CONSULTATIONS

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

## 6.0 DIRECTIONS

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

## 7.0 BACKGROUND PAPERS

7.1 N/A

# TIMETABLE 2021/22

IJB/IJB Audit Committee	Submission Date – 9am	Pre-Agenda Date	Issue Agenda	Date of Meeting
IJB Audit Committee	Friday 27 August	Monday 6 September – 2.15pm	Friday 10 September	Monday 20 September – 12 noon, then 1pm
Inverclyde Integration Joint Board	Friday 27 August	Monday 6 September – 3pm	Friday 10 September	Monday 20 September – 2pm
Inverclyde Integration Joint Board	Friday 8 October	Monday 18 October – 3pm	Friday 22 October	Monday 1 November – 2pm
IJB Audit Committee	Friday 17 December	Monday 10 January – 2.15pm	Friday 14 January	Monday 24 January – 1pm
Inverclyde Integration Joint Board	Friday 17 December	Monday 10 January – 3pm	Friday 14 January	Monday 24 January – 2pm
IJB Audit Committee	Friday 25 February	Monday 7 March – 2.15pm	Friday 11 March	Monday 21 March – 1pm
Inverclyde Integration Joint Board	Friday 25 February	Monday 7 March – 3pm	Friday 11 March	Monday 21 March – 2pm
Inverclyde Integration Joint Board	Friday 13 May	Monday* 23 May – 3pm	Friday 27 May	Monday 13 June – 2pm

\*Local Government Elections – 5 May 2022

\*Statutory Meeting – Inverclyde Council – 26 May 2022 (proposed date)

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 21 June 2021
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/28/2021
<b>Contact Officer:</b>	<b>Lisa Branter</b>	<b>Contact No:</b> 01475 712345
<b>Subject:</b>	<b>2020/21 DRAFT ANNUAL ACCOUNTS</b>	

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## **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 2020/21 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 2020/21 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.
- 2.4 From March 2020 the context in which the IJB operates was impacted by the Covid-19 pandemic. Schedule 6 to the Coronavirus (Scotland) Act, provides for the postponement of the publication and laying of reports, including publication of integration authority annual accounts and annual performance reports during the pandemic. Despite this the IJB accounts are being produced in line with the normal timelines.

### **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 2020/21 be submitted to the auditor.

**Louise Long, Chief Officer**

**Lisa Branter, Interim 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 2020/21 annual accounts.
- 4.4 Schedule 6 to the Coronavirus (Scotland) Act, provides for the postponement of the publication and laying of reports, including publication of integration authority annual accounts and annual performance reports during the pandemic. Despite this the IJB accounts are being produced in line with the normal timelines.

## **5.0 ANNUAL GOVERNANCE STATEMENT 2020/21**

- 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 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 IJB 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 interim opinion (subject to receipt of the final NHSGG&C Internal Audit Annual Report for the year) that reasonable assurance can be placed upon the adequacy and effectiveness of the governance and control environment which operated during the reporting period of 2020/21.
- 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 17-20 of the draft annual accounts.

## **6.0 UNAUDITED ACCOUNTS**

- 6.1 In normal years 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. Due to Coronavirus Act this is not applicable for the 2020/21 accounts however despite that the IJB is still able to adhere to the original deadlines.
- 6.2 The normal regulations state IJB or committee whose remit includes audit and governance, for Inverclyde this is the IJB Audit Committee, must meet to consider the unaudited annual accounts as submitted to the external auditor no later than 30 June immediately following the financial year to which the annual accounts relate. The unaudited accounts are appended to this report for IJB consideration.
- 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 is 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 normally require that the audited annual accounts should be considered and approved by the IJB or Audit Committee having regard to any report made on the audited annual accounts by the proper officer<sup>1</sup> or external auditor by 30 September immediately following the financial year to which the accounts relate. In addition any further report by the external auditor on the audited annual accounts should also be considered by the IJB or Audit Committee. It is anticipated that the IJB accounts will comply with these dates for this year despite the provision in the Coronavirus Act to defer.
- 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 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 normally be published by 31 October and any further reports by the external auditor by 31 December immediately following the year to which they relate. However, Audit Scotland have confirmed that due to the ongoing management of the unique and continuing challenges presented by Covid-19, consideration needs to be given to the fact that audits are taking longer, and that current year's audits are commencing later. This has an impact on the proposed reporting timescales, based on resources available and prioritisation decisions. This is reflected in the timetable below, which Audit Scotland have said they will endeavour to meet, whilst recognising that greater uncertainty exists during the Covid-19 pandemic. They are working towards sign off and publication of the accounts by 30 November 2021. Officers within the IJB will continue to work to normal year end timelines and will work with Audit to ensure fieldwork is completed as soon as possible.

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

8.6 The table below summarises the key required and proposed dates for the 2020/21 annual accounts on the basis of the Audit Scotland advice.

	Required Date	Proposed Date
IJB or Audit Committee to approve Annual Governance Statement	30 June	21 June
Unaudited Annual Accounts to be submitted to external audit	30 June	By 30 June
Publication of Draft Accounts inspection period	1 July	By 27 June
Draft Accounts inspection period	2-20 July	27 June -19 July
IJB or Audit Committee to consider unaudited Annual Accounts	31 August	21 June
IJB or Audit Committee to consider any reports made by the Chief Financial Officer or External Auditor	30 Nov	tbc Nov
IJB to consider and approve the audited annual accounts	Tbc Nov	Tbc Nov
Audited Annual Accounts to be published	Tbc	Following the Nov IJB
Any further reports by the external auditor to be published	31 Dec	Following the Nov IJB

## 9.0 2020/21 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
√	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	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	X
		1. No Direction Required	
		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 Interim 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 None

# **Inverclyde Integration Joint Board**

## **Unaudited Annual Accounts 2020/21**



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# Management Commentary

## Introduction

This publication contains the financial statements for the Inverclyde Integration Joint Board (IJB) for the year ended 31 March 2021.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2020/21 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, homelessness and people in the community justice system. The IJB discharges this responsibility through its operational delivery arm, which is the Inverclyde Health and Social Care Partnership (HSCP).

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

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

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 77,800 people and covering an area of 61 square miles. Our communities are unique and varied.

Covid-19 was declared a pandemic by the World Health Organisation on 12 March 2020. Since then Covid-19 spread across all areas of the UK. Throughout 2020/21 Covid-19 has presented an ongoing threat requiring continued social distancing and a number of local and national lockdowns across the country. During this year the HSCP has dealt with the various waves of Covid-19 activity (infected individuals, public health measures and roll out of vaccination programmes), and also continued to deliver core health and care services. In the first wave, HSCPs stopped a wide range of activity to create capacity for Covid-19 activity, comply with social distancing requirements and address increased levels of staff absence within the HSCP and the wider provider network.

Interim governance structures were put in place and a recovery plan was drafted to map out the pathway for services and the IJB as the country moved through this pandemic. Throughout this time the HSCP continued to work to put people at the centre of all that we do and ensure that essential services are delivered safely and effectively and in line with our Strategic Plan. The Strategic Plan was reprioritised to focus on Covid recovery with 28 priorities linked to the IJB 6 Big Actions. Additional support mechanisms were put in place around all internal and external services during this time. This has included the introduction of a number of new groups and regular safety meetings within the HSCP including: a weekly Local Resilience Management Team meeting (LRMT), fortnightly Covid Recovery Group meetings, Humanitarian Aid Groups, regular care home safety huddle meetings and weekly multidisciplinary meetings.

Staff within the HSCP and those working for our external providers, as well as a number of local community groups have worked tirelessly throughout the pandemic to ensure that services can continue to be delivered



safely and to support the physical and mental health and wellbeing of people across Inverclyde. To ensure we support our staff, the HSCP has created a Wellbeing at Work Plan and a series of support measures to help staff cope with the stresses and strains brought on by the pandemic.

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. As a result of the pandemic a revised high level plan and priority list was created during the year to reflect the newly emerging priorities such as Covid recovery, Test and Trace and vaccinations and to also reflect the unavoidable delay in some priorities such as the roll out of locality groups. The revised plan was approved by the Strategic Planning Group in August and officers have worked hard during 2020/21 to deliver against the revised plan.

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

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

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

The operational HSCP Structure responsible for delivering services in 2020/21 is illustrated below. The structure is changing from 2021/22 linked to the recommendations of the recent management review.

### **HSCP Operational Structure**



### **The Annual Accounts 2020/21**

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 2020/21 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 2020/21 Covid-19 had a significant impact on IJB expenditure and income. Covid costs of £7.495m were funded in full by Scottish Government (£5.593m Social Care and £1.542m Health), £10.745m was paid during 2020/21 to the HSCP for Covid spend. Unspent Covid funding of £3.25m received by the year end has been

carried forward in an Earmarked Reserve. As per the Revised Budget reported at period, the IJB budgeted to deliver Partnership Services at a cost of £184.199m, including £27.651m of notional budget for Set Aside and £6.073m of spend through Earmarked Reserves. During the year, funding adjustments and reductions in spend and a restatement of Set Aside budgets resulted in actual spend of £183.378m, including Set Aside (£28.177m) and spend from Reserves, for the year. Funding rose during the year from a budgeted £184.199m to an actual £189.860m, the majority of the additional income was non-recurring or related to the Set Aside restatement. This generated a surplus for the year of £6.482m. 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 above, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts include:

- The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year. For 2020/21 the actual figures for set aside increased. The impact of Covid-19 resulted in a reduction in activity, however this reduction in activity was offset by an increase in additional expenditure. The additional expenditure was predominantly as a result of additional staff costs, increased beds, additional cleaning, testing, equipment and PPE. The costs associated with Covid 19 that are included within the set aside total, were £43m for NHS Greater Glasgow & Clyde. These costs were fully funded by Scottish Government.
- In responding to Covid, the IJB has been required to act as both principal and agent. An assessment of all Covid expenditure has been undertaken and this assessment has concluded that the IJB acted as agent in relation to the payments made to Hospices at the request of the Scottish Government. In line with the Code, this expenditure has been excluded from the year end accounts.
- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Inverclyde IJB accounts have been prepared. The services which are hosted by Inverclyde are identified in the table below. This also shows expenditure in 2020/21 and the value consumed by other IJB's within Greater Glasgow and Clyde.

Host	Service	Actual Net Expenditure 2020/21	Consumed by Other IJBs
Inverclyde	General Psychiatry	£6,541,681	£825,787
Inverclyde	Old Age Psychiatry	£4,065,363	£154,652
	Total	£10,607,044	£980,439

The services which are hosted by other IJB's on behalf of the other IJB's including Inverclyde are identified in the following table. This also shows expenditure in 2020/21 and the value consumed by Inverclyde IJB.



Host	Service	Actual Net Expenditure 2020/21	Consumed by Inverclyde IJB
East Dunbartonshire	Oral Health	£9,820,104	£562,692
	Total	£9,820,104	£562,692
East Renfrewshire	Learning Disability	£9,460,628	£614,257
	Total	£9,460,628	£614,257
Glasgow	Continence	£4,101,613	£292,235
Glasgow	Sexual Health	£11,130,121	£394,900
Glasgow	MH Central Services	£7,325,466	£773,602
Glasgow	MH Specialist Services	£12,471,669	£1,083,098
Glasgow	Alcohol & Drugs Hosted	£16,003,167	£506,692
Glasgow	Prison Healthcare	£7,407,247	£566,002
Glasgow	HC in Police Custody	£2,256,303	£166,966
Glasgow	Old Age Psychiatry	£15,120,643	£0
Glasgow	General Psychiatry	£45,149,444	£202,614
	Total	£120,965,672	£3,986,109
Renfrewshire	Podiatry	£6,906,129	£828,736
	Primary Care Support	£3,903,329	£238,103
	General Psychiatry	£8,931,286	£0
	Old Age Psychiatry	£7,386,216	£0
	Total	£27,126,961	£1,066,839
West Dunbartonshire	MSK Physio	£6,247,075	£427,753
	Retinal Screening	£718,619	£48,239
	Old Age Psychiatry	£1,036,622	£0
	Total	£8,002,316	£475,992
Grand Total		£185,982,725	£6,705,888

## Performance

There has been a delay to the publication of the National Wellbeing Outcomes, it is anticipated that this information will be available in September.

The IJB and HSCP tracks change in need and demand, and delivery of the National Wellbeing Outcomes through its performance management arrangements. Every service usually undergoes a quarterly service review, chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service's key objectives and delivery of outcomes. Any divergence from the agreed strategic direction is quickly identified and steps are put in place to get the service back on track. In 2020/21 this process has not been possible due to the pandemic. Performance is still reviewed regularly within each service and where there are notable differences between the service's performance and what has been planned for, then these differences are reported to the Senior Management Team along with an outline of the planned remedial action in cases where the divergence is negative. The legislation requires that IJBs follow a prescribed format of annual performance reporting against the nine outcomes, based on 23 national indicators and a requirement to publish an annual performance report by 31<sup>st</sup> July. Inverclyde's summary 2020/21 will be published in line with agreed national revised timelines.

The Covid pandemic has meant that 2020/21 has been a challenging year, especially for Health and Social Care providers. Despite this the HSCP achieved a number of successes in year, including:

- Rapid transition to agile and blended working models. At the beginning of the pandemic as the country went into lockdown key services still needed to be delivered but in a different way. The entire HSCP transitioned within a couple of days from its business as usual model to a Hub model with staff working remotely, from home and in a variety of blended ways. Measures were put in place to ensure the core services were still being delivered and service users were being supported within the initial stepped down arrangements.

- Flu and Covid Vaccinations – mass vaccination centres were set up in Inverclyde for both flu and Covid vaccinations. In addition, in December 2020, a team from the HSCP went to each Care Home in Inverclyde to vaccinate all of our Care Home residents against Covid.
- Assessment and Testing Centres – throughout the pandemic Inverclyde has set up and run a number of Covid assessment and testing centres to support the Test and Trace initiatives and minimise pressures on Primary Care.
- Remobilisation – as the pandemic continued, rules around lockdown have continually changed and our services have successfully adapted and stepped up and backed down accordingly as situations emerged.
- Resilience – our staff and the staff working within our provider and partner organisations have shown incredible resilience in the face of the ongoing volume of demands presented by the pandemic. Additional staffing has been brought into some teams and across the entire HSCP people have worked tirelessly to continue delivering our services and keeping people safe.
- Wellbeing – in recognition of the incredible efforts of our staff and in order to support them longer term the HSCP invested in the development and roll out of a Workplace Wellbeing Programme. This aims to support the mental and physical wellbeing of our staff who are facing unprecedented levels of personal and professional stresses and strains in this last year.
- Supporting our providers – the HSCP Strategic Commissioning Team and Health and Social Care teams have done an exemplary job this year providing support and guidance to all of our social care providers during the pandemic. This support included guidance, PPE, staffing, infection control advice, enhanced governance inspections and provider sustainability grant administration.
- Homelessness – in response to Covid-19 the service accelerated the roll out of key aspects of the Rapid Rehousing Transition Plan and successfully set up short term tenancies for large numbers of homeless clients within the first few weeks of the outbreak. In addition, the service was able to rehome a number of clients who were granted early release from prison. Supporting clients in this type of accommodation during a pandemic has been challenging but good progress has been made.
- Community Engagement – we have always said that Inverclyde is a caring and compassionate place but this was even more evident as the country faced this health crisis. Our partners in CVS, Your Voice, the Carers Centre and many other community groups stepped up to help those in need. The community response to the pandemic in Inverclyde has been incredible. We have seen significant growth in the number of volunteers; local groups have set up wellbeing support arrangements and food and care parcels are being delivered across the district. This was a key part of the Strategic Plan and the IJB is keen to ensure that the positive growth in social prescribing and community cohesion continues long after the pandemic is over.
- Every agency has a role supporting Inverclyde communities to recover from Covid. The HSCP has led the support to communities to ensure people access support easily and that agencies work together to ensure the most vulnerable are protected.
- Adult Support and Protection Inspection – in 2020 Inverclyde was the first HSCP in Scotland to be inspected under the new model. The inspection indicated that they felt adults in Inverclyde were safe. The team managed to participate with the inspection during the pandemic despite waiting lists developing due to Covid. More support needs to be put into teams focussing on getting people the right support timeously. A model of recovery at front door of services is being developed.
- Inverclyde's Delayed Discharge performance has remained among the best in Scotland for the fourth year running. Even throughout the Covid-19 pandemic the service has continued to work well with Acute colleagues to ensure that delayed discharges are minimised.
- Alcohol related Accident & Emergency admissions were successfully reduced in the year following the appointment of an Alcohol Liaison nurse based at the local hospital. While part of this reduction can be attributed to Covid, this is the second year admissions have reduced.
- Children & Families – services have seen an unprecedented increase in demands for services. From our Children's Homes dealing with schools being closed and a national lockdown; to staff dealing with a significant increase in family breakdowns as a result of the pandemic and increased referrals from the Children's panels. Workloads within the service have increased. Services have been responding to an increased level of risk and complexity and additional staff have been brought in to support this.

Areas the HSCP will be focussing on in the coming year include:

- Coping with Covid – much of the HSCP over the coming months will still be around dealing with the pandemic through vaccination centres, test and trace, public health measures and adapting services to suit the national lockdown rules and local service user needs.

- Recovery – as the pandemic continues the HSCP needs to continue to adapt and deliver services but as the pandemic finally ends the HSCP needs to move into its recovery phase. This will involve learning from the past year and reintroducing services which are fit for the “new normal”. Recovery planning has already begun and outline plans are in place ready to be implemented when the pandemic begins to finally subside. The drugs prevalence in Inverclyde continues to be among the highest in Scotland, with Inverclyde having the 3<sup>rd</sup> worst drug deaths. Implementation of the drug death action plan is priority for the local ADP.
- Health inequality is still a challenge in Inverclyde, even more so with Covid-19 impacts and the anticipated increase in welfare issues for many local people.
- Wellbeing for the community needs to concentrate on supporting people to get the right help at the right time. Additional investment in mental health will take place in the coming year.
- Looked After Children – a change in legislation means that children have the opportunity to stay in care until they are older. This creates an additional financial and operational pressure on this service. Plans are in place to address that and as part of that initiative existing homes are being adapted to increase bedroom capacity.
- Child Protection registrations have grown to an all time high. Officers are looking into underlying reasons for this increase.
- Presentations at Accident & Emergency dropped significantly across the country when the pandemic began but as lockdown restrictions lifted, presentations started to increase again. Going forward we will be looking at how we can deliver a sustained reduction in A&E attendances.
- Unplanned Bed Days – although the number of Inverclyde bed days are low in comparison with other HSCPs, the service is looking at bringing this down further through focus on frequent attenders, reablement and continued focus on delayed discharge performance.
- Addictions – the implementation of the Addictions Review was initially delayed as a result of Covid. Approval was given during the year to continue with this and the service has now moved into implementation phase. It is anticipated that some of the new operating models brought in as a response to Covid-19 may be form part of the final service model.

## 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 2020/21.

### (a) Partnership Revenue Expenditure 2020/21

Covid had a significant impact on spend across the Partnership in the year. In total £7.495m was spent in year on a variety of areas. The estimated costs were met in full by Scottish Government through local mobilisation plans. A combination of the Scottish Government paying grants in 2020/21 for 2021/22 spend and a lag on some payments means an Earmarked Reserve has been created to carry forward and ring fence Covid funding received but not yet spent. The total anticipated Covid spend is detailed in the table below:

	Social Care £000	Health £000	Total £000
Provider Sustainability Payments	3,773	0	3,773
Additional Staffing	186	663	849
Homelessness Services	682	0	682
Assessment & Testing Centres	0	323	323
Other	1,311	556	1,867
<b>TOTAL ANTICIPATED COSTS &amp; FUNDING RECEIVED</b>			
Funding Received from Scottish Government	532	10,214	10,745
Actual Spend at 31/03/2021	5,953	1,542	7,495
<b>CARRY FORWARD IN EMR</b>			<b>3,250</b>

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 pressures. Monies were received in year from Scottish Government for Mental Health Action 15, ADP developments and Primary Care Improvement Planning. In addition, the IJB agreed to invest additional monies on a non-recurring basis to support a number of Mental Health service developments.

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 these budget pressures in year and as a result of the inherent delay in filling vacancies and some additional funding received towards the end of the year, generated an overall surplus of £6.482m which was carried into Earmarked Reserves.

In previous years certain budgets have 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 2020/21 a net of £1.122m was used from the Transformation Fund, £931m from the Integrated Care Fund and £0.394m was added to the Residential and Nursing Placements Reserve.

During the year £4.372m of Earmarked Reserves were used to fund specific spend and projects, an additional £10.854m was transferred into Earmarked Reserves, with no funds being drawn down from the General Reserve, leading to a net increase of £6.482m in Reserves over the year.

Total net expenditure for the year was £183.378m against the overall funding received of £189.860m, generating a revenue surplus of £6.482m. This was made up as follows:

#### **Analysis of Surplus on Provision on Services**

At year end the actual surplus was comprised of:

- an underspend on Health services of £3.171m
- an underspend of £0.394m on Social Care Services
- £3.250m of carried forward ring fenced Covid reserves received from the Scottish Government
- £4.039m new contribution to earmarked reserves
- £4.372m of Earmarked Reserves which were spent on agreed projects (£3.061m related to reserves carried forward from 2019/20 and £1.311m spend related to the current year's Earmarked Reserves).

Further analysis of the Health and Social Care underspends are shown in the following table.

	£000
Additional funding for Covid costs received in 2020/21, being carried forward to reserves for future years spend	3,250
Older People - underspend against External Homecare as a result of non-essential services not being fully provided this year and providers being unable to deliver all their packages due to Covid related staffing issues. The underspend is partially offset by an overspend in Employee Costs with the in-house service covering external provider packages.	294
Learning Disabilities - overspend against Client Commitments, TAG Contract and Grants, which are partially offset by underspends in Employee Costs within Day Operations and Support at Home	(126)
Mental Health overspend due to underlying budget pressure	(762)
Planned underspend in Health Central budgets through early delivery of future year savings to offset Mental Health budget pressure	762
Underspend in PCIP, Action 15, ADP - funding is committed but not yet drawn down and was received against all of these funds in February 2021	1,413
Various minor Social care underspends	34
Underspend on various Social Care services due to a delay in filling vacancies	242
Physical & Sensory - underspend against client commitments	49
Underspend on prescribing, partially offset by initial impact of covid-19	454
Underspend on various Health services due to delay in filling vacancies	1,023
Children & Families - overspend is due to overspends in Residential Staffing, External Placements, Fostering, Adoption and Kinship which was partially offset by additional Winter Fund income	(348)
Criminal Justice - overspend against shared Client Package costs with Learning Disabilities	(104)
Assessment & Care Management - underspend against Employee Costs due to vacancies and against Respite due to lower take up of the service	216
Alcohol & Drugs Recovery Service - underspend is as a result of a delay in filling vacancies due to slippage in implementing ADRS plus additional ADP money confirmed in February 21	499
Homelessness - overspend on Employee Costs due to non-achievement of Turnover Target and on Repairs & Maintenance and an increased Bad Debt Provision	(101)
Underspend on Primary Care premises funding	21
New contribution to earmarked reserves	4,039
Planned in year use of current year earmarked reserves	(1,311)
Planned in year use of carried forward earmarked reserves	(3,061)
<b>Surplus on Provision of Services</b>	<b>6,482</b>

The surplus has been taken to IJB reserves as detailed in note 7.

During the year, the period 9 projected outturn reported an overspend of £0.690m in Social Care core budgets. The main projected variances were linked to Covid and in particular against Children and Families and Learning Disabilities. These services continued to report an overspend at the year end. The £6.176m variance of P9 projected outturn against Outturn was as a result of both the underspend and Covid grants carried forward on behalf of Health.

The projected outturn for Health services at period 9 was reported as a breakeven position, as a result of £5.957m being transferred to Earmarked Reserves. The transfer to Earmarked Reserves continued to increase during the year due to additional in year funding and by year end this equated to £6.207m. Note the projected outturn reported at period 9 included £396k of Covid payments made to the Hospices. This has since deemed to be categorised as the HSCP acting as agent rather than principal, therefore, in line with the Code, this expenditure has been excluded from the year end position.

In February 2021 the IJB received over £4.3m of additional funding from Scottish Government relating to Covid 19, ADP, Action 15 and PCIP. This together with the in year underspend on Health and Social Care means that, in line with many other IJBs, the IJB reserves increased in year. For Inverclyde this was by a net £6.482m.

## Budget agreed at Period 9 vs Final Outturn

Revised Budget	IJB	Projected Outturn @ P9	Outturn	P9 vs Actual Outturn
86,161	Health Funding	86,161	90,398	4,237
86,161	Health Spend	86,161	90,398	4,237
<b>0</b>	<b>Contribution</b>	<b>0</b>	<b>0</b>	<b>0</b>
52,093	Social Care Funding	52,093	52,973	880
51,977	Social Care Spend	52,667	46,491	(6,176)
<b>116</b>	<b>Contribution</b>	<b>(574)</b>	<b>6,482</b>	<b>7,056</b>
18,294	Resource Transfer Funding	18,294	18,312	18
18,294	Resource Transfer Spend	18,294	18,312	18
<b>0</b>	<b>Contribution</b>	<b>0</b>	<b>0</b>	<b>0</b>
27,651	Set Aside Funding	27,651	28,177	526
27,651	Set Aside Spend	27,651	28,177	526
<b>0</b>	<b>Contribution</b>	<b>0</b>	<b>0</b>	<b>0</b>
(6,073)	Movement in Reserves	(6,073)	0	6,073
<b>0</b>	<b>Surplus/(Deficit) on Provision of Operating Services</b>	<b>(690)</b>	<b>6,482</b>	<b>7,172</b>

Revised Budget		Projected Outturn @ P9	Outturn	P9 vs Actual Outturn
184,199	IJB Funding	184,199	189,860	5,661
178,126	IJB Expenditure	178,816	183,378	4,562
6,073	Movement on Earmarked Reserves (Decrease)/Increase	6,073	0	(6,073)
<b>0</b>		<b>(690)</b>	<b>6,482</b>	<b>7,172</b>

### (b) The Balance Sheet

The Balance Sheet summarises the IJB's assets and liabilities as at 31 March 2021, 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 £100m was announced for Integration Authorities across Scotland from 2020/21 to support the delivery of new policy initiatives such as the Carers Act and Free Personal Care for under 65s and to fund general demographic and demand 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. In response to the Covid-19 pandemic, HSCPs are submitting regular financial mobilisation plans to Scottish Government detailing the additional costs being incurred in addressing the pandemic both by HSCPs and their providers. Anticipation is that these costs will be funded centrally. Across Scotland they are expected to equate to around 4-5% of HSCP expenditure budgets over the full year.

The HSCP has a Covid-19 risk register that is reviewed at the Local Resilience Management Team meetings. The IJB risk register was updated in May to reflect the impact of responding to the Covid-19 pandemic. 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:

- Financial sustainability around cost pressures and funding linked to unfunded/ unanticipated/ unplanned demand for services and/or partners being unable to allocate sufficient resources, and
- Financial Implications of Responding to Covid-19 – All costs are being tracked and the IJB is actively engaged with Scottish Government and providing regular updates on associated costs. Governance arrangements are in place re approval and monitoring of costs. The IJB is actively engaging with the third and independent sector in relation to their associated costs.

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.

The planning and delivery of health and social care services has had to adapt to meet the significant public health challenge presented by the Covid-19 pandemic. In response to the pandemic the IJB has been required to move quickly and decisively.

There has been significant disruption to how health and social care services across Inverclyde are currently being delivered and experienced by service users, patients and carers and this is likely to continue in the medium to longer term. The HSCP has also had to implement new service hubs in response to the pandemic, examples of which have included the establishment of assessment and testing centres to support assessment and testing of potential Covid-19 patients and the creation of a hub to support the distribution of PPE to our social care services and those delivered by the third and independent sector and personal assistants and carers.

The financial impact of implementing the required changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment, and manage the new and changing levels of need and demand) has been significant and is likely to be ongoing and evolving. The Governance Statement outlines the governance arrangements which are in place during this challenging time. These accounts have been prepared on the assumption that the Scottish Government will meet the additional costs experienced by the IJB and this is also the assumption which has been made moving forward into 2021/22.

Moving into 2021/22, we are working to proactively address the funding challenges presented while, at the same time, providing effective services for the residents of Inverclyde throughout the Covid-19 pandemic. In March 2020 the IJB agreed a balanced budget which included a savings plan totalling £1.044m for 2020/21 and an updated 5 year budget to 2025. As a result of the Covid-19 pandemic £0.050m of those savings was not be deliverable in year, this has been reflected in the Covid-19 mobilisation plan submitted to Scottish Government. The remaining savings are expected to be delivered in full in 2021/22, in line with the IJB's Medium Term Financial Plan.

The 2021/22 budget remains an indicative budget at this time as the formal funding offer from the Health Board has not yet been agreed. The Health Board's draft financial plan for 2021/22 was presented to the Health Board in March 2021. The Board's Operational Plan has been suspended and Board Remobilisation plan introduced. Both supporting the Financial Plan will require to be reviewed in light of the ongoing Covid-19 pandemic. This has led to a delay in IJB's being given their formal budget allocation, however, it is anticipated this will be in line with the interim budget offer made in March.

We have well established plans for the future, and the IJB Strategic Plan 2020/21 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**



## **6 Big Actions**

### **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 successfully oversaw 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. In 2020/21 there have been many successes within year 1 of the new Strategic Plan, including delivery of significant change and foundations set for more changes in the year ahead. Since Covid-19 emerged as a pandemic and business as usual was no longer an option, services were mobilised into hubs and new operating procedures brought in to respond to the pandemic and ensure the ongoing safety of our staff and service users. Covid-19 will continue to impact in the coming year in terms of delivering the Strategic Plan. As time has moved on, the IJB has moved into the recovery phase where services are being stepped back up in line with national guidance and safety protocols.

The Strategic Plan, associated Implementation Plan and Medium Term Financial Plan will lead the IJB forward over the next 4 years and improve the lives of the people of Inverclyde and the Strategic Plan will be reviewed in response to the pandemic.

## **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:** tbc September 2021

### **TBC CFO**

Chief Financial Officer

\_\_\_\_\_  
**Date:** tbc September 2021

### **TBC Chair**

IJB Chair

\_\_\_\_\_  
**Date:** tbc September 2020

# 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 tbc September 2021.

Signed on behalf of the Inverclyde IJB

**TBC Chair**

IJB Chair

**Date:** tbc September 2021

## 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 2021 and the transactions for the year then ended.

**TBC CFO**

Chief Financial Officer

**Date:** tbc September 2021

# 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, was employed on a part time basis by NHS Greater Glasgow and Clyde in 2019/20 but became full time in 2020/21 to cover a vacant Head of Service role within the HSCP. 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 2019/20 £	Name and Post Title	Salary, Fees & Allowances 2020/21 £
116,221	Louise Long Chief Officer	117,770
46,217	Lesley Aird (part time 0.5 WTE in 2019/20, FT in 2020/21) Chief Financial Officer	91,510

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
Councillor Jim Clocherty	IJB (Chair until 21/06/2021)	Inverclyde Council
Alan Cowan	IJB Member, Vice Chair (from 24/06/2019) Chair Audit Committee	NHS GG&C
Simon Carr	IJB Member	NHS GG&C
Dr Donald Lyons	IJB Member (until 30/06/2020) Audit Committee Member (until 30/06/2020)	NHS GG&C
Paula Speirs	IJB Member (from 30/06/2020) Audit Committee Member (from 24/08/2020)	NHS GG&C
Dorothy McErlean	IJB Member	NHS GG&C
Councillor Lynne Quinn	IJB Audit Committee Member (until 17/03/2020)	Member Inverclyde Council
Councillor Ciano Rebecchi	IJB Audit Committee Member	Member Inverclyde Council
Councillor Elizabeth Robertson	IJB Vice Chair Audit Committee (from 24/06/2019)	Member Inverclyde Council

There were no Inverclyde IJB specific expenses recorded for voting members of the IJB during 2020/21. 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 31/03/20 £	For Year to 31/03/21 £		Difference from 31/03/20 £	As at 31/03/21 £
Louise Long Chief Officer	22,328	22,732	Pension	2,716	18,686
			Lump Sum	0	0
Lesley Aird Chief Financial Officer	5,778	12,468	Pension	1,787	4,668
			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: tbc September 2021

#### TBC Chair

IJB Chair

Date: tbc September 2021

# Annual Governance Statement

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

## Scope of Responsibility

The Inverclyde IJB was established by parliamentary order on 27 June 2015 following approval of the Inverclyde Integration Scheme by the Scottish Ministers. The Integration Scheme was reviewed during 2019/20 and an updated version of the Scheme was prepared but the Covid 19 pandemic led to this being delayed and the existing scheme rolled on into 2020/21. Inverclyde IJB is a body corporate, a legal entity in its own right but it relies on support from officers employed by Inverclyde Council and Greater Glasgow & Clyde NHS Board in relation to the conduct of its business. It is subject to the Public Bodies (Joint Working) (Scotland) Act 2014 and secondary legislation directly relating to the integration of health and social care services, and indirectly in relation to regulatory regimes affecting devolved public bodies in Scotland. The main features of the IJB's governance arrangements are described in the Local Code but are summarised below.

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

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

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

## The 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 considers all matters in relation to Internal and External Audit and Risk Management;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, Standing Orders, and Financial Regulations.
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which was approved and published on 19 March 2019 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 6 localities to 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. The Covid pandemic has delayed the introduction of locality planning groups within these six localities but local engagement and representation has continued throughout the year through external third sector partners such as CVS and Your Voice.
- As a separate Public Body, the IJB is required to publish Equalities Outcomes. These are published on the HSCP website.

The governance framework was in place throughout 2020/21.

### **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 2020/21 this included the following:

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

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

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

### **Review of Effectiveness**

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

The Internal Audit functions of the Council and Health Board have independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2020/21, 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 2020/21**

The Internal Audit Annual Reports 2020/21 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 2020/21 concludes: "Due to Covid-19 the presentation of Annual Internal Audit report for GG&C has been deferred until September. This means the IJB Chief Internal Auditor is unable to conclude the IJB's Annual report and provide an assurance statement opinion at this time. However, based on in year reports, Officers are confident that the overall opinion will be **Satisfactory** but this is not confirmed at this time. The final accounts will include the view once it is available in September.

The pandemic in March tested how well the IJB's risk management, governance and internal controls framework is operating. The HSCP have undertaken to carry out a post-incident review and highlight any lessons learned." However the IJB will review in 2022.

### Covid-19

Since March 2020 the governance context in which the IJB operated was impacted by the need to implement business continuity processes and recovery planning in response to the significant public health challenge presented by the Covid-19 pandemic. The planning and delivery of health and social care services adapted to meet this challenge and the IJB adapted its governance structures accordingly.

In response to the pandemic and the requirement to move quickly and decisively to manage the subsequent pressures on health and social care services, the IJB approved and initiated temporary decision making arrangements supported by core IJB meetings conducted virtually throughout the year. The temporary arrangements have remained in place throughout the year and have been subject to ongoing review.

Under these temporary arrangements authority is delegated, if required to meet immediate operational demand, to the Chief Officer in consultation with the Chair and Vice Chair of the IJB. Interim arrangements were also put in place for the IJB which were formally ratified at the May 2020 meeting.

Any decisions made under temporary delegated authority are recorded in the approvals/decision tracker log that captures the approval timeline, with reports shared with IJB Members for information. IJB papers are available through the Inverclyde Council website.

The IJB has continued working with partners to participate in the wider response to the pandemic at Health Board and national level and is a key participant in the Council and Greater Glasgow and Clyde governance structures, working with other HSCPs to manage the impact of the pandemic.

New services have been rolled out during the year in response to the pandemic, these include the establishment of assessment and test centres and mass vaccination centres and the creation of a hub to support the distribution of PPE to our social care services and those delivered by the third and independent sector and personal assistants and carers.

With significant disruption to how health and social care services are normally delivered and experienced by service users, patients and carers likely to continue for the time being, officers within the HSCP developed plans to capture the extent of the shift from business as usual activity and ensure the IJB can continue to meet need and achieve the strategic priorities set out in the revised Strategic Plan. Planning activity takes into consideration the learning from each phase of responding to the pandemic and engaging with and listening to key stakeholders in planning future service provision.

The financial impact of implementing the required changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment, and manage the new and changing levels of need and demand) is significant and likely to be ongoing and evolving. All



Covid projected and actual spend is recorded and reported through the Local Mobilisation Plan (LMP) which is submitted monthly to Scottish Government.

A vital element of the recovery planning activity being undertaken is learning from the interim changes put in place. The HSCP are actively seeking to understand the impact of the measures implemented and are engaging with service users to understand which could be retained or adapted to improve services and continue to meet individuals' outcomes. The IJB will consider the learning from the pandemic including the innovative approaches and service alterations put in place out of necessity may present opportunities as we seek to re-start services within the new context in which health and social care services need to be delivered. In doing so the IJB will continue to follow appropriate governance structures and consider equalities and human rights requirements to ensure that from the current crisis emerges a more efficient and effective health and social care system that delivers on the priorities set out in the Strategic Plan.

## **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.

## **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:** tbc September 2021

**TBC Chair**

IJB Chair

\_\_\_\_\_  
**Date:** tbc September 2021

# The Financial Statements

## Comprehensive Income and Expenditure Statement

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

2019/20			2020/21		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
2,845	(734)	2,111	3,638	(1,505)	2,133
30,508	(2,101)	28,407	31,322	(939)	30,383
12,814	(269)	12,545	12,639	(340)	12,299
7,225	(124)	7,101	7,639	(154)	7,485
10,115	(378)	9,737	11,029	(422)	10,607
15,496	(1,382)	14,114	16,277	(1,566)	14,711
3,353	(150)	3,203	3,059	(120)	2,939
3,498	(317)	3,181	3,975	(149)	3,826
10,408	(427)	9,981	11,217	(428)	10,789
7,074	(2,845)	4,229	4,843	(6,405)	(1,562)
2,163	(2,114)	49	2,345	(2,197)	148
1,632	(589)	1,043	1,905	(732)	1,173
28,010	(954)	27,056	29,725	(107)	29,618
18,359	0	18,359	18,242	0	18,242
0	0	0	16,497	(6,097)	10,400
1,044	0	1,044	0	0	0
110	0	110	2,012	0	2,012
<b>154,654</b>	<b>(12,384)</b>	<b>142,270</b>	<b>176,362</b>	<b>(21,161)</b>	<b>155,201</b>
23,635	0	23,635	28,177	0	28,177
<b>178,289</b>	<b>(12,384)</b>	<b>165,905</b>	<b>204,540</b>	<b>(21,161)</b>	<b>183,378</b>
0	(167,074)	(167,074)	0	(189,860)	(189,860)
<b>178,289</b>	<b>(179,458)</b>	<b>(1,169)</b>	<b>204,540</b>	<b>(211,021)</b>	<b>(6,482)</b>
		<b>(1,169)</b>			<b>(6,482)</b>

There are no statutory or presentation adjustments which affect the IJB's application of funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently 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 2020/21	General Reserves £000	Earmarked Reserves £000	TOTAL Reserves £000
Opening Balance at 31 March 2020	(741)	(7,709)	(8,450)
Total Comprehensive Income and Expenditure	0	(6,482)	(6,482)
Closing Balance at 31 March 2021	(741)	(14,191)	(14,932)

## 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 2020 £000		Notes	31 March 2021 £000
<b>Current Assets</b>			
8,467	Short term debtors	5	14,950
<b>Current Liabilities</b>			
(17)	Short term creditors	6	(18)
<b>8,450</b>	<b>Net Assets</b>		<b>14,932</b>
8,450	Reserves	8	14,932
<b>8,450</b>	<b>Total Reserves</b>		<b>14,932</b>

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2021 and its income and expenditure for the year then ended.

The audited financial statements were authorised for issue on tbc September 2021.

### **TBC CFO**

Chief Financial Officer \_\_\_\_\_ **Date:** tbc September 2021

# 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 2020/21 financial year and its position at the year end of 31 March 2021.

### 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 2020 £000	Taxation and Non-Specific Grant Income	31 March 2021 £000
116,352	NHS Greater Glasgow and Clyde Health Board	136,887
50,722	Inverclyde Council	52,973
<b>167,074</b>	<b>TOTAL</b>	<b>189,860</b>

### Health Board Contribution

The funding contribution from the Health Board above includes £28.177m 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 2020 £000		31 March 2021 £000
<b>Transactions with NHS Greater Glasgow &amp; Clyde</b>		
(116,352)	Funding Contributions received	(136,887)
(2,506)	Service Income received	(1,622)
102,200	Expenditure on Services Provided	120,198
<b>(16,658)</b>	<b>TOTAL</b>	<b>(18,311)</b>
<b>Transactions with Inverclyde Council</b>		
(50,722)	Funding Contributions received	(52,973)
(9,878)	Service Income received	(19,540)
76,089	Expenditure on Services Provided	84,344
<b>15,489</b>	<b>TOTAL</b>	<b>11,831</b>

31 March 2020 £000		31 March 2021 £000
<b>Balances with NHS Greater Glasgow &amp; Clyde</b>		
0	Debtor balances: Amounts due to the NHS	0
0	Creditor balances: Amounts due from the NHS	0
<b>0</b>	<b>Net Balance with the NHS Board</b>	<b>0</b>
<b>Balances with Inverclyde Council</b>		
0	Debtor balances: Amounts due to the Council	(18)
8,467	Creditor balances: Amounts due from the Council	14,950
<b>(8,467)</b>	<b>Net Balance with the Council</b>	<b>(14,932)</b>

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

#### 4 IJB Operational Costs

31 March 2020 £000	Core and Democratic Core Services	31 March 2021 £000
203	Staff costs	251
37	Administrative costs	37
27	Audit fees	27
<b>267</b>	<b>TOTAL</b>	<b>315</b>

The cost associated with running the IJB has been met in full by NHS Greater Glasgow and Clyde and Inverclyde Council. For the 2020/21 Accounts this is combined within the gross expenditure for both partners.

#### 5 Short Term Debtors

31 March 2020 £000	Short Term Debtors	31 March 2021 £000
8,467	Other local authorities	14,950
<b>8,467</b>	<b>TOTAL</b>	<b>14,950</b>

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

#### 6 Short Term Creditors

31 March 2020 £000	Short Term Creditors	31 March 2021 £000
(17)	Other local authorities	(18)
<b>(17)</b>	<b>TOTAL</b>	<b>(18)</b>

## 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.

2019/20		2020/21		
Balance at 31 March 2020 £000		Transfers Out 2020/21 £000	Transfers In 2020/21 £000	Balance at 31 March 2021 £000
<b>SCOTTISH GOVERNMENT FUNDING</b>				
132	Mental Health Action 15	132	343	343
93	Alcohol & Drug Partnerships	94	424	423
400	Covid - 19	400	2,896	2,896
124	Primary Care Improvement Programme	124	560	560
0	Covid Community Living Change	0	320	320
0	Covid Shielding SC Fund	0	34	34
0	DN Redesign	0	86	86
<b>EXISTING PROJECTS/COMMITMENTS</b>				
43	Self Directed Support/SWIFT Finance Module	0	0	43
24	Growth Fund - Loan Default Write Off	0	0	24
81	Integrated Care Fund	931	959	109
195	Delayed Discharge	441	334	88
112	CJA Preparatory Work	36	12	88
0	Welfare	0	297	297
272	Primary Care Support	30	32	274
0	SWIFT Replacement Project	137	511	374
83	Rapid Rehousing Transition Plan (RRTP)	19	72	136
20	Older People Wifi	13	0	7
352	LD Estates	32	63	383
432	Refugee Scheme	17	322	737
258	Tier 2 Counselling	41	158	375
0	C&YP Mental Health & Wellbeing	0	202	202
0	C&YP Winter Planning	0	187	187
90	CAMHS Post	22	0	68
0	CAMHS Tier 2	23	150	127
100	Dementia Friendly Inverclyde	0	0	100
632	Contribution to Partner Capital Projects	75	53	610
0	Staff Learning & Development Fund	0	204	204
0	Fixed Term Staffing	0	400	400
565	Continuous Care	140	0	425
0	Homelessness	0	200	200
0	C&F Residential Services	0	250	250
<b>TRANSFORMATION PROJECTS</b>				
2,045	Transformation Fund	1,122	162	1,085
198	Addictions Review	42	94	250
610	Mental Health Transformation	122	300	788
<b>BUDGET SMOOTHING</b>				
325	Adoption/Fostering/Residential Childcare	325	350	350
0	Advice Service Smoothing Reserve	54	72	18
300	Prescribing	0	63	363
223	Residential & Nursing Placements	0	394	617
0	LD Client Commitments	0	350	350
<b>7,709</b>	<b>Total Earmarked</b>	<b>4,372</b>	<b>10,854</b>	<b>14,191</b>
<b>UN-EARMARKED RESERVES</b>				
741	General	0	0	741
<b>741</b>	<b>Un-Earmarked Reserves</b>	<b>0</b>	<b>0</b>	<b>741</b>
<b>8,450</b>	<b>TOTAL Reserves</b>	<b>4,372</b>	<b>10,854</b>	<b>14,932</b>

## 8 Expenditure and Funding Analysis

31 March 2020 £000	Inverclyde Integration Joint Board	31 March 2021 £000
<b>HEALTH SERVICES</b>		
24,630	Employee Costs	27,525
37	Property Costs	113
7,667	Supplies & Services	16,159
27,058	Family Health Service	29,956
18,172	Prescribing	18,069
23,635	Set Aside	28,177
(1,551)	Income	(1,515)
<b>SOCIAL CARE SERVICES</b>		
29,814	Employee Costs	32,341
1,060	Property Costs	1,437
1,207	Supplies & Services	1,690
416	Transport	254
736	Administration	776
42,889	Payments to Other Bodies	47,622
(10,132)	Income	(19,540)
<b>CORPORATE &amp; DEMOCRATIC CORE/IJB COSTS</b>		
203	Employee Costs	251
37	Administration	37
27	Audit Fee	27
<b>165,905</b>	<b>TOTAL NET EXPENDITURE</b>	<b>183,378</b>
(167,074)	Grant Income	(189,860)
<b>(1,169)</b>	<b>(SURPLUS) ON PROVISION OF SERVICES</b>	<b>(6,482)</b>

## 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 2020/21 are £27,330. There were no fees paid to Audit Scotland in respect of any other services.

## 10 Post balance sheet events

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

The Chief Financial Officer issued the Unaudited Statement of Accounts on tbc June 2021. There have been no material events after the balance sheet date which necessitate revision of figures in the financial statements or notes thereto including contingent assets or liabilities.

The Annual Accounts were authorised for issue by the Chief Financial Officer on tbc September 2021. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

## **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 on the audit of the financial statements





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**Report To:** Inverclyde Integration Joint Board      **Date:** 21 June 2021

**Report By:** Louise Long  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/24/2021

**Contact Officer:** Andrina Hunter Service Manager  
Corporate Policy; Planning and Partnerships Inverclyde Council/HSCP      **Contact No:** 712042

**Subject:** STRATEGIC PLAN –YEAR 2 PROGRESS 2020/21

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the IJB with an update on progress achieved towards meeting the objectives and driving forward transformational change as outlined in, and in support of, the HSCP Strategic Plan and Big 6 Actions. This report provides an implementation progress report for year 2 to March 2021.

## **2.0 SUMMARY**

- 2.1 The Strategic Plan (2019-24) and Big 6 Actions outlined the many commitments we set out to achieve through a programme of transformational change, and how this will be delivered over the next 5 years.
- 2.2 In light of the Covid 19 pandemic and the need for recovery, officers within the HSCP reviewed the existing Strategic Plan priorities and agreed a revised priority list to reflect new Covid 19 related themes and to reflect the deliverability of existing priorities in the midst of a pandemic. These new priorities were subject to community consultation and approved by the Strategic Planning Group. Appendix 1 outlines the good progress made against the revised priorities in 20/21 (now called the Transition Strategic Plan).
- 2.3 The original Strategic Plan (2019-24) will be refreshed throughout 2021/22 to ensure all previously agreed actions are progressed and new actions added as appropriate. To support this refresh, and provide evidence for new emerging areas of focus, an updated Strategic Needs Assessment will also be developed in 2021/22.



### **3.0 RECOMMENDATIONS**

#### **3.1 That the IJB notes:**

- The progress made to date against the six big actions in 20/21
- The IJB approves the strategic direction to continue to monitor progress against the Transition Strategic Plan in 2021/22
- the plans to refresh the original Strategic Plan and Strategic Needs Assessment to continue to deliver transformational change in line with the original 5 year HSCP Strategic Plan 2019 – 2024

## 4.0 BACKGROUND

- 4.1 Inverclyde Health and Social Care Partnership (HSCP) services have been integrated since 2010 as we recognised that the health and care needs of our population are better met by delivering services in a more joined-up way. The benefits of working jointly have been evidenced with high performance in a number of areas resulting in improved outcomes and lives for our citizens.  
The Strategic Plan 2019-2024, which is the second Inverclyde IJB Strategic Plan developed in partnership with local people, aimed to maintain and build on the high performance levels.
- 4.2 The Year 1 Strategic Plan and Big 6 Actions reported to IJB in 2020 outlined the many commitments and progress against these as part of the programme of transformational change,
- 4.3 The outbreak of the Covid 19 pandemic in March 2020 resulted in a range of activities being put in abeyance as the HSCP initiated its Business Continuity Plan. This was required to ensure focus on delivering essential services and support our staff and citizens during this unprecedented time.  
Due to the pandemic, officers within the HSCP reviewed the existing Strategic Plan priorities and agreed a revised priority list to reflect new Covid 19 related themes; the need for recovery; and to reflect the deliverability of existing priorities in the midst of a pandemic.
- 4.4 29 key priorities were identified for 20/21 and beyond, agreed by the Strategic Planning Group, which covered a number of new priorities relating to Covid 19 live; Covid 19 recovery; anti-poverty work; support to the 3<sup>rd</sup> sector as to their readiness to bid for contracts; and a number of service specific priorities themed under each Head of Service area.  
YourVoice and CVS Inverclyde were commissioned to consult with the wider communities as to these revised priorities with positive feedback received.
- 4.5 This Year 2 Strategic Plan Report identifies progress against these 29 key priorities (now referred to as the HSCP Transition Strategic Plan) mapped against each of the Big 6 Actions. Appendix 1 shows the excellent progress that has been made throughout 20/21 and also identifies areas for focus going forward.

Key achievements included:

- The establishment of the Humanitarian Group chaired by the HSCP to ensure appropriate support collaboratively by all partners to communities throughout Covid 19.
- The rapid transition to agile and blended working models across the HSCP with the “business as usual” model transferred to a Hub model with staff working remotely, from home and in a variety of blended ways
- The establishment of mass vaccination centres set up in Inverclyde for both flu and Covid 19 vaccinations. In addition, in December 2020, a team from the HSCP went to each Care Home in Inverclyde to vaccinate all of our Care Home residents against Covid 19.
- The HSCP supported social care providers during the pandemic, involving specific support around guidance, PPE, staffing, infection control advice, enhanced governance inspections and provider sustainability grant administration.
- The Distress Brief Interventions (DBI) programme commenced in December 2020 in collaboration with the national DBI programme and SAMH, with GP’s; Community Link Workers, Mental Health staff all trained to refer people in distress to SAMH for an intensive programme of support.

- The commencement of the Wellbeing Service for Children in 2020 with Action for Children currently delivering and are nearing completion of the 1<sup>st</sup> year delivery. This provides all school aged children support with their emotional and mental wellbeing.
  - The review of Access 1<sup>st</sup> was completed with the evaluation and recommendation to scale up the single point of access across all HSCP services.
  - The Homelessness service's acceleration of the roll out of key aspects of the Rapid Rehousing Transition Plan and the successful set up of short term tenancies for large numbers of homeless clients within the first few weeks of the pandemic.
  - The first Scottish HSCP Adult Support and Protection Inspection under the new model was undertaken in 2020 with positive feedback.
  - A new test of change commenced through employing two Care Navigator posts working with the most vulnerable members of community known to Alcohol & Drugs; Criminal Justice and Homelessness
  - The continuation of the new Greenock Health and Care Hub development due for completion in May 2021.
- 4.6 Progress will continue to be monitored against this Transition Strategic Plan throughout 2021/22 with quarterly reporting to the Strategic Planning Group. The year 3 Strategic Plan Report (June 2022) will therefore be against this current transition plan.
- 4.7 The original 5 year Strategic Plan (2019-24) was due to be reviewed and refreshed in year 3 (21/22). It is now proposed that this will be undertaken throughout 2022 to enable a refreshed Strategic Plan to be in place for April 2022, for the remaining two years of the original plan. To inform this review and refresh, the Strategic Needs Assessment which was developed in 2019 will also be updated throughout 2021.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

## LEGAL

- 5.2 There are no 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?

x

YES

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.	All HSCP services, and the development of Access 1 <sup>st</sup> , are designed to promote fairness and better outcomes for individuals and should make it easy for all to access services at the point of need.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	All HSCP services are designed to promote fairness and better outcomes for individuals and should make it easy for all to receive services at the point of need.
People with protected characteristics feel safe within their communities.	Supported by Big Action 3
People with protected characteristics feel included in the planning and developing of services.	The Strategic Plan and 6 Big Actions has involved a range of partners and community in its development.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Supported by Big Action 6.
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?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The focus of Big Action 1 is to support individuals and communities with their health and wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The focus of Big Action 4 is to support people to live independently.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	All the Big Actions are focussed on delivery person centred effective evidence based services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	All the Big Actions are focussed on delivery person centred effective evidence based services
Health and social care services contribute to reducing health inequalities.	The focus of Big Action 1 is to work to reduce and mitigate health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The focus of Big Action 6 is to support carers in the role they undertake.
People using health and social care services are safe from harm.	The focus of Big Action 3 is to protect the population from harm
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The focus of Big Action 6 is to support staff to deliver the best services they can
Resources are used effectively in the provision of health and social care services.	None

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	x
	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 BACKGROUND PAPERS

8.1 None.

<b>BIG ACTION 1</b>	
<b>Reducing health inequalities by building stronger communities and improving physical and mental health</b>	
<b>Objective</b> <p>We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control</p>	<b>Lead</b> <p>Head of Finance, Planning and Resources</p>
<b>Key Priorities</b> <ul style="list-style-type: none"> <li>• We will establish a framework and methodology to invest £1m anti-poverty funds, tackling fundamental causes of poor health.</li> <li>• We will prioritise and develop Key Mental Health Services that are critical to the sustained delivery and improvement of services.</li> <li>• We will prioritise and develop Key Mental Health Programmes that are critical to the sustained delivery and improvement of Dementia services</li> <li>• We will establish the DBI (Distress Brief Interventions) Programme within Inverclyde</li> <li>• We will ensure third sector are facilitated and 'ready' to bid for HSCP contracts.</li> <li>• We will continue to progress the Big Lottery funded project, engaging women in the justice system in communities.</li> <li>• Technology enabled care &amp; record-management will be prioritized. This will include roll out of remote technology 'and developing a preferred option for the SWIFT replacement recording system in Social Care</li> </ul>	
<b>Progress</b> <ul style="list-style-type: none"> <li>• Collaboration with Inverclyde Council has been progressed in 2020/21 to develop a number of anti-poverty initiatives which will aim to reduce inequalities. These are focussed on employability, food, fuel and financial insecurity and involve a range of public and 3<sup>rd</sup> sector delivery partners.</li> <li>• The Mental Health Officer (MHO) Review has been concluded and the action plan now being implemented.</li> <li>• The NHS GGC Mental Health Assessment Unit model is now in place and referral pathways being developed to ensure appropriate care as required</li> <li>• The SG/HIS funded Care Coordination for Dementia Programme was put on hold during Covid 19 however recommenced in October 2020 and has developed the advanced dementia practice model</li> <li>• Distress Brief Interventions (DBI) in collaboration with the national DBI programme and SAMH commenced in December 2020 with GP's; Community Link Workers, MH staff all trained to refer people in distress to SAMH for an intensive programme of support.</li> </ul>	

<ul style="list-style-type: none"> <li>• The Engaging Women in Criminal Justice system has continued, to gather data to inform the future options for a test of change.</li> <li>• Range of HSCP services now being delivered virtually through phone, Near Me video conferencing and text reminders.</li> </ul>	
<p><b>Key areas for future focus</b></p> <ul style="list-style-type: none"> <li>• The SWIFT IT project has been impacted by issues with the Scotland Excel framework and further impacted by the pandemic. The framework went live late February 2021 and work has commenced on evaluating the information now available in order to move forward with local procurement throughout 2021.</li> <li>• The work with NHSGGC partners to try stabilise mental health consultant workforce within Inverclyde continues within a challenging landscape. Specific work to review current consultant capacity across inpatients and community to stabilise the consultant workforce is ongoing with proposals for new system wide roles in consideration.</li> </ul>	

## BIG ACTION 2

### A nurturing Inverclyde will give our children and young people the best start in life

<b>Objective</b>  We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For the children we take care of, we will also ensure high standards of care, housing and accommodation.	<b>Lead</b>  Head of Children, Families & Criminal Justice
<b>Key Priorities</b> <ul style="list-style-type: none"><li>• We will review and develop Key Children and Families Services that are critical to the sustained delivery and improvement of services.</li><li>• We will use newly secured funds to establish a Wellbeing service for children in Inverclyde.</li></ul>	
<b>Progress</b> <ul style="list-style-type: none"><li>• The Independent Care Review published The Promise Feb 2020 with the Promise Partnership established which included a funding stream of £4million. Inverclyde HSCP in partnership with CVS and Inverclyde Drug and Alcohol Partnership made a successful bid for £250,000 funding to facilitate the delivery of I Promise (Inverclyde's Promise).</li><li>• The work to review Kinship/Fostering rates and support in line with National guidance was paused in 2020 by COSLA and Scottish Government and recently recommenced in Feb 2021. It will further consider the financial challenges along with the findings of the Independent Care Review and the incorporation of UNCRC into law.</li><li>• The Wellbeing Service for Children commenced in 2020 with Action for Children currently delivering and are nearing completion of the 1<sup>st</sup> year delivery. This provides all school aged children support with their emotional and mental wellbeing</li><li>• We have developed Transition Housing for up to 8 young people aged 18-21 who are moving on from residential or foster care.</li></ul>	
<b>Key areas for future focus</b> <ul style="list-style-type: none"><li>• The ongoing development of the IPromise and the establishment of the IPromise team who will commence stakeholder and community engagement and listening, to gain greater understanding of the needs of children and their families and the cultural and system changes required to ensure that children and families receive the right support at the right time for as long as required.</li></ul>	



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| <ul style="list-style-type: none"><li>• Continue the Transition Housing approach and support more young people into this accommodation.</li></ul> |  |
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## **BIG ACTION 3**

### **Together we will protect our population**

#### **Objective**

We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities

#### **Lead**

Head of  
Children,  
Families &  
Criminal  
Justice /Head of  
Health &  
Community Care

#### **Key Priorities**

- Covid 19 Live: We will develop and administer a flexible and responsive plan for Covid 19 assessment and testing. (Winter 2020 + beyond)
- Winter plan will be developed to facilitate effective delivery of key services including a largescale programme of seasonal Flu immunization.
- Covid 19 recovery: To facilitate recovery we will implement effective lockdown arrangements (where appropriate) cognizant of local and national Tiered Interventions
- We will develop a key Clinical and Care Governance Action Plan to support delivery and improvement of services ensuring learning from significant events and significant case review takes place timeously.
- We will consider and review report from national review adult care.
- Strategic Commissioning Team will continue to provide support and enhanced monitoring to the care home sector for the duration of the pandemic.

#### **Progress**

- The HSCP has worked with the wider NHS and Council systems to deliver an extensive programme to support Covid 19 pandemic. Assessment Centres were established in the early weeks of the pandemic followed by Testing Centres, all of which were initially staffed by HSCP staff. The successful Vaccination programme within Inverclyde has been coordinated and supported by the HSCP.

<ul style="list-style-type: none"> <li>• A daily Care Huddle was established to support the Older People's and Adult Care homes in terms of a Covid 19 response with Infection Control, testing, PPE and staffing and weekly oversight group put in place.</li> <li>• The HSCP delivered all flu vaccinations for those over the age of 60 and those over 18 who were housebound. More than 13,000 vaccinations were delivered to those over 60, representing an uptake of 82%. Historic uptake is around 73%. General Practices delivered the majority of flu vaccines for those in the under 65 at risk cohorts achieving an uptake of 53%, again higher than the historic uptake.</li> <li>• The Inverclyde HSCP Clinical &amp; Care Governance strategy, was approved and an action plan developed. The overarching Clinical &amp; Care Governance group has been established and service led governance groups also established.</li> <li>• Chief Officer Group has been stepped up to 6 weekly during the pandemic to oversee and monitor public protection.</li> <li>• The Inverclyde Joint Adult Protection Inspection commenced in early 2020 and was completed in early 2021 with formal feedback provided which was very positive particularly around practice, partnership working and outcomes for vulnerable adults subject to the ASP process</li> </ul>	
<p><b>Key areas for future focus</b></p> <ul style="list-style-type: none"> <li>• The National Adult Social Care Review was published in January 2021 with recommendations to establish a National Care Service and proposes significant reforms for IJB's. Awaiting further information from Scottish Government as to the next steps.</li> <li>• The action plan from the Adult Protection Inspection has been developed and is being monitored by Chief Officer Group.</li> <li>• The learning from the Significant Case Review will be disseminated once available.</li> </ul>	

<b>BIG ACTION 4</b>	
<b>We will support more people to fulfil their right to live at home or within a homely setting &amp; promote independent living</b>	
<b>Objective</b>  We will enable people to live as independently as possible & ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone	<b>Lead</b>  Head of Health Community Care
<b>Key Priorities</b> <ul style="list-style-type: none"> <li>• We will complete our review of the Access 1<sup>st</sup> test of change.</li> <li>• Care at Home: We will commence the review of our internal care at home service.</li> <li>• Unscheduled Care: We will prioritise an efficient system-wide approach to improving patient services and managing demand effectively.</li> <li>• OOH review: We will work with Out of Hours team to develop a local solution for the OOH review.</li> <li>• New Learning Disability Hub: We will deliver our new Learning Disability Hub in Inverclyde by 2022 as planned.</li> <li>• We will prioritise and develop Key Housing and Homelessness services that will offer community support and will reduce homelessness.</li> <li>• We will work towards delivering the 5 year Rapid rehousing Transition Plan</li> </ul>	
<b>Progress</b> <ul style="list-style-type: none"> <li>• The review of Access 1<sup>st</sup> was completed with the evaluation and recommendation to scale up the single point of access across all HSCP services</li> <li>• Due to the pandemic, the Homecare review was postponed and the current contracts extended for a further year until April 22. The Home Care Review Board is being established and will be meeting regularly to develop the new specification. This review will provide an appropriate opportunity to review the service through a medium to long term lense.</li> <li>• Work continues at a steady pace on the design of the new learning Disability Community Hub with a site identified at the former Hector McNeil Baths site.</li> <li>• OOH review implementation plan making good progress and the Glasgow out of Hours Hub is now live. The Inverclyde part of this is now live.</li> </ul>	

<ul style="list-style-type: none"> <li>Continued to work with partners across NHSGGC to continue to manage demand for unscheduled care services and also work to provide a local response to OOH support which is currently delivered NHS 24 &amp; RAH.</li> <li>Throughout Covid 19 the homelessness services faced increased demand for accommodation coupled with a slowdown in available accommodation from RSLs. Closer working with the RSLs developed to ensure turnover of voids with a view to stop the “bottleneck” of service users in temporary accommodation and support them into appropriate settled tenancies</li> <li>Bed and breakfast accommodation usage initially increased at the start of the pandemic however since January 2021, no Bed and breakfast accommodation has had to be utilised.</li> <li>The Rapid Rehousing Transition plan was progressed with working groups to implement Housing First approaches and Housing Options.</li> </ul>	
<p><b>Key areas for future focus</b></p> <ul style="list-style-type: none"> <li>The potential scale up of Access 1<sup>st</sup> across Inverclyde HSCP will be a key area of development for the IJB to consider in 2021/22.</li> <li>Focus on developing new models for homelessness provision to meet the future needs.</li> </ul>	

**BIG ACTION 5****Together we will reduce the use of, and harm from alcohol, tobacco and drugs**

<b>Objective</b>  We will promote early intervention, treatment & recovery from alcohol, drugs & tobacco & help prevent ill health, we will support those affected to become more involved in their local community.	<b>Lead</b>  Head of Mental Health, Alcohol and Drugs & Homelessness
<b>Key Priorities</b> <ul style="list-style-type: none"><li>• We will complete the review of alcohol and drugs with a clear focus on building recovery communities, delivering key actions of the Inverclyde Drug Related Death Prevention Strategy.</li><li>• We will implement the Alcohol &amp; Drug Recovery Service workforce redesign and implementation by March 2021 (dependant on Organisation Change process being agreed)</li></ul>	
<b>Progress</b> <ul style="list-style-type: none"><li>• The new Inverclyde Alcohol and Drug Partnership Strategy and Delivery plan was developed with a key focus on recovery</li><li>• Recovery Strategy developed and new areas of focus commissioned from the 3<sup>rd</sup> sector included Early Interventions; development of volunteer peer mentors and specific support for families affected by drug and alcohol related harm</li><li>• Test of change undertaken through employing two Care Navigator posts working with the most vulnerable members of community known to Alcohol &amp; Drugs; Criminal Justice and Homelessness</li><li>• The Inverclyde Drug Death Prevention Strategy was updated to ensure focus on supporting Non Fatal overdose pathways; increased Naloxone provision within communities and reviewing drug deaths for any learning that could be incorporated into practice.</li><li>• The Alcohol &amp; Drug Recovery Service (ADRS) redesign was halted in March 2020 due to Covid 19 and was recommenced in October 2020. Lessons learned through Covid 19 are being implemented as part of the core service model going forward.</li></ul>	
<b>Key areas for future focus</b> <ul style="list-style-type: none"><li>• Need to complete the final stages of the redesign of the ADRS service focussing on the workforce redesign. This will focus on implementing the new service model including embedding recovery from initial engagement between the service &amp; service users.</li></ul>	

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|---|--|
| <ul style="list-style-type: none"><li>• A need to focus on the further implementation of the Drug Death Prevention Strategy and Action Plan</li></ul> |  |
|---|--|

<b>BIG ACTION 6</b>	
<b>We will build on the strengths of our people and our community</b>	
<b>Objective</b>  We will build on our strengths. This will include our staff, our carers, our volunteers & people within our community, as well as our technology & digital capabilities	<b>Lead</b>  Chief Executive, Inverclyde CVS
<b>Key Priorities</b> <ul style="list-style-type: none"> <li>• Develop Inverclyde Cares – a social movement based on being neighbourly and kind, engaging communities and connecting people.</li> <li>• Progress programme of Localities Planning work, establishing virtual structures to support 6 Localities.</li> <li>• We will continue to develop Capital Investments that are critical to the sustained delivery and improvement of services</li> <li>• Community outreach will be supported through enhanced virtual/remote inclusion where feasible.</li> <li>• Digital Support programme to secure agile working for staff will be accelerated.</li> </ul>	
<b>Progress</b> <ul style="list-style-type: none"> <li>• Despite Covid 19 work has continued on the New Greenock Health and Care Hub which will be completed in May 2021</li> <li>• Covid 19 has allowed new ways of working to be developed with many services now being delivered by a blended approach of face to face, and virtually through phone and near me/attend anywhere video conferencing</li> <li>• HSCP digital strategy work was extended and accelerated to support agile working across the HSCP. Agile working and the ability to deliver services remotely has been a key aspect of responding effectively to the pandemic.</li> <li>• Humanitarian Board established to support the local community throughout Covid 19.</li> <li>• Inverclyde Cares Board was developed to reach the vision of ensuring that Inverclyde is a caring, compassionate community working together to address inequalities and assisting everyone to live active, healthy and fulfilling lives.</li> <li>• Initial scoping work carried out by Inverclyde Cares Programme Board Coordinator who was in post for 6months during 20/21</li> <li>• Compassionate Inverclyde and Inverclyde Cares Programme Board combined into one for an initial two-year period to build capacity and momentum.</li> <li>• Communication and engagement by the HSCP with communities has continued throughout Covid 19 supported by CVS Inverclyde; YourVoice and the Council's CLD team.</li> </ul>	



<ul style="list-style-type: none"> <li>• Locality planning has been affected by Covid 19 with 4 out of the 6 Locality Community and Engagement Groups meeting online. Facebook sites; listening events all progressed as part of locality development.</li> <li>• Port Glasgow Locality Planning group held their inaugural meeting in November 2020 with support from YourVoice and discussed key issues related to recover including mental wellbeing; social isolation and food and fuel insecurity.</li> </ul>	
<p><b>Key areas for future focus</b></p> <ul style="list-style-type: none"> <li>• Increased focus is required to further develop all the Communication and Engagement Group in the six localities and plans are underway, working with the Council's CLD service and other key partners, for future HSCP Locality planning groups to be developed in Port Glasgow and Greenock.</li> </ul>	

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date: 21 June 2021</b>
<b>Report By:</b>	<b>Louise Long Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No: IJB/26/2021/AM</b>
<b>Contact Officer:</b>	<b>Anne Malarkey Head of Mental Health Addictions/Homeless</b>	<b>Contact No: 01475 715284</b>
<b>Subject:</b>	<b>HSCP INTERIM WORKFORCE PLAN 2021/22</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to seek approval of the enclosed interim workforce plan.

## **2.0 SUMMARY**

- 2.1 HSCPs are required by the Scottish Government to develop and publish a workforce plan which sets out the strategic direction for workforce development, service redesign and the resulting changes to our workforce.
- 2.2 The relevance of the workforce plan is to support the HSCP to deliver the priorities in the strategic plan and ensure appropriate staffing arrangements are in place across the HSCP.
- 2.3 Due to Covid 19 pandemic, the HSCP has agreed a revised set of strategic priorities aligned to the Strategic Plan which also reflect newly emerging priorities within the HSCP.
- 2.4 This interim workforce plan for 2021/2022 complements the HSCP workforce plan 2020 – 2024 and supports the IJB's strategic plan 2019 – 2024.

## **3.0 RECOMMENDATIONS**

- 3.1 It is the recommendation that the Integrated Joint Board;
1. Note the work done to date;
  2. Note and approve the attached workforce plan;
  3. Authorises the Chief Officers to issue Directions to the Council and Health Board on the basis of this report.

**Louise Long, Chief Officer**

## **4.0 BACKGROUND**

- 4.1 The Scottish Government Health and Social Care delivery plan set out an aspiration for high quality health and social care services in Scotland focussed on prevention, early intervention and supported self- management.
- 4.2 The HSCP needs to ensure that everyone receives the right help at the right time, not just now, but in the years to come as our society continues to change. Our approach to primary and community care on the one hand, and acute and hospital services on the other, should support the critical health challenges our society faces, not least with respect to an ageing population.
- 4.3 For community-based services, this will mean everyone should be able to see a wider range of professionals more quickly, working in integrated teams to ensure people receive high-quality, timely and sustainable support for their needs throughout their lives.
- 4.4 Through our workforce planning, service redesign and transformation processes the HSCP is keen to redesign services around communities to ensure that they have the right capacity, resources and workforce.
- 4.5 In January 2020 the Strategic Planning Group agreed that officers should replace the existing People Plan with a new workforce plan to meet legislative requirements and in line with the Strategic Plan roadmaps to ensure the HSCP is well placed to deliver its 6 Big Actions.
- 4.6 The enclosed interim workforce plan for 2021/2022 has been designed to respond to the ongoing challenges of Covid-19 as well as supporting the existing workforce plan for 2020 – 2024 and IJB's strategic plan 2019 – 2024.

## **5.0 WORKFORCE PLAN 2020 – 2024**

- 5.1 The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.
- 5.2 Nationally, the Scottish Government has made clear that the integration of health and social care is a critical component of its programme of reform. There are numerous national strategies that informed the priorities within this strategy and will inform its implementation. They include but are not limited to:
  - Everybody Matters 2020 Workforce Vision
  - Carers (Scotland) Bill 2015
  - Social Care (Self-directed Support) (Scotland) Act 2013
  - Public Bodies (Joint Working)(Scotland) Act 2014
  - The role of the 3rd sector interface
  - Social Service in Scotland a Shared Vision and strategy 2015-2020
- 5.3 The interim Workforce Plan 2021/2022 is attached at Appendix B, it looks at:
  - Short Term workforce drivers (living with Covid)
  - Medium Term workforce drivers
  - Embedding and supporting an organisational culture where all staff feel valued.
  - Staff feeling safe in their designated workplace.
  - Maintaining a sense of connectedness for staff with regards to their team,

- line manager and organisation.
- Where possible, providing staff with the tools and resources to perform their role in a blended approach.
- Provide staff with access to information and resources which sustains and improves their wellbeing.
- Stakeholder engagement
- Supporting the physical and psychological wellbeing of staff

5.4 This document acts as supporting documentation to the overarching workforce strategy. Specific workforce implications of any proposed service change and redesign will be clearly set out in HSCP service redesign and medium term financial plans which come to the IJB for approval.

5.5 The enclosed interim workforce plan has been circulated and discussed with the HSCP Staff Partnership Forum membership and agreed by the Strategic Planning Group in April 2021.

## 6.0 IMPLICATIONS

### FINANCE

6.1	<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report £000</b>	<b>Virement From</b>	<b>Other Comments</b>
	COVID			25K		Wellbeing monies SG

Annually Recurring Costs / (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact £000</b>	<b>Virement From</b>	<b>Other Comments</b>
Training Board			100k		To support training

### LEGAL

6.2 N/A

### HUMAN RESOURCES

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

## EQUALITIES

### 6.4 Has an Equality Impact Assessment been carried out?

	YES
	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?

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

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

### 6.6 NATIONAL WELLBEING OUTCOMES

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

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

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

## 7.0 DIRECTIONS

### 7.1

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

## 8.0 CONSULTATION

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

## 9.0 BACKGROUND PAPERS

- 9.1 None.

**INVERCLYDE HSCP  
STRATEGIC PLAN- 6 BIG ACTIONS 2020/2021  
EMERGING KEY PRIORITIES**

**Executive Summary**

**1.0 Introduction**

Due to the Covid pandemic a number of areas of work have had to be paused and reviewed while at the same time other areas have emerged as critical areas of work for the coming year.

It is recognised that the HSCP cannot maintain activity across the totality of the strategic plan next year.

The HSCP SMT have reviewed the current strategic plan and actions due for delivery in 2020/21 and developed an executive summary of the high level priorities during 2020/2021 while we manage the significant ongoing pressures presented by the on-going global pandemic.

This short executive summary covers two specific areas;

1. There are a number of key overarching themes emerged as a result of the pandemic. These are in section 2.0.
2. Section 3.0 captures the key areas of work by service that are now being prioritised for action in the remainder of 2020/2021 and beyond. We are narrowing our scope of activity to focus on the key areas of work that are critical to the sustained delivery and improvement of services. This will also ensure we focus on “Improving Lives” by focussing on improving outcomes for the people who require support.

**2.0 Overarching Themes**

<u>Themes</u>	<u>Narrative</u>
Covid 19 Live	We will need to plan for ongoing work relating to Covid assessment work and testing moving forward through the winter period and beyond. Flu and Track and Trace responsibilities
Covid 19 recovery	Our teams will continue to implement recovery steps where appropriate and taking account of any local or national lockdown arrangements. Specific guidance around social distancing and recovery plans are in place including office occupancy levels and desk sharing. The HSCP has a covid recovery group reflecting on changes resulting from covid with a view to include best practice and reviewing lessons learned.
Flu and Winter Planning	We will be working to ensure our

	normal winter period is planned for and we make best use of the resources we have. We will also be working to deliver the most significant immunisation for Flu across Inverclyde this winter.
Anti-Poverty work	£1m from anti poverty fund to be invested
Readiness of third sector to bid for contracts	Seeking advice from procurement about this issue and Market Facilitation Group to review this potential issue

### **3.0 Service Specific Priorities**

<b>Health &amp; Community Care</b>	
Access 1 <sup>st</sup>	We will complete our review of the Access 1 <sup>st</sup> test of change by March 2021.
Care at Home	We will commence our review of our internal care at home service by the spring of 2021
Unscheduled Care	We will work whole system to ensure we put plans in place to offer alternatives for the Inverclyde population to reduce unscheduled care pressures across the system
OOH review	We will work with Out of Hours team to develop a local solution for the OOH review.
New Learning Disability Hub	We will work to ensure we deliver our new Learning Disability Hub in Inverclyde by 2022 as planned.
<b>Mental Health, Addictions &amp; Homelessness</b>	
Homelessness Vision	We will prioritise and develop Key Housing and Homelessness services that will offer community support and will reduce homelessness. (BA4.21)
Rapid Rehousing Transition Plan (RRTP)	We will work with a range of partners to implement year 2 of the 5 year RRTP with particular focus on implementation of Housing First; review of temporary accommodation and scope supported accommodation requirements.
Alcohol and Drugs	We will complete the review of alcohol and drugs with a clear focus on building recovery communities and We will work with our ADP partners to delivery key actions of



	the Inverclyde Drug Related Death Prevention Strategy.
ADRS Redesign	We will implement the ADRS workforce redesign and implementation by December 2020 (dependant on Organisation Change process being agreed)
Mental Health Assessment Unit	We will work with the wider NHSGGC system and partners to determine the appropriate model for Inverclyde MHAU to meet local and national needs
Distress Brief Interventions (DBI)	We will work with partners to develop and implement The Distress Brief Intervention (DBI) initiative within Inverclyde
Dementia	We will prioritise and develop Key Mental Health Programmes that are critical to the sustained delivery and improvement of Dementia services
<b>Children, Families &amp; Criminal Justice</b>	
Care Review	Implement Promis from national review, develop action plan.
Women's Project for Justice	Big Lottery funded project, engaging women in the justice system in communities.
Development of the wellbeing service	£15m new monies nationally approximately £250k for service for children in Inverclyde.
<b>Clinical and Care Governance</b>	
Develop Action Plan for Clinical & Care Governance strategy	We will develop Key <b>Clinical and Care Governance Action Plan</b> to support delivery and improvement of services.
<b>Strategy and Support Services</b>	
Digital Development	HSCP digital strategy work has been extended and accelerated to support agile working across the HSCP. Agile working and the ability to deliver services remotely has been a key aspect of responding effectively to the pandemic
Capital Development including Health Centre	We have a number of live capital projects (new Greenock Health Centre and new LD Hub) that are key to service delivery. Work is able to progress, despite the pandemic, albeit at a slightly closer pace due to social distancing requirements. It is important that these projects continue to be delivered.

Replacement of the Social Care Records Management System (SWIFT) Development	<p>A robust social care record management system is vital to deliver services safely and effectively. The new system will ensure this can be delivered longer term and will also bring a number of additional benefits to services and service users as outlined in the Business Case and funding request reports to the IJB in March and Sept 2020.</p> <p>This IT project was agreed pre covid but has been further delayed as result of the pandemic. It is anticipated that Scotland Excel will finalise and publish the procurement framework for the system in Oct/Nov and work can recommence locally to procure and implement the system once that framework is available.</p>
Commissioning support to Care Homes	<p>Care Homes have faced unprecedented challenges during the pandemic. Governance and scrutiny of practices is heightened. Linked to this the Strategic Commissioning Team will continue to be required to provide support and enhanced monitoring to the sector for the duration of the pandemic.</p> <p>Looking at developing/building local care home hub.</p>
Community outreach will be supported	<p>Covid 19 has meant that a number of services are now being delivered virtually through phone, video conferencing and text reminders. Nearly 4000 keeping in touch calls made by Your Voice and Compassionate Inverclyde during the COVID19 crisis.</p> <p>To enhance information access the Inverclyde aspects of the Scottish Services Directory are still being developed</p>
Locality Planning	Establish virtual locality planning structures. Your Voice taking forward pilot in Port Glasgow
National Adult & Care Review	Consider report from national review adult care and any implications this may have for staff within the HSCP.

<p>Develop Inverclyde Cares</p>	<p>Inverclyde Cares will allow us to reach our vision of ensuring that Inverclyde is a caring, compassionate community working together to address inequalities and assisting everyone to live active, healthy and fulfilling lives.</p> <p>Inverclyde Cares Kindness Campaign is in early stages of development and anticipated to take place alongside launch of Inverclyde Cares in Spring 2021.</p> <p>Implement the high level workplan and seek approval on a strategic implementation plan.</p> <p>Finalise specification for changes to Inverclyde Life website</p>
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# **Inverclyde HSCP**

## **Interim Workforce Plan 2021/22**

## Section 1 – Background (Refer to Annex 1 for indicative Content)

The Inverclyde Health and Social Care Partnership (HSCP) does not directly employ staff but “it is responsible for coordinating services” as detailed within the published Integration Scheme.

The HSCP Strategic Plan (2020-24) sets out our vision of improving lives [Inverclyde Council | Health and Social Care Partnership Strategic Plan](#).

Everything we do to deliver that vision relies on our workforce, and this Workforce Plan is a sub-set of our overarching Strategic Plan.

As such, the Workforce Plan sets out how we will recruit, develop and retain the right people in the right place at the right time to deliver positive outcomes for Inverclyde. It outlines how we will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in Inverclyde. The paid HSCP workforce includes people with a range of health and social care backgrounds who are committed to working together in a single organisation, to improve the outcomes of those people who need health and social care support.

### **Our Vision and Strategic Direction**

**Our vision: Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.**

The Strategic Plan reinforces the values and principles that underpin our identity, and it is important to us that all of the Inverclyde health and social care workforce subscribes to these.

We are committed to our ambition of ‘Improving Lives’ and these commitments have still to be fully delivered to achieve this:

- Full implementation of the requirements of the Carers (Scotland) Act 2016
- Review of treatment rooms
- Learning Disability Services redesign
- Allied Health Professionals (AHP) review
- Full implementation of the Primary Care Improvement Plan
- Development of an Inverclyde Dementia Strategy
- Alcohol & Drug Recovery Services (ADRS) review
- Community Justice Partnership review
- Development of a cross-cutting public health approach
- Further development of Inverclyde Cares.

A number of the reviews above are largely completed.

These commitments are reflected in our Strategic Plan.

## Inverclyde HSCP – 6 Big Actions to deliver the Strategic



### Plan

All of these are woven through our strategic and operational, so it is fitting that they also underpin our Workforce Plan. These interlink and can be cross referenced with regulatory and scrutiny body codes of practice and professional standards. Our Strategic Needs Assessment which underpins this plan is available on our website.

Due to Covid 19 the HSCP has agreed a revised set of strategic priorities aligned to the Strategic Plan but which also reflect newly emerging priorities within the HSCP. A copy of these revised priorities is enclosed at Appendix A.

## Section 2 – Stakeholder Engagement (Refer to Annex 1 for indicative Content)

### Engagement & Participation

The Inverclyde HSCP Workforce Plan - agreed August 2020 was created in close liaison with our partners and stakeholders and we have agreed the following points to be delivered:

- Definition of the plan;
- Identify what change may look like;
- Describe the current workforce;
- Outline what the future workforce will need, in order to deliver the National Wellbeing Outcomes in Inverclyde;
- Highlight what actions we need to take to deliver the future workforce;
- Detail how change will be implemented, monitored and reviewed over the next five years.

We took a partnership approach in the development of our Workforce Plan. Our long-established collaborative approach breathes life into our strategic value of **“working better together”** with our local statutory, independent, voluntary, third and housing sector partners and Trade Unions, all of whom make a significant contribution to ensure that Inverclyde is a safe, secure and healthy place to live and work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair.

### **Section 3 - Supporting Staff Physical and Psychological Wellbeing (Refer to Annex 1 for indicative Content)**

The Workforce Wellbeing Matters delivery plan has been constructed in a very short space of time and has the overall aim of –

**“Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce”**

This is underpinned by a number of improvement actions, all of which are detailed in the plan.

Ensuring all staff working in health and social care stay safe and well is essential to support staff to deliver the best care to service users and their carers. This is augmented by providing resources and support at pace, so that workforce wellbeing and resilience is sustained and improved.

An organisation’s greatest asset is its workforce and every effort will be made to ensure there are appropriate, proactive and accessible resources to keep staff mentally and physically well and ensuring that everyone supports and pays attention to wellbeing needs on a daily basis.

The arrival of COVID-19 acted as a springboard, bringing about an incredible scale

and pace of transformation, and highlighting the enormous contribution of the entire Health and Social Care workforce and therefore, there is a collective responsibility to build on this momentum and continue to transform – keeping people at the heart of all that we are to achieve.

Research and evidence clearly recommend that a wide-scale staff process to identify needs is undertaken at different time points (3, 6 and 12 months). Moreover, staff who go on to develop mental health difficulties do not always request support from existing mechanisms many staff mental health difficulties have a late onset and often can present 6-18 months following the event.

The best current estimate, from work completed by psychology colleagues is that between 10-20% will go on to develop mental health difficulties over a period of 0-2 years.

A summary of the key themes from our Workforce Wellbeing plan are:

- Sustain Staff R&R Hubs, which were located mainly in acute settings throughout Greater Glasgow & Clyde and consider a staffing model (at least in the short term) that, would enable peer to peer support conversations and also to use the Hubs to raise awareness of all the support provision available.
- Flex the face to face Psychology Service to the needs of all health and social care staff groups/teams, who have been at the forefront of managing the pandemic.
- Continuation of the All Staff Helpline
- Develop training and use of Psychological First Aid by staff across Health & Social Care to enable more effective Peer Support conversations.
- Targeted use of Psychologist led team-based reflective practice models and also the roll out of Wellbeing Huddles
- Define arrangements with the Psychology Service for carrying out a Staff Mental Health Check-in and Assessment Process at 3, 6 and 12 month timescale and mental health assessment and treatment/care pathway.
- Consider what would be most effective support for Senior Leaders, identified as potentially high risk because they are not immune to stress caused by the crisis

The Inverclyde implementation of this plan has focused on a partnership working approach, in collaboration with staff side, 3rd and independent sector colleagues.



<b>Section 4 – Short Term Workforce Drivers (Living with COVID) (Refer to Annex 1 for indicative Content)</b>	
In our Workforce Wellbeing Matters plan we have identified our commitments over the coming months and years and the tables below represent how we will deliver these covering sections 4 and 5.	
Commitment 1	- Within the next 12 months
Commitment 2	- Up to 24 months
Commitment 3	- Up to 36 months
<b>Section 5 – Medium Term Workforce Drivers (Refer to Annex 1 for indicative Content)</b>	

<b>1. Primary Driver: Embed and support organisational cultures, where all staff are and feel valued</b>					
Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead
1.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>Supporting organisational vision and values for staff wellbeing, irrespective of an individual's role, if it is frontline or backroom, all are valid</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>Visibility of senior leadership teams</li> <li>Invest training for leaders – resilience training</li> <li>A Culture of inclusiveness and permission to care for oneself</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Adopt and support approaches to optimise away from screen time and ensure this is built into staff 'Keeping Well in Your</li> </ul>	Commitment 1	<p>HSCP Chief Officer/ CVS Inverclyde Chief Exec (Co-sponsors)/ Champion Lead</p>
					Green

	<ul style="list-style-type: none"> <li>Alleviate any feelings of guilt held by staff that they were not making an impact, in the same way as other staff</li> </ul>	and other that informs and permeates through the organisation	<ul style="list-style-type: none"> <li>Enable and support time for check-ins on own and colleagues wellbeing</li> </ul>	Commitment 1		
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## 2. Primary Driver: Staff feel safe in their workplaces

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
2.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>Reducing anxiety about exposure to and catching Covid-19 and potential impact on self, family, and service users</li> <li>Support and enable staff to be proactive about keeping themselves etc.</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>Physical environments are adapted to become Covid-19 compliant</li> <li>Systems in place to maintain adequate supply of PPE and staff able to have adequate access</li> <li>Appropriate risk</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Ensure there is training on the completion of Health &amp; Safety risk assessments that supports the current processes</li> <li>Recruitment and appropriate training of workplace</li> </ul>	<p>Commitment 1</p> <p>Commitment 1</p>	<p>Head of Health &amp; Community Care/ Champion Lead</p>	

	safe and thus build sense of safe workplace practices	assessments carried out, focusing on workplace environment(s), specific duties, and other work-related activities, which are kept under review and staff can access	Health & Safety Champions, which complements and supports existing processes. <ul style="list-style-type: none"> <li>Review communication approach to PPE, in terms of ensuring equity of use is in place for all staff</li> <li>Implement strict and effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.</li> </ul>	Commitment 1		
		<ul style="list-style-type: none"> <li>Infection risk and control</li> </ul>		Commitment 1		

3. Primary Driver: Staff maintain a sense of connectedness to their team, line manager and organisation						
Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
3.1	We will address – <ul style="list-style-type: none"><li>▪ Reduce feelings of isolation</li><li>▪ Promote peer support</li><li>▪ Sustain team identity and focus</li><li>▪ Promote understanding of organisational COVID response and importance of staff's role within this</li></ul>	We will embed and encourage – <ul style="list-style-type: none"><li>▪ Senior Leadership teams to review approach to communication that ensures consistency, balance, and accuracy</li><li>▪ Regular Team Meetings taking place, which are inclusive of all regardless of work location and routinely facilitates wellbeing discussions</li><li>▪ Regular supervision taking</li></ul>	We will – <ul style="list-style-type: none"><li>▪ Develop and forge stronger links to HSCP's Strategic Plan Big Action 6 (Building on strengths of our people and community)</li><li>▪ Create a system change to record organisational decisions are made and there is a subsequent impact on workforce health and wellbeing, e.g., as part of committee</li></ul>	Commitment 1	Chief Officer/ Heads of Service (Co sponsors) / Champion Lead	
				Commitment 1		

[illegible]

			<ul style="list-style-type: none"> <li>Team Wellbeing Huddles</li> <li>Support Bubbles (for common interests)</li> </ul>			
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#### 4. Primary Driver: Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
4.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>Facilitate agility in responding to changing personal, organisational and community</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>Identify appropriate solutions that enables equity of access to online</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Work with the HSCP's Digital Strategy</li> <li>Develop local Z-card information</li> <li>Continue to</li> </ul>	<p>Commitment 2</p> <p>Commitment 1</p>	Head of Finance, Planning & Resources / Champion Lead	

	circumstances arising from covid-19 pandemic	<p>information and resources, for staff who may not have readily available internet access</p> <ul style="list-style-type: none"> <li>▪ Work with the respective Communications and ITC departments to undertake an audit and identify gaps in provision of devices for all staff</li> <li>▪ Ensure there is a consistent approach in the use of software that enables all staff to undertake their work, with gaps identified, with an action plan to resolve</li> </ul>	influence National and GGC-wide direction of travel	<p>Commitment 1</p> <p>Commitment 2</p>		
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[illegible]

## **Section 6 – Supporting the workforce through transformational change (Refer to Annex 1 for indicative Content)**

It is evident from research that the recruitment and retention of staff in health and social care sectors has become a challenge. There are real issues in terms of a lack of available trained staff, especially psychiatrists, nurses and mental health officers. This is being experienced across the country due to a national shortage of staff and an ageing workforce. The COVID-19 pandemic has increased that pressure in some qualified roles, which are in high demand nationwide, but may increase the availability of people for other roles.

The focus during the pandemic on Health and Social Care services and the “Clap for Carers” initiative showed the country the incredible job those in Health and Social Care do. Initial recruitment went up as more people indicated an interest in moving into this field, especially in the areas of Homecare and Residential Children’s Services.

Our challenge is to identify what we should change in terms of current service models, and what actions we can take in order to continue to attract people into the health and social care sectors and in particular to Inverclyde. We will:

- equip our staff with the skills they need to deliver better outcomes for them and our service users.
- enable and up skill all of those who need support, focusing on their abilities and what they can do, rather than limitations.
- consider ways in which we can make careers in Health & Social Care in Inverclyde more attractive.
- consider options to make the best use of our resources to deliver our services in the most effective and efficient way.

We collect information about the reasons why people leave the HSCP using a questionnaire. The aim of this is to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

Recruitment will include a robust selection process and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role. We want to ensure that Inverclyde HSCP is the place to work, succession planning and supporting staff in developing a career path to support the retention of our skilled staff is a priority.

As our HSCP has developed, so has our approach to service redesign. We now have full agreement that all service redesign proposals come to the Strategic Planning Group (SPG) so that they can be understood in the wider context of the delivery of the Strategic Plan. Service Redesigns are overseen by individual Project Boards and the Transformation Board.

Our Workforce Plan will be overseen by the SPG with linkage into the Staff

Partnership Forum (SPF). We will develop our workforce and grow the necessary skill base by utilising trainee and leadership development schemes, where appropriate.

A Learning & Development Group, chaired by the Chief Social Work Officer (CSWO) is being set up in 2021 to support ongoing succession planning and staff development within the Partnership. The IJB has approved the creation of a training fund to support the work of this Learning & Development Group.

As we move through the delivery of our Strategic Plan, and following the pandemic there is a need to reconsider how some of our services are delivered, to ensure we are delivering the right services to the right people in the most effective way possible. Our Workforce Plan will be updated as required, depending on decisions made by the IJB about future service redesigns. Such updates will take account of:

- Staff roles
- Skills required
- Workplace from which care is delivered
- Pattern of work required to support our service users
- Training/upskilling our current workforce through PDP/TURAS
- Technology and digital opportunities investing in training for staff

**INVERCLYDE HSCP  
STRATEGIC PLAN- 6 BIG ACTIONS 2020/2021  
EMERGING KEY PRIORITIES****Executive Summary****1.0 Introduction**

Due to the Covid pandemic a number of areas of work have had to be paused and reviewed while at the same time other areas have emerged as critical areas of work for the coming year.

It is recognised that the HSCP cannot maintain activity across the totality of the strategic plan next year.

The HSCP SMT have reviewed the current strategic plan and actions due for delivery in 2020/21 and developed an executive summary of the high level priorities during 2020/2021 while we manage the significant ongoing pressures presented by the on-going global pandemic.

This short executive summary covers two specific areas;

1. There are a number of key overarching themes emerged as a result of the pandemic. These are in section 2.0.
2. Section 3.0 captures the key areas of work by service that are now being prioritised for action in the remainder of 2020/2021 and beyond. We are narrowing our scope of activity to focus on the key areas of work that are critical to the sustained delivery and improvement of services. This will also ensure we focus on “Improving Lives” by focussing on improving outcomes for the people who require support.

**2.0 Overarching Themes**

<u>Themes</u>	<u>Narrative</u>
Covid 19 Live	We will need to plan for ongoing work relating to Covid assessment work and testing moving forward through the winter period and beyond. Flu and Track and Trace responsibilities
Covid 19 recovery	Our teams will continue to implement recovery steps where appropriate and taking account of any local or national lockdown arrangements. Specific guidance around social distancing and recovery plans are in place including office occupancy levels and desk sharing. The HSCP

	has a covid recovery group reflecting on changes resulting from covid with a view to include best practice and reviewing lessons learned.
Flu and Winter Planning	We will be working to ensure our normal winter period is planned for and we make best use of the resources we have. We will also be working to deliver the most significant immunisation for Flu across Inverclyde this winter.
Anti-Poverty work	£1m from anti poverty fund to be invested
Readiness of third sector to bid for contracts	Seeking advice from procurement about this issue and Market Facilitation Group to review this potential issue

### **3.0 Service Specific Priorities**

<b>Health &amp; Community Care</b>	
Access 1 <sup>st</sup>	We will complete our review of the Access 1 <sup>st</sup> test of change by March 2021.
Care at Home	We will commence our review of our internal care at home service by the spring of 2021
Unscheduled Care	We will work whole system to ensure we put plans in place to offer alternatives for the Inverclyde population to reduce unscheduled care pressures across the system
OOH review	We will work with Out of Hours team to develop a local solution for the OOH review.
New Learning Disability Hub	We will work to ensure we deliver our new Learning Disability Hub in Inverclyde by 2022 as planned.
<b>Mental Health, Addictions &amp; Homelessness</b>	
Homelessness Vision	We will prioritise and develop Key Housing and Homelessness services that will offer community support and will reduce homelessness. (BA4.21)
Rapid Rehousing Transition Plan (RRTP)	We will work with a range of partners to implement year 2 of the

	5 year RRTP with particular focus on implementation of Housing First; review of temporary accommodation and scope supported accommodation requirements.
Alcohol and Drugs	We will complete the review of alcohol and drugs with a clear focus on building recovery communities and We will work with our ADP partners to delivery key actions of the Inverclyde Drug Related Death Prevention Strategy.
ADRS Redesign	We will implement the ADRS workforce redesign and implementation by December 2020 (dependant on Organisation Change process being agreed)
Mental Health Assessment Unit	We will work with the wider NHSGGC system and partners to determine the appropriate model for Inverclyde MHAU to meet local and national needs
Distress Brief Interventions (DBI)	We will work with partners to develop and implement The Distress Brief Intervention (DBI) initiative within Inverclyde
Dementia	We will prioritise and develop Key Mental Health Programmes that are critical to the sustained delivery and improvement of Dementia services
<b>Children, Families &amp; Criminal Justice</b>	
Care Review	Implement Promis from national review, develop action plan.
Women's Project for Justice	Big Lottery funded project, engaging women in the justice system in communities.
Development of the wellbeing service	£15m new monies nationally approximately £250k for service for children in Inverclyde.
<b>Clinical and Care Governance</b>	
Develop Action Plan for Clinical & Care Governance strategy	We will develop Key <b>Clinical and Care Governance Action Plan</b> to support delivery and improvement of services.
<b>Strategy and Support Services</b>	
Digital Development	HSCP digital strategy work has been extended and accelerated to support

	<p>agile working across the HSCP. Agile working and the ability to deliver services remotely has been a key aspect of responding effectively to the pandemic</p>
Capital Development including Health Centre	<p>We have a number of live capital projects (new Greenock Health Centre and new LD Hub) that are key to service delivery. Work is able to progress, despite the pandemic, albeit at a slightly slower pace due to social distancing requirements. It is important that these projects continue to be delivered.</p>
Replacement of the Social Care Records Management System (SWIFT) Development	<p>A robust social care record management system is vital to deliver services safely and effectively. The new system will ensure this can be delivered longer term and will also bring a number of additional benefits to services and service users as outlined in the Business Case and funding request reports to the IJB in March and Sept 2020.</p> <p>This IT project was agreed pre covid but has been further delayed as result of the pandemic. It is anticipated that Scotland Excel will finalise and publish the procurement framework for the system in Oct/Nov and work can recommence locally to procure and implement the system once that framework is available.</p>
Commissioning support to Care Homes	<p>Care Homes have faced unprecedented challenges during the pandemic. Governance and scrutiny of practices is heightened. Linked to this the Strategic Commissioning Team will continue to be required to provide support and enhanced monitoring to the sector for the duration of the pandemic.</p> <p>Looking at developing/building local care home hub.</p>
Community outreach will be supported	<p>Covid 19 has meant that a number of services are now</p>

	<p>being delivered virtually through phone, video conferencing and text reminders. Nearly 4000 keeping in touch calls made by Your Voice and Compassionate Inverclyde during the COVID19 crisis.</p> <p>To enhance information access the Inverclyde aspects of the Scottish Services Directory are still being developed</p>
Locality Planning	Establish virtual locality planning structures. Your Voice taking forward pilot in Port Glasgow
National Adult & Care Review	Consider report from national review adult care and any implications this may have for staff within the HSCP.
Develop Inverclyde Cares	<p>Inverclyde Cares will allow us to reach our vision of ensuring that Inverclyde is a caring, compassionate community working together to address inequalities and assisting everyone to live active, healthy and fulfilling lives.</p> <p>Inverclyde Cares Kindness Campaign is in early stages of development and anticipated to take place alongside launch of Inverclyde Cares in Spring 2021.</p> <p>Implement the high level workplan and seek approval on a strategic implementation plan.</p> <p>Finalise specification for changes to Inverclyde Life website</p>



**INVERCLYDE INTEGRATION JOINT BOARD  
DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

1	Reference number	IJB/26/2021/AM
2	Report Title	HSCP Interim Workforce Plan 2021/22
3	Date direction issued by IJB	21/06/21
4	Date from which direction takes effect	22/06/21
5	Direction to:	Council and Greater Glasgow & Clyde Health Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes plan 2020/21. It is a supporting document to overarching Workforce Strategy
7	Functions covered by direction	
8	Full text of direction	NHS, Council and NHS GG&C jointly are directed to implement the requirements of the Inverclyde HSCP Interim Workforce Plan as attached as appendix B to the report and within the associated budget outlined in the report.
9	Budget allocated by IJB to carry out direction	£100,000 training board, £50,000 wellbeing (covid) monies
10	Outcomes	Staff remain effective/efficient and at work. The wellbeing on staff is focused upon
11	Performance monitoring arrangements	Monitored by Staff Partnership Forum and IJB Strategic Planning Group
12	Date direction will be reviewed	December 2021

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date: 21 June 2021</b>
<b>Report By:</b>	<b>Louise Long Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No: IJB/27/2021/HMacD</b>
<b>Contact Officer:</b>	<b>Dr Hector MacDonald, Clinical Director</b>	<b>Contact No: 01475 715284</b>
<b>Subject:</b>	<b>ANNUAL REPORT CLINICAL AND CARE GOVERNANCE 2020-2021.</b>	

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## **1.0 PURPOSE**

- 1.1 This report provides a summary of the yearly activity of the Clinical and Care Governance Group for 2020-2021. 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.
- The report covers the response to Covid -19 and the main areas of priority for Inverclyde HSCP in responding to the global pandemic and the significant and ongoing challenges for services and staff.

## **2.0 SUMMARY**

- 2.1 The report covers the work of the Clinical and Care Governance Group for 2020-2021

## **3.0 RECOMMENDATIONS**

- 3.1 Members of the IJB are asked to approve the annual report.
- 3.2 Members of the IJB are asked to note the Clinical and Care Governance Strategy Work Plan for the Inverclyde HSCP.

**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.
- 4.3 An outstanding action was to bring back the Clinical Care Governance Strategy Workplan to the IJB. There are groups within each service area which align to specific key priorities.
- 4.4 The Clinical Care Governance Strategy Workplan summaries the priorities for Clinical and Care Governance actions for the Inverclyde HSCP.

## 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 n/a

### 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?

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

### CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 There are no 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. The work for next year's Annual Report will cover the impact of the Clinical and Care Governance Strategy and Action Plan.

### 5.6 NATIONAL WELLBEING OUTCOMES

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The Clinical & Care Governance Strategy and Workplan supports high quality care is person

	centred.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
Health and social care services contribute to reducing health inequalities.	Robust Clinical Care Governance contributes to addressing inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People using health and social care services are safe from harm.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
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.	Clinical Care Governance framework supports continuous improvement
Resources are used effectively in the provision of health and social care services.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.

## 6.0 DIRECTIONS

### 6.1

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

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

## 8.1 Inverclyde HSCP Clinical and Care Governance Strategy Work Plan: 2021 -2022



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## **Inverclyde Health and Social Partnership**

### **Clinical and Care Governance Annual Report 2020 - 2021**

Principal Author:	Dr Hector MacDonald
Co-Authors:	Annemarie Long, Clinical and Care Governance Facilitator
Approved by:	
Date approved:	

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## **1.0 Introduction**

**1.1** The Clinical and Care Governance Annual Report for 2020 -2021 will reflect the work of Inverclyde HSCP in response to the Covid -19 pandemic and the process for assurance regarding standards and quality of care for this unprecedented year.

**1.2** The Annual Report for Clinical and Care Governance 2020 -2021 will provide a concise overview of the main areas of activity for governance arrangements and the main challenges for the Covid -19 recovery phase for IHSCP. There will be a focus on Safe, Effective and Person Centred Care for the report.

**1.3** On 23rd March 2020 Scotland moved into lockdown in response to the Covid-19 pandemic. Almost all IHSCP services continued to be offered in a reduced capacity and/or using a blended approach using technology, telephone and video call facilities alongside home visiting and working from home.

**1.4** The unprecedented response from our staff and local citizens to the challenge that came with Covid-19 has been both innovative and compassionate. Despite the terrible impact the virus has had, the responses across Inverclyde community and services has been and continues to be phenomenal and provides a solid foundation upon which to build.

## **2. Clinical and Care Governance arrangements 2020-2021**

**2.1** The Clinical and Care Governance Group scheduled for 14<sup>th</sup> April 2020 was cancelled due to the operational focus on Covid-19.

**2.2.** This cancelled meeting took place on 26<sup>th</sup> May 2020 and primary focus was the clinical and care governance arrangements for the Recovery Plan. The Clinical and Care Governance Group met on the 30<sup>th</sup> June 2020, 21<sup>st</sup> July 2020, 20<sup>th</sup> October 2020 and 23rd February 2021.

The three local clinical care and governance groups for IHSCP (Mental Health, Alcohol and Drug Recovery and Homelessness; Health and Community Care and Children's Health and Criminal Justice) resumed their meeting schedule towards the end of 2020. The Clinical and Care Governance Strategy of September 2020 and the Work Plan due to be discussed at the IJB June 2021 highlights the work to be undertaken for each clinical and care governance group to develop their own work plans. This will include an annual update to the IJB on progress on the identified clinical and care governance priorities for IHSCP.

The response to the crisis was as follows;

### **2.3.1 Initial Governance arrangements**

As part of the civil contingency planning IHSCP established a Local Resilience Management Team (LRMT) to oversee and monitor delivery of local services across Inverclyde; to provide timely response to emerging issues at a local level, and provide guidance to staff working under exceptionally difficult circumstances. The Local Resilience Management Team reports to the Council's Management Resilience Team.

The Team reviewed national guidance as it was issued by National agencies, interpreted the service requirement and implemented it safely. The LRMT, chaired

by the Chief Officer was established and included key senior managers from the HSCP, local authority, Third Sector, Trade Unions and other key partners.

The equivalent structure within NHS Greater Glasgow and Clyde is the Strategic Executive Group which met daily. A Tactical Group with six Chief Officers from the respective partnerships within NHS Greater Glasgow and Clyde, Public Health, Out of Hours, Clinical and Professional leadership and Staff Partnership met daily.

### **2.3.2 Current situation**

The flowing groups were established during Covid to coordinate the HSCP's response:

- A Resilience Local Management Team met 2 days per week on Monday and Friday.
- The Senior Management Team met weekly every Wednesday with a daily Senior Management Team huddle.
- The NHS Board remobilisation and Council Organisation Plan have been developed to support NHS / Council recovery. The IJB Strategic Plan has 104 actions within the six big actions to be taken forward over the next three years.
- IHSCP Recovery Group and the Strategic Planning Group will monitor recovery.
- The Local Resilience Management Team, a multi-disciplinary group linking to CRMT initially met daily, weekly and now meets 6 weekly until we move out of the pandemic.
- The Public Protection Chief Officers Group met at an increased frequency of every six weeks .This will be reviewed in June 2021
- Tactical Group with six Partnership Chief Officers, Public Health, Out of Hours, Clinical and Professional leadership and Staff Partnership now meet twice weekly.

## **2.4 Covid -19 Strategic Response**

**2.4.1** The focus for IHSCP was to develop a Covid-19 Recovery Strategy and Action Plan and a Business Continuity Plan. IHSCP quickly initiated its Business Continuity Plan to ensure core service delivery would continue. During the global pandemic. IHSCP and other partners have risen quickly to the challenges faced yet there are clear lessons to be learned from the pandemic response as we move through recovery.

## **2.5 IHSCP Interim Operating Arrangements**

In line with Government direction to observe social distancing, key services and tackling Covid-19, all IHSCP offices were initially closed. Staff continue to work exceptionally hard under very challenging conditions to ensure core services are delivered.

Across IHSCP services are being delivered by using technology, phone contact or visiting by a blended model. The intention is to continue to use all three methods of delivery, but increase visiting to vulnerable people and families.

Key HSCP services have continued to visit service users in their homes since the start of the pandemic.

Covid-19 has fundamentally changed the way the HSCP normally operates and delivers local services. In line with national guidance, where possible we are supporting our staff to work from home utilising technology. Inverclyde HSCP services continue to work flexibly and there is a rota in place so no more than half of the staff teams are in office at any one time.

The Chief Officer provides weekly updates to the Chair and Vice Chair of the IJB as part of the interim operating arrangements to discuss/agree consistent way to manage health services.

## **2.6 Service Hubs**

In response to the lockdown, IHSCP moved rapidly from normal operating models to service hubs to response to the combined increases in demand for services and decrease in availability of staff to deliver those services. The five service hubs were operational from March 2020 and operating under three key principles:

- To keep people healthy
- To manage and provide services that are safe to do so
- To deliver key services by telephone contact with visits arranged only when required

The five key service delivery hubs were:

- Adult services (Access 1st, Assessment & Care Management (ACM) based at Port Glasgow Health Centre)
- Children, Families and Criminal Justice services based at Hector McNeil House
- Mental Health services based at Crown House
- Alcohol & Drug recovery services based at Wellpark
- Homelessness service based at the Inverclyde Centre

Each hub had a Standard Operating Procedure (SOP) in place and in order to support social distancing measures, each has developed virtual hubs that allow staff to work both remotely and from home.

Each service area has developed their service response over the period of the pandemic with most gradually moving increasingly toward a “normal” service structure. Learning from utilising the hub model has meant that some services have retained those elements that were effective, most notably the rostering of staff. However in general most service areas have returned or are returning to pre - pandemic service structure.

## **2.7 Operational Log**

To support our preparedness for Covid-19, IHSCP developed an Operational Log outlining potential and known impact on local services. This has enabled us to focus on stepping down some non-essential services, redeploying staff to support key service delivery, moving to a 5 hub based service, and increasing capacity to meet

demand such as purchase of additional care home beds to provide intermediate care for people coming out of hospital following discharge, and revise some of our normal operational activities to support people through different practices.

The Operational Log was no longer required from March 2021.

### **3. Safe**

#### **3.1 Support to Care Homes**

The global Covid -19 Pandemic of 2020/21 has proven to be a challenge to both the function of IHSCP in terms of how services operated in a socially distanced and infection controlled environment as well as the emotional impact on colleagues as they supported our community through an unprecedented public health challenge. Nursing and residential care homes very quickly at the onset of the pandemic were highlighted as an area of particular vulnerability resulting in an increased level of hospital admission and mortality. To support this challenge required close partnership working between IHSCP and commissioned care homes services to give support in infection control procedures, the sourcing and provision of appropriate personal protective equipment (P.P.E), a robust Covid -19 testing and reporting regime and a successful vaccination program of service users and health and social care staff.

To maintain a high level of support and confidence to nursing and care homes for older people, a daily care home safety huddle meeting was established which linked directly with adult services to support the care home community. This huddle interfaced with a weekly care home manager's meeting and NHS Greater Glasgow and Clyde Care Home Governance and Assurance Group. The support offered to Care Homes has meant regular contact and access to nursing staff, social workers and the contract monitoring team. This support is overseen by the weekly multi-disciplinary meeting (attended by the Care Inspectorate and Public Health, chaired by the Chief Officer) and a daily safety huddle chaired by the Head of Service (Health and Community Care) and attended by key officers of IHSCP.

As of May 2021 this structure has supported Inverclyde nursing and residential care homes to maintain a high level of performance where:

- All care homes are open to meaningful contacts and visiting
- All care home are open to admissions
- There are currently no Covid -19 outbreaks in any care home within Inverclyde.
- Testing of staff and residents continues

In Inverclyde there is an existing partnership approach between providers and IHSCP. It is this good relationship that has allowed continued high level performance around discharges from Hospital.

The Commissioning Team currently undertake regular calls to check on the welfare of the home and its Manager/Staff and supplies, provide information and advice on the latest guidance/information available from the Scottish Government/Public Health Scotland. Any concerns or significant events are reported to the Commissioning

team daily. This allows IHSCP to “traffic light” providers and direct support to the care homes most in need.

IHSCP wants to support Local Authority, independent and Third Sector care home providers to protect their staff and residents, ensuring that each person is getting the right care in the appropriate setting for their needs. IHSCP recognises how important it is for care homes to have access to the right knowledge, staff and resources so they are equipped to deliver care at all times.

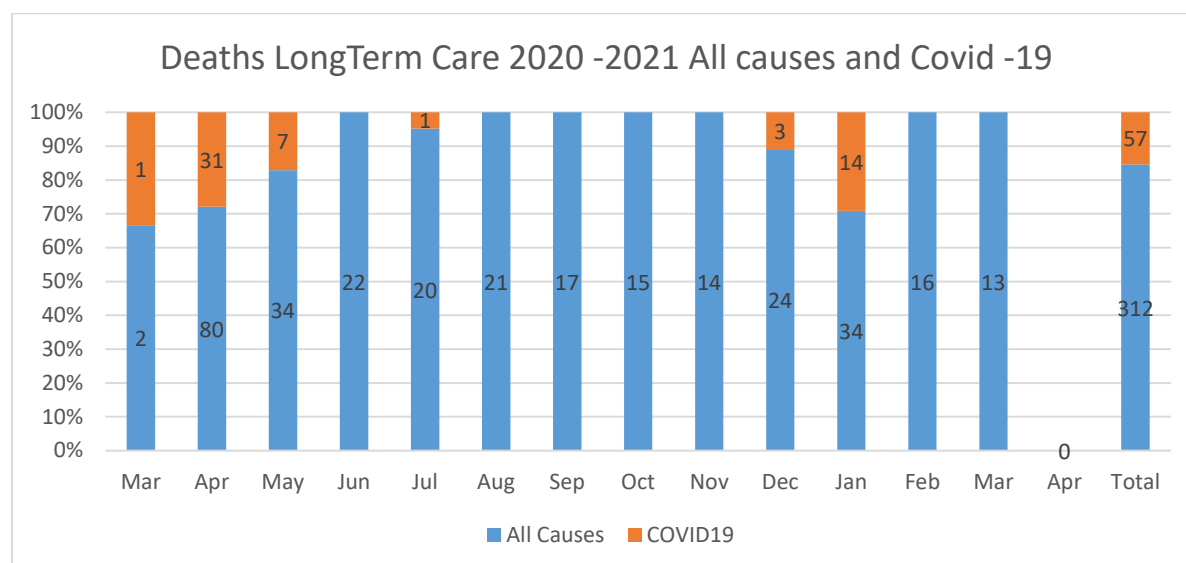
The impact of Covid -19 for long term care is summarised in Table 1, which shows the deaths in Long Term Care for Inverclyde. The proportions of deaths from Covid -19 are shown in the table. There were no deaths recorded 1<sup>st</sup> April 2021.

There were 232 deaths for all causes for 2019 – 2020 and 312 for 2020-2021. This represents an increase of 34.48%.

Between the 1st April 2020 and 31<sup>st</sup> March 2021 (inclusive) 18% of deaths in an Inverclyde care home were Covid-19 related. At the height of the first wave of the pandemic Covid-19 related deaths were at 37%.

Close partnership working between Care Home Providers and IHSCP has resulted in a coordinated approach in protecting our most vulnerable residents in Inverclyde and supporting care homes locally during the pandemic.

**Table 1. Deaths Long Term Care 2020 -2021 – all causes and Covid -19**



The up to date vaccination response is shown below for all 13 Older People’s Care Home, as of the 7<sup>th</sup> May 2021.

### Older People Care Homes

1st Vaccination - 96% of Residents and 86% Staff  
 2nd Vaccination - 93% of Residents and 80% Staff

### Adult Care Homes

1st vaccination - 98% of residents and 61% of staff

2nd vaccination – 95% of residents and 40% of staff

### **3.2 Enhanced Care Home Support**

The Office of the Chief Social Work Adviser has put into place via IHSCP Chief Social work Officer a process to offer extra assurance and support to Care Homes. This is a two part process which reports back findings via IHSCP daily care home huddle and IHSCP's Multidisciplinary Care Home Meeting. This is a tripartite process consisting of care assurance review by the Head of Health and Community Care, The Chief Social Work Officer and the Chief Nurse with support from the relevant officers.

This approach will reduce disruption and footfall in care homes to minimise infection control risk as well as ensuring a greater degree of quality and assurance and holistic approach. This process has seen the ongoing review of the care and support for all residents within Inverclyde's nursing and residential care homes. IHSCP has a statutory responsibility to review all residents on an annual basis, but due to the pandemic this has not been possible to be undertaken in the traditional way, so an intensive programme of reviews are currently taking place. This has required an increased social worker capacity and resources to complete reviews within the agreed timescales and funding has been agreed with the Scottish Government. This will require increased capacity and resources to complete within tight timescales and funding has been agreed with the Scottish Government

Focus on Care Home Assurance Visits include the following

- Wellbeing and Practical Support for Residents, Manager and Staff
- Quality of health and care needs for residents
- Open with Care – contact between residents and those who matter to them
- Infection Prevention and Control
- Workforce. Leadership and Culture
- Feedback on HSCP Support throughout the Pandemic
- Feedback on HSCP services (Adult Support and Protection Team, Care Home Liaison Nursing Team (adult and older peoples services) District Nursing and Commissioning Team)
- Support requirements moving forward

A communication from the Chief Nursing Office (CNO) and CSWO on 28<sup>th</sup> May 2020 clarified that there were no change to the extant Chief Officers or Chief Social Work Officers responsibilities or accountabilities. However, additional requirements regarding accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of PPE and quality of care required a new model of support to be developed.

The assurance visits to all older people's care homes are nearing conclusion. Key themes and learning from the visits will be shared at the NHS Greater Glasgow and Clyde Care Home Assurance group. This information will assist in informing the work plan for the two Care Home Collaborative which are currently being established to support the Care Home Community. One will be situated in Glasgow City HSCP and the other will serve all non-Glasgow partnerships. IHSCP will lead on the Care Home Collaborative model for the whole system. Each collaborative will be supported by a multidisciplinary team to ensure there is comprehensive support for care homes both proactively, and in response to issues raised. A Care Home Collaborative Programme Board, co-chaired by the Director of Nursing and IHSCP Chief Officer, has been set up to provide leadership and oversight for the model. The collaborative will ensure consistent communication across the system, oversee resource allocation and will set and monitor outcomes against plans.

It is important to take the opportunity to confirm the overall quality of care within the care homes was very good and that leadership has been visible at all levels.

The care home managers and their deputies have been required to respond to the significant demands placed upon them as a result of the pandemic. The continual changing priorities coupled with the uncertainties in relation to the transmission of the virus whilst maintaining focus on caring for residents and keeping them safe has been exceptionally challenging. The care home managers and their staff are to be commended for their exceptional hard work, dedication, professionalism and the significant contribution they have made in keeping residents, staff and visitors safe.

Sir Gabriel Woods Home (The Mariners) closed in February 2021 after a history of 166 years of provision of care.

This was a distressing time for residents their families and staff. IHSCP worked closely with the Sailors society to ensure the transition was dealt with in a measured and proportionate way. The 28 residents were all reviewed and supported to choose a care home of their choice (or their Guardians choice in cases where the resident lacked capacity} in Inverclyde or closer to family members.

This was a complex and intense piece of work that was completed successfully and on time to ensure the best possible outcomes for the service users.

### **3.3. Covid -19 / Influenza Vaccination and Testing facilities**

The primary care team worked collaboratively with partners across a range of agencies to develop and implement new services ensuring operating process and governance structures were in place as required. Mass flu vaccination clinics with local town halls were delivered in conjunction with a range of colleagues in NHS Greater Glasgow and Clyde, Inverclyde Leisure, Inverclyde Council, local GP practices and third sector who provided volunteers to assist on site. Uptake of flu vaccination in Inverclyde was higher than in previous years. The learning from this was instrumental in delivering the local Covid -19 vaccination programme. IHSCP remains responsible for vaccination of all housebound individuals unable to attend a GP practice or vaccination centre.



IHSCP were the only HSCP in NHS Greater Glasgow and Clyde to develop a local site for staff testing which was in direct response to the initial surge of cases experienced in the local area. A drive through site with associated operating processes was developed at Port Glasgow Health Centre covering all health & social care staff. The learning from this was used to develop the of the local care home testing programme. Many staff were seconded from their usual roles to deliver these new services, learning new skills and working in a flexible way to respond as necessary.

### **3.4 Adult Influenza Vaccination Campaign**

The seasonal flu vaccination campaign starts around the first week of October each year and those adults eligible include everyone over 65 and those under 65 in at risk categories. In addition, all NHS staff can receive a flu vaccination at work and IHSCP extends this to social care colleagues, encouraging those staff with public facing roles such as care at home in particular to take this up.

GP practices deliver the majority of adult flu vaccinations through planned flu clinics in hours and at weekends/ evenings and opportunistically in routine appointments.

District Nurses contributed to the vaccination of housebound individuals. Most vaccinations are given within a 10 week window October to December. In Inverclyde around 29,000 people are in the eligible cohort. Uptake varies and we can usually expect to administer around 17-18,000 vaccines. Around 500 staff vaccines are also administered.

This year we faced a much bigger challenge in delivery due to the social distancing requirements precluding the usual mass clinics within small and shared premises, additional PPE requirements, the addition of more eligible groups and the potential for an ongoing campaign should a Covid -19 vaccine become available within this timescale.

The addition of those between 55 and 64, additional social care staff and household members of those in the shielding group mean the Inverclyde cohort this year is increased to at least 44, 500. It is expected that the demand for flu vaccination will increase this year due to the Covid -19 pandemic and therefore for planning assumptions we estimate administration of around 25,000 vaccines across GPs and HSCP, a huge increase on previous years.

The HSCP began vaccinating those over 65 on 29th September 2020 in the following venues:

- Greenock Town Hall (29 September 2020 to 11 December 2020)
- Port Glasgow Town Hall (29 September 2020 to 23 October 2020)
- Gamble Halls (12 October 2020 to 30th October 2020)
- Kilmacolm Community Centre (29 September 2020 to 9 October 2020)

### **3.5 Community Assessment Centre**

The Greenock Health Centre based Community Assessment Centre (CAC) opened in March 2020 as part of NHS Greater Glasgow and Clyde's response to the Scottish Governments recommendation for a Covid -19 respiratory pathway. The Assessment centres worked in tandem with telephone triage hubs and hospital based Specialist

Assessment and Treatment Areas (SATA) to ensure patients with suspected Covid - 19 were assessed promptly and where possible away from those being treated for non Covid -19 conditions. The Community Assessment Centre was staffed by GPs, nurses and administrative staff redeployed from other services.

The Community Assessment Centre was monitored by the Hubs and Assessment group which reported to the Chief Officers Tactical Group.

Throughout 2021 the Greenock Assessment Centre saw reducing numbers of patients in line with decreased local cases of Covid-19.

Week ending 8/1/2021	7 patients
Week ending 15/1/2021	7 patients
Week ending 16/4/2021	1 patient
Week ending 23/4/2021	2 patients

The assessment centre in Greenock closed on 7/5/2021 due to reduced demand and at present patients needing this service attend Linwood Health Centre with transportation provided if needed

A You Tube video was created for the Inverclyde Community Assessment Centre at Greenock Health Centre when it opened. This gave the public a guide of what to expect if they had to attend.

<https://www.youtube.com/watch?v=Lb2Tjx4anWQ>

### **3.6 Out of Hours**

Out of Hours GP services resumed in Inverclyde on Saturday 15th May 2021 offering initially a Saturday Morning Service (8 am to 2pm). It will be staffed by GP's and Advanced Nurse Practitioners and offer a combination of face to face and remote consultations by appointment via NHS 24. The service will be regularly reviewed by a group comprising of members of IHSCP management team along with senior members of the Out of Hours service to ensure sustainability and potential to expand hours. The service is based in Inverclyde Royal Hospital.

## **4. Effective Care**

### **Service Updates**

#### **4.1 Learning Disability Services**

Community Learning Disability provides services to over 300 people. A number of people's packages were altered due to Covid -19 as day centres, colleges and clubs closed. The day centres will open on 11th August 2020, however this will be at reduced capacity meaning that more individual support packages will be required. This is also an opportunity to provide more short-term intensive support packages to support/promote independence with a view that we could reduce demand in the longer term. Robust review and support processes need to be put in place. The service requires 1 additional social worker and 1 additional support worker, both for 8 months, to take this Covid -19 recovery work forward.

Learning Disability Day Services based at the Fitzgerald Centre ceased building-based support in mid-March 2020 as it became apparent that a sustained community transmission of Covid-19 was in progress and that day centres with physically vulnerable adults could be a potential source of community transmission.

During this period Learning Disability Day Services have regularly contacted service users and carers to ensure critical support including meal provision where appropriate has been maintained. Feedback from carers and services users during this difficult period has confirmed the importance of building-based Day services in the provision of support to service users with a learning disability and their carers as our community moves to a recovery phase post Covid -19 . This is in line with feedback from our service users and carers consultation pre-Covid -19 in terms of the importance of building-based services.

Day services have linked with Health and Safety on the services requirements for social distancing for service users and staff as well as taking the learning from Education's model of recovery in educational environments. This allows the proposal to re-engage day opportunity services in a phased recovery with sessions both morning and afternoon with deep cleaning taking place between sessions. An incremental approach will be taken at first to embed processes (including transport requirements and PPE) and support which can be quickly scaled up whilst meeting social distancing requirements.

Based on the current shielding arrangements for older people, it is appropriate for the status of our older people day care services to remain closed at this time. As lockdown continues to ease it will be possible to review arrangements for day care services for older people to be reviewed at the end of July 2020.

As part of the recovery process older people day care services are approved to re-open on a phased basis from the end of May 2020. As lockdown continues to ease services will be provided according to individual need with a combination of building based and outreach service.

There is a plan to recommence centre-based Learning Disability Day Services at the Fitzgerald Centre for 20% of service users by 11th August 2020 and the incremental approach which will be taken at first to embed social distancing, respiratory hygiene processes and PPE (including transport requirements) to allow a recommencement of learning disability day services support.

## **4.2 Health and Community Care - Adult Support and Protection**

The Joint Inspection of the Inverclyde Adult Support and Protection Partnership was concluded in March 2021 with a written report provided in May 2021 for publication in June 2021. This was a protracted process due in a large part to the restrictions imposed by the Covid-19 pandemic.

The Inspectors found overall strengths in the Partnership approach to Adult Support and Protection work across Inverclyde. Staff reported they were engaged in the work and were confident in their role around keeping people safe protected and supported.

Based on the evidence the Inspectors reported "that adults subject to adult support and protection, experienced a safer quality of life from support they receive" and

furthermore “Adults at risk of harm were supported and listened to ... to keep them safe and protected” during the key processes of ASP process.

There are as would be expected some areas where the partnership could improve its performance. The Partnership acknowledges these recommendations and note that these were identified in the Position Statement submitted to the Inspection Team at the beginning of the process and that these actions are part of the Inverclyde Adult Protection Committee Business Plan for 2020 - 2022.

The implementation of the Plan has been stalled due to the current pandemic. The plan is to refresh the Business plan in light of the Inspection and to progress the necessary improvements within the next 12 months.

The lead Inspector also concluded that there was a well understood vision across the partnership. This helped them to respond to adults at risk of harm effectively and jointly. This ensured adults at risk of harm experienced good outcomes and improvements in their circumstances. Interventions were timely and staff were confident in their adult protection roles. Communication, collaboration, and information sharing between the various statutory and provider organisations was a strength of the partnership.

#### **4.3 Children and Families**

Local analysis shows all activity within children and families is down with an expected further increase in child protection registrations and Child Protection Orders. Whilst activity was down the complexity of work remained high evidenced in the numbers of children becoming looked after and accommodated. This was exacerbated by other partner agencies pandemic planning and availability. As schools, and other services return, Colleagues from our 3<sup>rd</sup> sector partners have supported the service in various ways including facilitating family contact to ensure we are complying with legal orders whilst adhering to Government guidance around social distancing which makes transport and family contact visit more labour intensive. 3<sup>rd</sup> sector colleagues are now resuming their core tasks meaning they are no longer available to support with this function. Additional homemaker posts will be crucial to the progression of our statutory duties in respect of family contact. The service has reviewed current budgets and redesigned two posts to home maker posts. In order to support a predicted increase in family support and early and effective help requests it is also hoped we can recruit 1 social work assistant for 12 months.

Health Visitors have continued to provide a home visiting service alongside virtual contacts using attend anywhere in line with Scottish Government Guidance. There is an expectation that there will be a surge of referrals and children hearing reports.

In additional to the anticipated increase in referrals, the social work team will experience a significant spike in statutory work as a result of backlogs caused by delayed: court processes; children’s hearings; looked after reviews, and permanence panels.

Backlogs in these functions mean an increased risk of further increases in the child protection register and children requiring to be accommodated. This has an impact on children and families and a financial impact on the HSCP. An additional reviewing officer is required for 12 months to help the service keep pace and ensure planning is robust to allow, where safe, children to remain at home or ensure there are robust plans in place to allow children to return home.

Throughout the second national lockdown the expectations of children's service remained high with less flexibility in legislation resulting in the majority of core tasks continuing, this was in direct contrast to the first national lockdown when many tasks could be stepped back in light of public health guidance and interim changes to legislation.

Health Visitors continued to deliver the Universal Pathway and targeted work to families with additional needs. Risk assessment and professional judgement were used to determine whether face to face or a virtual appointment were offered. At this stage, most visits have resumed face to face in the home setting. All childhood surveillance continued during the second lockdown. The Port Glasgow team commenced the antenatal visit as early adopters and although via Attend Anywhere at the moment, this is being well received by parents and valued by staff.

The Infant feeding team have also been providing additional antenatal support to any mums in relation to establishing close and loving relationships with their baby and breastfeeding information where requested.

UNICEF Gold revalidation has been maintained during the pandemic and the team are working on the 2021 Gold sustainability submission due in July 2021. The Collective Impact (Breastfeeding) supported by IHSCP and Programme for Government work has continued with excellent evidence of breastfeeding being promoted, supported and advocated in Inverclyde. The IJB approved two substantive Breast Feeding posts and this will help ensure continued traction in the work.

The Health Visiting team continue to work closely with the Immunisation team to promote and support parents in attending for immunisations.

The School Nursing team are about to welcome a 3rd School Nurse and two further fulltime staff will come on board in 2022/23 due to the Scottish Government investment. Key work streams include mental health and wellbeing and vulnerability. The team continue to provide anxiety management programme '*Lets Introduce Anxiety Management*' face to face or virtually and drop- in sessions for young people are being offered in all state schools. Universal provision has suffered some delays last year due to school closures, however this year the team are on track to deliver primary 7 vision screening and a good proportion of primary 1 and 7 child health surveillance.

Local analysis shows the number of referrals to children and families remained broadly in line with pre-pandemic average, with the notable exception of April 2020 as all services adjusted to the different ways of working. The complexity of work and families where significant levels of risk existed remained high, shown by unusually high numbers of children on the child protection register. This number remained high for some time due to hesitancy among professionals around stepping down during the initial stages of the first national lockdown. The number of children

requiring to be cared for away from home also increased with a significant increase in the number of children subject to child protection orders to move them to a place of safety (residential care, foster care or alternative family options). Demand on children and families social work services was exacerbated by other partner agencies pandemic planning and availability. As schools, health visitors and other services return, there is an expectation that there will be a surge of referrals and children's hearing reports. In order to meet this demand the service is filling all vacant posts. Colleagues from our 3rd sector partners have supported the service in various ways including facilitating family contact to ensure we are complying with legal orders whilst adhering to Government guidance around social distancing which makes transport and family contact visit more labour intensive. 3rd sector colleagues are now resuming their core tasks meaning they are no longer available to support with this function. Additional homemaker posts will be crucial to the progression of our statutory duties in respect of family contact. The service has reviewed current budgets and redesigned create posts to support family contact for 12 months.

In addition to the anticipated increase in referrals, the social work team will experience a significant spike in statutory work as a result of backlogs caused by delayed: court processes; children's hearings; looked after reviews, and permanence panels. Backlogs in these functions mean an increased risk of further increases in the child protection register and children requiring to be accommodated.

Throughout the second national lockdown the expectations of children's service remained high with less flexibility in legislation resulting in the majority of core tasks continuing, this was in direct contrast to the 1st national lockdown when many tasks could be stepped back in light of public health guidance and interim changes to legislation. As with all services we continue to work in a blended way encouraging a mix of home and office working, however during the second national lockdown more time was required to be allocated to office bases as we continued to perform more routine tasks and cover all of our core tasks.

#### **4.4 Criminal Justice**

During lockdown, direct face to face contact was reduced, as was staff footfall in office premises. Priority for direct contact was based on assessed risk, vulnerability and complexity. This was reviewed regularly and is being tracked through recovery. Other forms of contact – mainly telephone – were maintained with service users not requiring direct contact. We maintained a keyworker system throughout. Feedback from service users and staff members indicate that this helped maintain and develop existing working relationships and provide every service user with a named individual as a point of contact in case of difficulty.

As we move towards recovery, there is an increasing focus on direct work to reduce offending over and above a welfare approach and this includes specific structured programmes for perpetrators of domestic abuse and sexual offending. A challenge in this is the availability of suitable Covid-safe space to carry out such interventions and, to this end, work has been undertaken to re-purpose the Unit 6 workshop from

being solely our Unpaid Work premises to a Criminal Justice hub with interview and programme delivery facilities (including future group work as recovery progresses).

As the Courts make inroads into the substantial backlog of summary trials, we are anticipating an increase in report requests and subsequent statutory orders. In preparation for this, we are making arrangements with third sector partners to deliver some aspects of Unpaid Work on our behalf. Unpaid Work has already benefited from Covid-19 legislation granting time extensions to existing orders and, subject to certain exclusions, a 35% reduction in overall hours. Following the most recent lockdown, Unpaid Work placements were re-commenced on 28<sup>th</sup> April 2021. This remains challenging due to the need for social distancing, but we have been able to extend the working hours and number of placements incrementally on weekdays and a return to weekend working is planned.

### **Women with involvement in the criminal justice system**

The Early Action System Change project focused on women with involvement in the criminal justice system in Inverclyde has developed during 2020-21. Engagement with women with lived experience of the Criminal Justice System and the formation of a co-production group were significantly disrupted by covid restrictions, however, an adapted approach focusing on remote engagement and collaboration with frontline services, including several Community Justice partners, to provide referrals has allowed for progress in developing relationships with women either currently involved in or with previous experience of the CJS. As a result, women have been involved in establishing the current context of CJS involvement for women in Inverclyde and identifying areas where limitations to their support exist which could be addressed and improved by a system change approach. This will be central to the development of a test of change proposal which, pending funder approval, will commence in 2021 and which women with lived experience of the CJS will continue to co-produce. Work has also continued around other elements of establishing an evidence base for the test of change, including the production of a literature review and a cost benefit analysis methodology.

### **Care Inspectorate inspection of Criminal Justice Social Work Services within Inverclyde**

In December 2019 the Care Inspectorate published their findings on their inspection of Criminal Justice Social Work Services within Inverclyde. Their particular focus was on how well Community Payback Orders were being implemented and managed as well as how effectively the Service was achieving positive outcomes. Although this was a very positive outcome and to date the highest grading received by a Local Authority, two areas were identified for improvement which have been progressed during 2020/21

In respect of a request for senior officers to review policy and practice relating to the timescales for completing Level of Service/Case Management Inventory (LS/CMI) assessments and plans to ensure that a best practice approach is implemented and clear guidance is provided to staff. Senior officers have developed detailed guidance covering the use of LS/CMI which provides staff with a clear steer on the use of the

shortened and full versions of the tool as well as when to review and reassess. This guidance was shared with staff and followed by a staff practice development session in October 2020. This matter continues to be subject to ongoing monitoring by the Criminal Justice Social Work management team.

A second area of improved was in relation to ensuring that quality assurance processes are well-embedded in order to improve the quality of practice around statutory reviews and case recording. This has been the subject of significant change within the service and includes a comprehensive protocol to support the review of all cases involving statutory supervision has been developed and shared with staff. As well as providing clear guidance on content and timescales, the framework advanced also incorporates service user engagement and makes full use of information obtained through the application of our Criminal Justice Needs Review tool. This response was also subject to of a staff development session and continued discussions with HSCP services to consider how we capturing data on compliance for reporting within the Service's Quarterly Performance Service Review framework. On case recording, a Short Life Working Group (SLWG) involving staff from three different Criminal Justice settings (community, prison, court) was established in December 2019. The SLWG has met focusing on current practice and learning from feedback from the Care Inspectorate, research on case recording and applying learning. Notwithstanding the above, it is the Service's intention to consider longer term the development of an all-encompassing quality assurance strategy.

It was estimated in February 2021 that there were over 29,000 scheduled trials in the sheriff summary court and over 35,000 forecast scheduled trials. The number of outstanding and forecast outstanding trials continues to increase each month highlighting that although activity had been returning to normal levels in Sheriff Summary courts, there still exists a substantial number of cases that are yet to proceed through the court process. In terms of potential impact on the Criminal Justice Social Work service and engaging with individuals on Community Pay Back Orders, the management team are predicting an increase on service demands based on a potential increase on those placed on Community Pay Back Orders and health and safety issues around social distancing requirements. The Service continues to engage with national partners to plan effectively in Inverclyde.

### **Community Justice Partnership**

The Community Justice Partnership, chaired and hosted by Criminal Justice are required annually to publish an annual report detailing our response to each nationally determined outcome and any local outcomes determined. The annual report was approved by Health and Social Care Committee and Integrated Joint Board in advance of its submission to Community Justice Scotland.

## **4.5 Older People - Homecare**

As lockdown restrictions ease, it is likely that our homecare services will struggle to meet the demand. Covid-19 has meant that a number of senior homecare support workers are unavailable due to absence/shielding and the service has seen



increases in demand. To address this, permission is sought to create two supervisor posts for eight months each to fill the gap and meet the increased service demands. The service also intends to expand the Technology Enabled Care interventions to support minimal contact as part of its Covid-19 response. This will require additional resources of ten hours per week, also for eight months, to support this.

Whilst community nursing has had similar issues with high levels of absences due to shielding and have experienced a significant increase in the demands placed on the service, the team have continued to deliver safe, effective and person centred care.

Winter planning and an increase in the age eligibility for flu vaccinations will mean that an increase in staff capacity will be required to sustain this service.

#### **4.6. Rehab and Enablement Service**

All services have remained operational on a reduced basis, supporting recovery, with additional pressure placed on the service to support gaps in acute service such as Community Respiratory Services. As services resume, an additional physiotherapist is required for 12 months to help address backlogs within the service as a result of the lockdown and to continue supporting people while they are waiting for delayed hospital appointment/clinics to resume.

The Community Occupational Therapy service had a six week waiting list prior to the pandemic; without any additional investment/redesign the waiting list would be sixteen weeks. The worker caseloads indicate there are 200 cases with substantial or moderate needs. The service is establishing a virtual clinic model to clear backlogs and free up staff time to pick up the rehab work which improves health and wellbeing and reduces frailty. For the recovery model within this service to work an additional Occupational Therapist is required for 12 months.

#### **4.7 Assessment Care Management**

As Assessment Care Management moves from adult protection to route welfare assessment, there is a concern that there will be an increase in activity. This area has high costs linked to care packages. The situation requires careful monitoring to avoid care package costs spiralling. By introducing an additional Reviewing Officer for eight months this will allow the service to establish frequent resource panels to meet the needs of the most vulnerable and ensure the service remains in budget. In the future it may require an additional social worker and social work assistant, this will be considered once the service is re-established.

### **4. 8 Mental Health, Homelessness, and Alcohol and Drug Recovery Services**

#### **4.8.1 Mental Health Inpatients**

The Mental Health Inpatient service has continued to deliver services throughout the pandemic. As the start of the pandemic there was a reduction on bed usage however this has steadily returned to pre pandemic activity. Additional nursing posts were created temporarily to cover vacancies, sickness and staff absences. Medical staffing continues to be challenging both older and adult mental health services have locum consultants covering vacant posts. Inpatient staff have worked extremely hard and flexibly over the past year to manage difficult circumstances provide high quality care.

In the first wave of the pandemic there were 3 Covid-19 positive patients and 2 staff members. Sadly in Feb-March 21 during the second wave there was a significant outbreak within Willow Ward and there were 11 deaths. Regular Incident Management Team meetings with Public Health took place during the outbreaks to ensure that situation was regularly reviewed and risks managed. All staff have followed appropriate Infection Prevention and Control guidance throughout the pandemic. Vaccines have been delivered in inpatient setting in accordance with the Joint Committee on Vaccine and Immunisation priority groups. Asymptomatic testing of patients and staff has been carried out at intervals in accordance with guidance. Guideline for visiting has varied throughout the pandemic, visiting guidelines were adhered and managed sensitively to ensure that patients experiencing distress as a result of a mental illness was minimised and recovery promoted.

An action plan for IPCU has been produced in response to the visit undertaken by Jane Grant. The outcome of review highlighted a need to proceed with the planned works within IPCU (if funding is approved) to improve patient and staff safety, as well as providing a therapeutic environment to reduce patient stress and provide opportunity for activity and exercise. This will include a more secure nursing station, de-escalation room and therapeutic garden space. Progressing this work has been impacted by the Covid 19 pandemic however quotes are now being prepared for the work required

#### **4.8.2 Community Mental Health Services**

Community Mental Health Services developed a hub model to sustain service delivery during the Covid-19 pandemic response. The governing principle was minimum necessary service based on risk and vulnerability. Key elements of service provided have been

- Maintaining reactive capacity to respond to community urgency for mental health assessment
- Enabling an enhanced duty worker system for existing service users and point of contact for others seeking advice
- Maintaining essential treatment services
- Providing a programme of scheduled contact for existing service users based on risk and vulnerability
- Sustaining capacity to undertake statutory work related to the Mental Health, Adults With Incapacity, and Adult Support and Protection Acts

Caseloads were reviewed and individuals allocated a risk assessed priority of Red, Amber or Green to inform frequency and type of contact. Face to face contact has continued based on assessed risk with others supported by telephone appointments.

The Community Mental Health Services staff split into Team A and Team B. This allowed weekly rotation between hub and virtual base. Initially a small cohort was permanently virtual on compassionate grounds related to their own Covid-19 enforced health/caring responsibilities.

As the service recovery progressed through phases of the pandemic there has been an increase in face to face contact and availability of technology i.e. Attend Anywhere.

The latter is still embedding into routine use and balanced against known risks where face to face contact is preferred.

Prior to the pandemic the Adult Community Mental Health Services underwent a period of review with recommendations presented to the Mental Health Programme Board. The service adjustments implemented because of the pandemic meant the progression of these was paused. The recommendations have now been reviewed in light of learning during the past year and prioritised actions identified to improve safe, effective and efficient working processes and practices across the whole Community Mental Health Services.

The Mental Health Officer (MHO) Service review commenced prior to the pandemic has now concluded with an agreed action plan including enhancement of the permanent staffing and leadership capacity of the service. This will support improvement in service ability to manage the increasing demand it has experienced and provide required service governance assurances.

Community Mental Health Services remobilisation will progress incrementally as restrictions and related guidance allow. The service has retained ability to flex while continuing to meet the core elements of risk assessed service activity and interventions dependent upon emerging changes in the pandemic landscape.

IHSCP is working closely with Scottish Association for Mental Health to deliver a Distress Brief Intervention (DBI) programme. The Distress Brief Intervention programme will play a key role in ensuring that individuals experiencing distress are given appropriate, compassionate support in a timely manner.

The Distress Brief Intervention programme started operating in January this year and Level 1 training is currently being rolled out across Inverclyde. Referrals for Distress Brief Intervention Level 2 support are increasing and individuals engaging with the service are consistently reporting a decrease in their level of distress

The programme has two levels: the Level 1 response is designed to ease a person's distress and involves the offer of a referral on for Distress Brief Intervention Level 2 support. Level 1 is provided by front line staff (Primary care, NHS24, Emergency Departments, Police Scotland and Scottish Ambulance Service) who have completed Distress Brief Intervention Level 1 training. Level 2 support is provided by trained third sector staff who contact the individual within 24 hours of referral and provide compassionate, problem solving support, wellness and distress management planning, supported connection and signposting for up to 14 days.

#### **4.8.3 Alcohol and Drug Partnership**

During 2020 / 2021 it was agreed that ADP funding would be used to commission three different tests of change that are all fundamental to underpinning recovery and developing recovery communities in Inverclyde. In taking this decision, it was also recognised that Inverclyde ADP was supporting and building on the local third sector assets and capacity. Your Voice was successful in securing the first tender. The focus of this funding was to employ a Recovery Development Coordinator to coordinate the development of recovery communities and develop peer volunteer mentors. Moving

On was successful in securing the second tender. The remit of this funding is to provide early intervention and work in partnership with the statutory Alcohol and Drug Recovery Services as part of a Recovery Orientated System of Care.

The third tender intended to provide a formalised Peer Support service. Unfortunately, following two attempts, there were no applicants for this funding. In light of this an alternative approach is being considered focusing on employability and meaningful activity. The two successful tenders were implemented during 2020 in the midst of Covid-19, Your Voice and Moving On adapted and demonstrated a high level of flexibility in ensuring safe service delivery. Overall, good progress has been made in each test of change and there has been valuable learning for the ADP in going forward.

The National Records for Scotland published the 2019 Drug Related Deaths in Scotland Report on the 15<sup>th</sup> December 2020. In Scotland in 2019, 1,264 people sadly lost their life to a drug related death. This was an increase of 6.6% from 2018 and continued the trend seen over the past few years.

In 2019 in Inverclyde 33 people lost their life to a drug related death. This is an increase of 9 people from 2018 which equates to a 37.5% increase. When comparing prevalence rates per 1,000 population (averaged over 2015 – 2019), Inverclyde is the 3rd highest area in Scotland.

79% were male and aged 35-54 years. In terms of the drugs involved; there was an increase in heroin/morphine and a decrease in methadone, with benzodiazepines continuing to be the commonly found drug implicated. Poly drug use was common with on average 3 or more drugs implicated in cause of death.

Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan focusses on actions related to the national Drug Death Taskforce priorities. Funding of £156,000 until March 2022 has been received from the Scottish Government to address in particular, increasing Naloxone supply across Inverclyde, and assertive outreach to support the most vulnerable people into treatment services particularly following a non-fatal overdose.

#### **4.8.4 Homelessness**

Covid-19 has resulted in a number of challenges for the homelessness service including:-

- A required reduction in numbers within the Inverclyde Centre to accommodate social distancing
- The prisoner early release programme
- An increase in presentations (HL1)

To response to these challenges, the number of temporary furnished flats within the community was increased from 28 to 68. The demand for and usage of bed and breakfasts increased however this has now been addressed by quicker through put to temporary accommodation. The service continues to work towards implementing the Rapid Rehousing Transition Plan and scope future model required for the Inverclyde Centre.

Mental Health, Homelessness and ADRS service managers arranged a joint development session on 23rd February 2021 with team leads to review interface

arrangements between these services. This will take account of existing guidance and recent case examples will be presented for discussion and recommendations of improving service user experience in provision of safe, effective and timely interventions.

#### **4.9 Advice Service**

To meet current demand and likely demand moving forward for Advice Services there is an opportunity to support primary care by building on the Lomond Practice pilot with a paper to the IJB requesting 2 Advice Workers for 18 months. The pandemic has significantly increased the complexity of cases the advice service is handling. As things progress, national forecasts suggest that there is an imminent surge in the number of welfare cases caused by interim supports such as the furlough scheme changing and more businesses downsizing or closing and beginning to make staff redundant.

#### **4.10 Recovery Planning**

##### **4.10.1 Covid 19 Transition Plan**

IHSCP have a Covid-19 Transition Plan. In essence it is intended to be an initial recovery strategy and recovery roadmap for the HSCP and a set of guiding principles and strategic priorities have been developed.

Anticipated recovery phases:

**Phase 1 current to end June 2020; Phase 2 to end August 2020; Phase 3 to end February 2021 and Phase 4 to end July 2021.**

The overall approach is a phased approach to restarting services. There will be learning and understanding of what impact the shift in ways of working will or should have longer term and ensuring we focus on staff wellbeing. The positive response from the workforce throughout this has been incredible and it is vital that we support our staff through these next phases. A staff wellbeing questionnaire has been developed and is being rolled out with the support of the Staff Partnership Forum

IHSCP Covid-19 Recovery Group has been set up with representatives from each service area and staff side. Separate sub groups will focus on providers, carers, service users and third and independent sectors. Services have developed initial, phased recovery action plans which detail step up and step down arrangements for each service and staff group over the coming months. These are being reviewed and will be brought together in an overarching HSCP action plan which will be monitored by IHSCP Covid-19 Recovery Group.

#### **4.11 Staff Wellbeing and Resilience**

In response to the Covid19 Pandemic there has been a focus to build significantly on the existing work done around wellbeing and resilience for the workforce nationally, Greater Glasgow & Clyde-wide and locally.

##### **4.11.1 National Well Being Champions Network**

There was an approach from the Minister for Mental Health for each local authority to nominate Wellbeing Champions. Within Inverclyde, Wellbeing Champions have been identified and are engaging with the work of this national group.

#### **4.11.2 Greater Glasgow & Clyde Workforce Mental Health and Wellbeing Group**

This group is accountable to NHS Greater Glasgow and Clyde's Strategic Executive Group and reports into CMT. The Staff Health Strategy Group and Area Partnership Forums attend this meeting.

The purpose of this short life group is to lead and coordinate the development and implementation of appropriate mental health and wellbeing support to enable NHS Greater Glasgow and Clyde to respond to the mental health and wellbeing impact of Covid-19 on the workforce; there is IHSCP representation on this group.

#### **4.11.3 Work Place Wellbeing Matters Plan**

The plan was launched on 30<sup>th</sup> November 2020 for the next three years, to support the HSCP's organisational recovery and to ensure support for the mental health and wellbeing of the HSCPs staff remains a priority.

The overall aim of the plan is:

*"Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce"*

This aim will be fully supported by the Primary Drivers of:

- ✓ Embed and support organisational cultures, where all staff are valued
- ✓ Staff Feel Supported in their Workplaces
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)
- ✓ Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)
- ✓

The local to Inverclyde implementation of this agenda has focused on a partnership working approach, in collaboration with our staff side representatives, 3rd sector and independent sector colleagues:

#### **4.11.4 Inverclyde Staff Wellbeing Task Group**

A task group was established to oversee and implement the national and regional work, focusing on ways the local area was responding the national agenda and supporting the organisational priority and duty of care to ensure that the Health and Social Care Workforce supports good mental health and wellbeing. Some of the activities that the task group has worked alongside and developed are:

##### **Wellbeing Telephone Calls for Care at Home Staff:**

In the early stages of lockdown, it was identified the size and number of Care at Home staff working for the HSCP was seen as the largest in terms of lone working capacity in the local area. While this is well supported in terms of the staff's day to day leadership and management and the work carried out is rewarding, it can sometimes come with its challenges. To this end, Care at Home services, supported by the Staff Wellbeing Task Group, set up a process for two telephone conversations

with staff, by managers and also by affiliated staff to gather information on staff welfare. While there were initial concerns about PPE, in the very early stages of lockdown, there were no other major concerns. The findings also suggested that staff were coping well and had good resilience in place, due to very good business continuity planning, leadership and management, open conversations, and team spirit.

### **Children and Family Team: Wellbeing and Agile Working Survey**

In June and July 2020 the Children and Family (C&F) leadership team undertook a staff wellbeing and agile working survey to the wider C&F team, with the purpose to establish the impact coronavirus pandemic (Covid-19) had on mental health and wellbeing and their experiences of support, communication and connection, trust in their leadership team in relation to supporting their health and safety, and new ways of working. A clear positive thread throughout the survey response was the benefits of being part of a strong and supportive team. Staff generally felt well supported by their team, team leader and management structures.

### **Health & Wellbeing Guide**

A health and wellbeing guide of resources and contact information was produced in May 2020 to help support staff and Managers at the height of the pandemic. This guide has continued to be updated and circulated to all staff.

### **Staff Wellbeing & Resilience Targeted Focus Groups**

During August 2020, a series of focus groups were held, supplemented with an online survey, following discussions at IHSCP' Staff Partnership Forum, engaging with the targeted staffing groups, with 54 members of staff engaging in the process – the targeted staffing groups were: Business Support; Primary Care Mental Health; Frontline managers; Day Care/Respite; Health Visiting Teams. The findings of the survey and focus groups paved the way for the creation and implementation of the Workplace Wellbeing Matters Plan.

It is envisaged that the Workforce Wellbeing Matters Delivery Plan and the developing Inverclyde HSCP Clinical and Care Governance Strategy action plan will work in tandem, so as to ensure the optimum outcomes for the Health and Social Care workforce.

### **4.12 Clinical and Care Governance Strategy and Work Plan**

The work plan for the IHSCP Clinical and Care Governance Strategy <https://www.inverclyde.gov.uk/meetings/meeting/2279> 21<sup>st</sup> September 2020 has been developed via a short life working group chaired by the Chief Social Work Officer. The work plan will track progress for the main strategic priorities for Clinical and Care Governance, following the Clinical and Care Governance Strategy of September 2020 and this work plan will be the means for an annual update to the IJB on progress. Progress will be tracked through the HSCP Clinical and Care Governance Group. An update on the work will be considered by the IJB June 2021.

## **5. Person Centred Care**

### **5.1 Humanitarian Centre**

The HSCP supported the development of the Humanitarian Centre and in particular the support of the 2,700 shielding list.

Since the beginning of the pandemic on the request of Local Resilience Management Team third sector partners have been working hard to support those most vulnerable people within our community. Volunteers handling hundreds of calls daily have now set up a base in the Salvation Army facility. Help is available for anyone who is self-isolating who would benefit from a daily telephone call, for those who need a prescription delivered to their home, provision of self-isolating food boxes, and counselling and therapy service for workers.

There are plans to develop Tech4Kids service, bereavement service, possible meal (or ingredient) preparation and delivery service, trauma and mental health first aid, and media capture of 'this moment in time'.

These are just a few of the many ways the Community Action Group has risen to the challenges and quickly put in place support for those who might otherwise struggle with the impact Covid-19 has had on day to day living as we knew it. We cannot underestimate the value of and tremendous work the Community Action Group has done to support our local community and so quickly.

### **5.2 Inverclyde Dementia Care Co-ordination Programme: Learning and innovations in Inverclyde during the first wave of the Covid-19 pandemic**

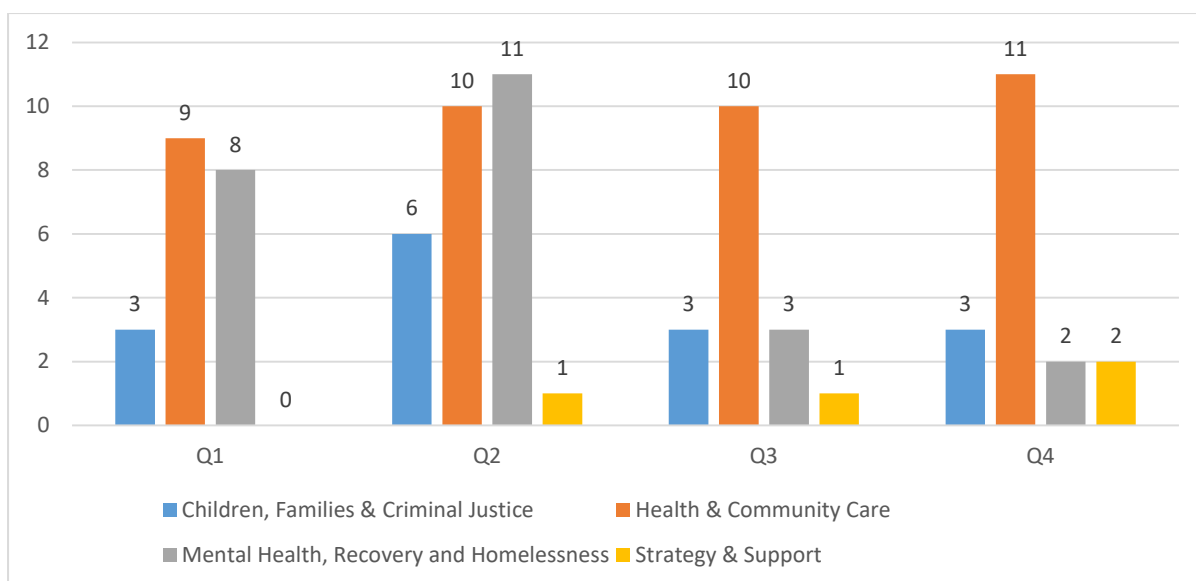
Healthcare Improvement Scotland have produced a summary snapshot of experiences from IHSCP during the first wave of the Covid-19 pandemic. This includes how Health and Social Care services responded and how staff wellbeing was supported. They also highlight the role of technology, the experiences of people living with dementia and informal carers, and how the third sector and local community supported the Covid-19 response. This report is located in Appendix 1.

### **5.3 Complaints and Feedback Overview**

During the year 2020 and 2021, a total of 83 complaints were received by IHSCP. There were no Integration Joint Board complaints received.

#### **Table 2: Complaints by Service**





**Table 3: Complaints by timescale for each quarter**

	Q1	Q2	Q3	Q4	Total
Total Complaints	20	28	17	18	83
Acknowledged in 3 Days	16	20	14	18	68
Percent Acknowledged	80%	71%	82%	100%	82%
Stage 1 - Total	11	20	11	15	57
Stage 1 - Closed within 5 Days	9	9	7	10	35
Percent Closed within timescale	81%	45%	64%	67%	61%
Stage 2 - Total	9	8	6	3	26
Stage 2 - Closed within 20 Days	6	6	4	2	18
Percent Closed within timescale	67%	75%	67%	67%	69%

**Table 4: Complaints by Service and Outcome for each quarter**

	Q1	Q2	Q3	Q4
<b>Mental Health, Recovery &amp; Homelessness</b>	8	11	3	2
Upheld	2	6	1	1
Partially Upheld	3	1	0	0
Not Upheld	3	4	2	1
<b>Health &amp; Community Care</b>	8	10	10	11
Upheld	5	6	5	9
Partially Upheld	2	2	2	1
Not Upheld	1	2	3	1
<b>Children, Families &amp; Criminal Justice</b>	3	6	3	3
Upheld	1	0	0	1

Partially Upheld	0	1	0	1
Not Upheld	2	5	3	1
<b>Strategy &amp; Support</b>	1	1	1	2
Upheld	1	0	0	1
Partially Upheld	0	1	0	0
Not Upheld	0	0	1	1

During 2020-21 we had 3 staff changes within the Complaints support team and this pressure along with the pandemic has been reflected in our figures. We now have an established team to support the process and all the processes and systems are being reviewed. Next year we expect to see major improvements as these are developed and the management of these settle in.

### 5.3.1 Complaint Themes

The majority of complaints received were within Health and Community Care services, which is the largest service within IHSCP.

The majority of our complaints related to Staff Profession, Practice/Communication, these accounted for nearly 73% of complaints.

### 5.3.2 Compliments

At this time we have no mechanism to collate compliments and this is part of the work we will develop over the coming months. Care Opinion as a means of providing feedback is being explored as an option as a Person Centred Care clinical and care governance priority.

IHSCP has continued to respond to complaints as normal despite the additional pressures facing the partnership during the global pandemic, however further analysis of themes and learning needs to be undertaken.

### 5.3.3 Scottish Public Services Ombudsman (SPSO) Reviews

Should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).

During Q3, 2 cases were referred to the SPSO for review for IHSCP. The SPSO partially upheld 1 case and did not uphold the other case.

## 5.4 General Practice Complaints

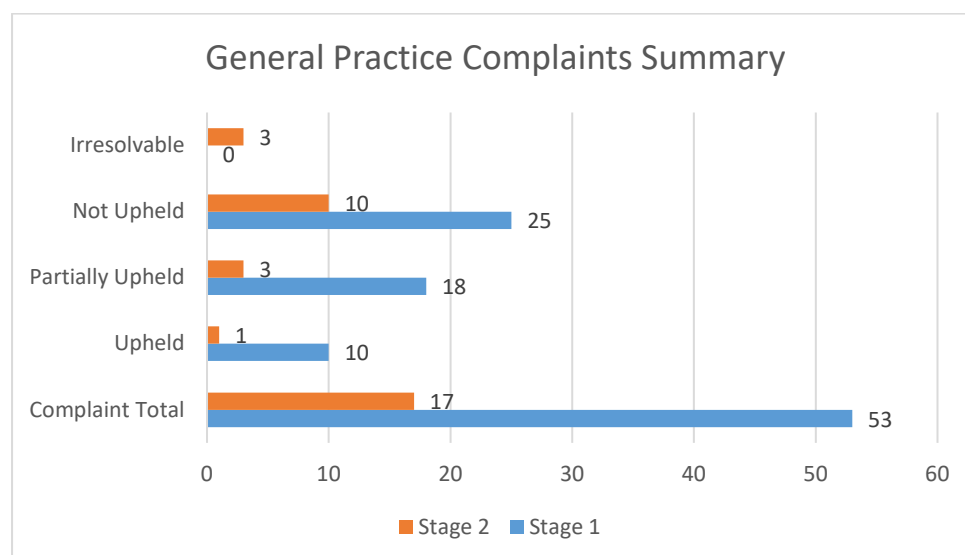
During 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 there were 70 complaints received and the breakdown of the complaint outcomes are summarised below.

The number of complaints reflect the challenges experienced by General Practice in the response to the pandemic and the availability of appointments.

There was 1 SPSO Decision / Investigation letters received in this period. The complaint was not upheld.

92.31% of practices completed a return with their information for the year.

**Table 5 General Practice Complaints Summary**



## 5.5 Optometry Complaints

During 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 there was 1 complaint received. This complaint was resolved at Stage 1 and was partially upheld.

There was 0 SPSO Decision / Investigation letter received in this period.

60% of sites sent a return with their information in this period.

## 5.6 Significant Adverse Event Review

There are currently 9 SAERs open to IHSCP. Progress on all the cases is discussed at local governance groups and it is anticipated that progress will be made to conclude these incidents in the next few months.

**Table 6: Significant Adverse Event Reviews open to IHSCP 1<sup>st</sup> April 2021**

ID	Incident date	Specialty	SCI Description	Risk SCI Status
557140	05/03/2019	Community Nursing	SCI –Choking	Under Review
581864	10/09/2019	Community Mental Health Team	SCI - Suicide	Under Review
596096	31/12/2019	Addiction Services	SCI - Unexpected Death	Under Review
612256	24/04/2020	CAMHS	SCI - Suicide	Under Review
615893	12/06/2020	Addiction Services	SCI - Suicide	Under Review

619136	28/06/2020	Community Learning Disabilities Team	SCI - Self Harm	Under Review
618526	01/07/2020	Community Mental Health Team	SCI - Suicide	Under Review
634992	12/09/2020	School Nursing	SAER - Other incidents	Under Review
644651	30/12/2020	Family Nurse Partnership Team	SAER - Other incidents	Under Review

## 6. Conclusion

The measures initially designed to prevent the spread of Covid-19 are dynamic and subject to change at short notice. The main business consequence and continuity risks for the HSCP are:

### **Increased community-based demand due to:**

Reduced acute hospital capacity, as a result of Covid-19 emergency admissions

Reduced informal carer capacity, as a result of carers becoming ill with Covid -19 and/or of being unable to provide support due to self-isolation or lock-down;

Reduced day and respite services due to service closures;

Reduced wellbeing of vulnerable people, post-infection;

Mental health impact of self-isolation and community lock-down;

Potential for increase in harm to children and vulnerable adults, and domestic violence due to self-isolation and lockdown;

Increased levels of end-of-life care at home;

The deferred impact of reduced health and social care referral rates for non-Covid - 19 related concerns.

### **Reduced service capacity due to:**

HSCP staff illness due to Covid-19 infection;

HSCP staff illness due to work-related stress as a result of the significant extra demands of Covid-related work;

Equivalent staff pressures in the commissioned social care sector, with voluntary and independent sector provision under significant pressure;

Primary care impact with GPs providing additional Health Board-wide support to assessment centres and NHS24;

Diversion of community-based resources (especially nursing) to acute hospitals.

The impact of these business continuity risks is highly significant and potentially critical.

It is clear that the process of transition through emergency planning and business continuity for Covid-19 will be neither linear nor guaranteed.

The Scottish Government's policy approach to transition provides a clear context within which IHSCP should prepare for its own transition, through its business contingency and continuity planning processes. It is essential that a plan is in place that allows IHSCP to take account of the path of the epidemic and the national response, while constantly re-orientating its continuity planning in line with presenting demand, shifting trends and trajectories and the impact of organisational capacity issues. In this respect, having clarity and perspective on our emergency arrangements is essential in order that we can act both reactively and proactively in response to the challenges we face.

The key principle which must guide recovery planning is the need to provide safe and effective services for people which maximise the health benefit for our population, promotes independence and protects the most vulnerable. Principles also include the need to minimise risk to staff and patients, to maximise the use of remote consultations where appropriate, and to ensure equality of access based on need.

The long term impact of Covid-19 will be significant so it is crucial that we learn from the pandemic and our response locally and nationally, use this knowledge and insight to guide and improve how we work now and how we plan ahead.

It is proposed that the successful aspects of rapid implementation across the health and care system, which were driven by the strategic and tactical Covid -19 response groups are replicated in the recovery phase. Potential detrimental impacts should also be identified and addressed. Implementation of Covid -19 responses has been supported by public buy in, political and media support, finance/budget and a high degree of staff goodwill.

The role of Clinical and Care Governance has been strengthened by the development of the Clinical and Care Governance Strategy and Work Plan and the Annual Report for 2021 -2022 will reflect the progress on this work.

IHSCP has continued the focus on governance arrangements in this unprecedented year and this is due to the immense contribution of the staff in delivering services to the public of Inverclyde. The clinical and care governance arrangements remain robust.

## Appendix 1

Inverclyde Dementia Care Co-ordination Programme:  
Learning and innovations in Inverclyde during the first wave of the Covid-19  
pandemic



inverclyde-covid-19-  
case-study.pdf

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 21 June 2021
<b>Report By:</b>	<b>Louise Long Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/31/2021/SMcA
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Service</b>	<b>Contact No:</b> 01475 715282
<b>Subject:</b>	<b>IJB COMPLAINT HANDLING PROCEDURES</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integration Joint Board members of the new Model Complaints Handling Procedure (CHP) required to manage the delegated functions of the Integration Joint Board.

## **2.0 SUMMARY**

- 2.1 The Inverclyde Health and Social Care Partnership Integration Scheme identified that for delegated functions, Greater Glasgow and Clyde Health Board and Inverclyde Council would manage separate complaints procedures to reflect statutory requirements for health and social work complaints. In 2018-19 the SPSO conducted a review of the CHP to establish its effectiveness and usability. The result of which was a revised model to standardise the core text across all of Scotland's public service, this was implemented on 1 April 2021.
- 2.2 As a legal entity, complaints can also be raised against the Integration Joint Board (IJB) itself in how it exercises the delegated functions it has responsibility for, as laid down in the Public Bodies (Joint Working) (Scotland) Act 2014 and the Inverclyde HSCP Integration Scheme.
- 2.3 The IJB is required to agree the new model complaints handling procedure ensuring compliance with the elements published by the SPSO.
- 2.4 The Scottish Public Service Ombudsman (SPSO) has issued model complaints handling templates and guidance for Inverclyde Council, HSCP's and IJB's to support compliance. Inverclyde Council has updated their CHP as of 1 April 2021 and there is no change to the current NHS Greater Glasgow Health Board procedure.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to approve the IJB Model Complaints Handling Procedure 2021.
- 3.2 The Integration Joint Board is asked to note the requirement to report and publish complaint information quarterly and that this is done on the HSCP section of "Inverclyde Performs".

**Louise Long**  
**Chief Officer**



## 4.0 BACKGROUND

- 4.1 The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 (the Order) brings social work complaint handling into line with other local authority (LA) complaints handling under the remit of the Public Services Reform (Scotland) Act 2010. New guidance and procedure templates have been developed by the Scottish Public Service Ombudsman (SPSO) in conjunction with a wide range of stakeholders from relevant bodies and social work professionals across Scotland.

In 2018-19, the SPSO conducted a review of the CHP to establish its effectiveness and usability.

Following consultation across all sectors, the CHPs were revised to:

- standardise the core text across all of Scotland's public services (to remove minor inconsistencies in how the CHP operates within different sectors), while retaining individualised sector-specific content and examples in each version
  - update the CHPs in line with:
    - feedback from organisations under jurisdiction (via a consultation survey and individual feedback from contacts with SPSO)
    - issues identified in casework recent research and good practice in relation to using alternative resolution approaches, promoting positive complaint behaviours and improving access to complaints for vulnerable groups.
- 4.2 The updated CHPs have been published under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by April 2021.
- 4.3 The NHS Complaints Handling Procedure supports the requirements of the Patient Rights (Scotland) Act 2011. The NHS guidance and procedures have been developed by the Scottish Government, SPSO and relevant NHS bodies and professionals across Scotland and have not changed.
- 4.4 The main changes to the IJB CHP are:
- ensuring agreement of complaint to be investigated and an expected resolution sought
  - if any staff member is complained about to provide support and share any relevant parts of the response with them.
- 4.5 The Public Services Reform (Scotland) Act 2010 Act gives the SPSO authority to lead the development of model complaints handling procedures across the public sector. There is a statutory requirement to apply a model Complaints Handling Procedure specifically in relation to the delegated functions of the Integration Joint Board.
- 4.6 There is recognition that more than one organisation or service may be required to respond to a particular complaint. Good complaints handling supports a joint response, internal processes across the local authority, NHS and other HSCPs

support this.

- 4.7 The Duty of Candour legislative requirements came into force in Scotland in 2019 and we are required to provide reports on this for review at our Clinical & Care Governance Group, our process is currently being reviewed and updated to ensure compliance.

The SPSO requires complaint information to be publicised on a quarterly basis. It is proposed that this is published on "Inverclyde Performs".

## 5.0 IMPLICATIONS

### FINANCE

- 5.1 There are no financial implications from this report.

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 The Public Services Reform (Scotland) Act 2010 Act gives the SPSO authority to lead the development of model complaints handling procedures across the public sector. There is a statutory requirement to apply a model Complaints Handling Procedure specifically in relation to the delegated functions of the Integration Joint Board.

### 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
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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.
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#### 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.	The Inverclyde IJB complaint procedure will be made available on the Inverclyde Council website. This procedure will be made available in alternative formats on request and will be circulated and cascaded to service users and carer groups and localities via social media, advisory networks and partner organisations.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.
People with protected characteristics feel safe within their communities.	Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.
People with protected characteristics feel included in the planning and developing of services.	Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime, and any learning identified by the Clinical and Care Governance Executive Group will be disseminated across services and staff groups.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Any complaints relating to this outcome will be recorded and reviewed

	as part of our reporting and governance regime.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.

## 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.	Not applicable
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	Not applicable
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The implementation of the complaints procedure provides service users, carers and members of the public with a clear and robust mechanism to express their views and dissatisfaction if they are unhappy with the service they receive.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Learning from complaints can ensure there is no repeated failures within the services.
Health and social care services contribute to reducing health inequalities.	Not applicable
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.	Not applicable
People using health and social care services are safe from harm.	Learning from complaints can ensure there is no repeated failures within the services

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.	Learning from complaints will be used as a positive development tool, and compliments will also be reported.
Resources are used effectively in the provision of health and social care services.	None

## 6.0 DIRECTIONS

6.1

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

## 7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP). There has been no local consultation as this procedure has been informed by legislation and a framework set out by the SPSO.

## 8.0 BACKGROUND PAPERS

8.1 None.



# Complaints Handling Procedure for Inverclyde Integration Joint Board (IJB)

## Part 1:

## Introduction and overview

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## **Foreword**

Our Complaints Handling Procedure reflects Inverclyde Integration Joint Board's (IJB) commitment to valuing complaints. It seeks to resolve customer/service user dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer/service user complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure was first developed by the SPSO in consultation with relevant stakeholders. The Model Complaints Handling Procedures (CHPs) were revised in 2019 by the SPSO in consultation with all sectors. This new edition includes a core text, which is consistent across all public services in Scotland, with some additional text and examples specific to this sector. As far as is possible we have produced a standard approach to handling complaints across Scotland's public services, which complies with the SPSO's guidance on a CHP. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early responses by capable, well-trained staff.

All staff across Inverclyde IJB must cover this procedure as part of their induction and must be given refresher training as required, to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure (including recording complaints).

Complaints give us valuable information we can use to improve service provision and customer/service user satisfaction. Our Complaints Handling Procedure will enable us to address a customer's/service user's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the customers/service users views and experience, and can highlight problems we may otherwise miss. Handled well, complaints can give our customers/service users a form of redress when things go wrong, and can also help us continuously improve our services.

Handling complaints early creates better customer/service users relations. Handling complaints close to the point of service delivery means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not handle swiftly can greatly add to our workload and are more costly to administer.

The Complaints Handling Procedure will help us do our job better, improve relationships with our customers and enhance public perception of Inverclyde IJB. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.

**Louise Long**  
**Chief Officer**  
**Inverclyde Health & Social Care Partnership**



## Structure of the Complaints Handling Procedure

1. This Complaints Handling Procedure (CHP) explains to staff how to handle complaints. The CHP consists of:
  - Overview and structure ([part 1](#)) – this document
  - When to use the procedure ([part 2](#)) – guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply
  - The complaints handling process ([part 3](#)) – guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
  - Governance of the procedure ([part 4](#)) – staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints
  - The customer/service user-facing CHP ([part 5](#)) – information for customers/service users on how we handle complaints
2. When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the SPSO. [www.spsso.org.uk](http://www.spsso.org.uk)

## Overview of the CHP

3. Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email.
4. We will try to resolve complaints to the satisfaction of the customer/service user wherever this is possible. Where this isn't possible, we will give the customer/service user a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
5. Our complaints procedure has two stages. We expect the majority of complaints will be handled at stage 1. If the customer/service user remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into stage 2 straight away and skip stage 1.
- 6.

<p><b>Stage 1: Frontline response</b></p> <p>For issues that are straightforward and simple, requiring little or no investigation 'On-the-spot' apology, explanation, or other action to put the matter right</p> <p>Complaint resolved or a response provided in <b>five working days</b> or less (unless there are exceptional circumstances)</p> <p>Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response</p> <p>Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing)</p> <p>We will tell the customer/service user how to escalate their complaint to stage 2</p>	<p><b>Stage 2: Investigation</b></p> <p>Where the customer/service user is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'</p> <p>Complaint acknowledged within <b>three working days</b></p> <p>We will contact the customer/service user to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement)</p> <p>Complaint resolved or a definitive response provided within <b>20 working days</b> following a thorough investigation of the points raised</p>	<p><b>Independent external review (SPSO or other)</b></p> <p>Where the customer/service user is not satisfied with the stage 2 response from the service provider</p> <p>The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider</p>
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7. For detailed guidance on the process, see [Part 3: The complaints handling process](#).

## Expected behaviours

8. We expect all staff to behave in a professional manner and treat customers/service users with courtesy, respect and dignity. We also ask customers/service users bringing a complaint to treat our staff with respect. We ask customers/service users to engage actively with the complaint handling process by:
  - telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
  - working with us to agree the key points of complaint when an investigation is required; and
  - responding to reasonable requests for information.
9. We have a Dignity and Respect at work policy in place for when these standards are not met.
10. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the customer/service user acting in an unacceptable way.
11. Customers/service users who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some customers/service users may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions such as unreasonable persistence, threats or offensive behaviour from customers/service users. Where we decide to restrict access to a customer/service user under the terms of our policy, we have a procedure in place to communicate that decision, notify the customer/service user of their right of appeal, and review any decision to restrict contact with us.
12. If we decide to restrict a customer/service user's contact, we will be careful to follow the process set out in our policy and to minimise any restrictions on the customer/service user's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the customer/service user. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the customer/service user to the SPSO (see [Part 3: Signposting to the SPSO](#)).
13. The SPSO has [guidance on promoting positive behaviour and managing unacceptable actions](#).

## **Maintaining confidentiality and data protection**

14. Confidentiality is important in complaints handling. This includes maintaining the customer/service user's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
15. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.
16. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer/service user information. More guidance on data sharing can be found on the [Information Commissioner's Office](#) website.
17. There may be situations where a response to a complaint may be limited by confidentiality, such as:
  - where a complaint has been raised against a staff member and has been upheld – we will advise the customer/service user that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.
  - where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.

# **Complaints Handling Procedure for Inverclyde Integration Joint Board (IJB)**

## **Part 2: When to use this procedure**

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## What is a complaint?

18. Inverclyde IJB's definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about Inverclyde Integration Joint Board's action or lack of action, or about the standard of service provided by or on behalf of Inverclyde IJB.'
19. For clarity, where an employee also receives a service from Inverclyde IJB as a member of the public, they may complain about that service.
20. A complaint may relate to the following, but is not restricted to this list:
  - failure or refusal to provide a service
  - inadequate quality or standard of service, or an unreasonable delay in providing a service
  - dissatisfaction with one of our policies or its impact on the individual
  - failure to properly apply law, procedure or guidance when delivering services
  - failure to follow the appropriate administrative process
  - conduct, treatment by or attitude of a member of staff or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves: see **Complaints about contracted services**); or
  - disagreement with a decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
21. **Appendix 1** provides a range of examples of complaints we may receive, and how these may be handled.
22. A complaint **is not**:
  - a routine first-time request for a service (see **Complaints and service requests**)
  - a request for compensation only (see **Complaints and compensation claims**)
  - issues that are in court or have already been heard by a court or a tribunal (see **Complaints and legal action**)
  - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
  - a request for information under the Data Protection or Freedom of Information (Scotland) Acts
  - a grievance by a staff member or a grievance relating to employment or staff recruitment
  - a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
  - a concern about a child or an adult's safety
  - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
  - abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our Unacceptable Actions Policy or

- a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf: see **Complaints about contracted services**).

23. **Appendix 2** gives more examples of 'what is not a complaint' and how to direct customers/service users appropriately.
24. We will not treat these issues as complaints, and will instead direct customers/services users to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
25. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the customer/service user, and tell them what (if any) action we will take, and why. See **What if the CHP does not apply**.



## Who can make a complaint?

26. Anyone who receives, requests, or is affected by our services can make a complaint.
27. We also accept complaints from the representative of a person who is dissatisfied with our service. See **Complaints by (or about) a third party**.

## Supporting the customer/service user

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28. All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers/service users may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers/service users may need support to overcome these barriers.
29. We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:
- the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
  - the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a ‘mental disorder’ (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.

Examples of how we will meet our legal duties are:

- proactively checking whether members of the public who contact us require additional support to access our services
  - providing interpretation and/or translation services for British Sign Language users; and
  - helping customers access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).
30. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:
- helping vulnerable customers identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups)
  - helping customers access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen’s Advice Scotland); and
  - providing a neutral point of contact for complaints (where the relationship between customers and frontline staff is significant and ongoing).
31. These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.

## How complaints may be made

32. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
33. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised. Where it is clear that a complex complaint will be immediately considered at stage 2 (investigation), it may be helpful to complete a complaint form with the customer's/service user's input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.
34. Complaint issues may also be raised on **digital platforms** (including **social media**).
35. Where a complaint issue is raised via a digital channel managed and controlled by Inverclyde IJB, (for example an official twitter address or facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
36. We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a youtube video or post on a private facebook group). In such cases we **may** respond, where we consider it appropriate, by telling the person how they can complain.
37. We must always be mindful of our data protection obligations when responding to issues online or in a public forum. See [Part 1: Maintaining confidentiality and data protection](#).

### **Time limit for making complaints**

38. The customer/service user must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
39. Where a customer/service user has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances they must request this either:
- within six months of when they first knew of the problem; or
  - within two months of receiving their stage 1 response (if this is later).
40. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the customer/service user or useful learning for the organisation.
41. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

## Particular circumstances

### Complaints by (or about) a third party

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42. Sometimes a customer/service user may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a customer/service user, we must ensure that the customer/service user has authorised the person to act on their behalf. It is good practice to ensure the customer/service user understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves.
43. The provision of a signed mandate from the customer/service user will normally be sufficient for us to investigate a complaint. If we consider it is appropriate we can take verbal consent direct from the customer/service user to deal with a third party and would normally follow up in writing to confirm this.
44. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.
45. See also [Part 1: Maintaining confidentiality and data protection](#).

In circumstances where the person does not have the capacity to consent to the complaint being made on their behalf, it is likely to be relevant (for example) to make a judgement call on whether the person making the complaint on the person's behalf has a legitimate interest in the person's welfare and that there is no conflict of interest. It would also be good practice to keep the patient on whose behalf the complaint is being made, informed of the progress of any investigation into the complaint, in so far as that is possible and appropriate.

Independent advocates may bring complaints on behalf of service users or other customers, if they are unable to raise an issue themselves, or if they are unable to identify when something is wrong.

If there are concerns that a complaint has been submitted by a third party without appropriate authority from the customer/service user, advice should be sought from senior colleagues. The provision of a signed mandate from the customer/service user will normally be sufficient for us to investigate a complaint. However, the timing of when we require this mandate may vary depending on the circumstances. If the complaint raises concerns that require immediate investigation, this should not be delayed while a mandate is sought. It will, however, be required before the provision of a full response to the third party. Third parties acting in the capacity of Welfare Power of Attorney or Welfare Guardian are required to submit a written certificate of authorisation.

### Serious, high-risk or high-profile complaints

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46. We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior

management's direct input. Serious, high-risk or high-profile complaints should normally be handled immediately at stage 2 (see [Part 3: Stage 2: Investigation](#)).

47. We define potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to an organisation's operations
- present issues of a highly sensitive nature, for example concerning:
  - a particularly vulnerable person, or
  - child protection.

### **Anonymous complaints**

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48. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by the complaints manager

49. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.

50. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

### **What if the customer/service user does not want to complain?**

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51. If a customer/service user has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the customer/service user to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer/service user is updated on the action taken and gets a response to their complaint.

52. If the customer/service user insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).

53. Please refer to the example in **Appendix 1** for further guidance.

### **Complaints involving more than one area or organisation**

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54. If a complaint relates to the actions of two or more areas within our organisation, we will tell the customer/service user who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised.

55. If a customer/service user complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, the customer/service user should be advised to contact the appropriate organisation directly.
56. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about Inverclyde IJB through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection. See [Part 1: Maintaining confidentiality and data protection](#).

### **Complaints about contracted services**

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57. Where we use a contractor to deliver a service on our behalf we recognise that we remain responsible and accountable for ensuring that the services provided meet Inverclyde IJB's standard (including in relation to complaints). We will either do so by:
- ensuring the contractor complies with this procedure; or
  - ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the customer/service user is signposted to the SPSO.
58. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
59. Inverclyde IJB has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

### **Complaints about senior staff**

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60. Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

### **Complaints and other processes**

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61. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

### **Complaints and service requests**

62. If a customer/service user asks Inverclyde IJB to do something (for example, provide a service or deal with a problem), and this is the first time the customer/service user has contacted us, this would normally be a routine service request and not a complaint.
63. Service requests can lead to complaints, if the request is not handled promptly or the customer/service user is then dissatisfied with how we provide the service.

## **Complaints and disciplinary or whistleblowing processes**

64. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.
65. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether Inverclyde IJB failed to meet our expected service standards and what we have done to improve things, in general terms.
66. Staff investigating such complaints will need to take extra care to ensure that:
- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
  - all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
  - we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).
67. The SPSO's report [Making complaints work for everyone](#) has more information on supporting staff who are the subject of complaints.

## **Complaints and compensation claims**

68. Where a customer/service user is seeking financial compensation only, this is not a complaint. However, in some cases the customer/service user may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

## **Complaints and legal action**

69. Where a customer/service user says that legal action is being actively pursued, this is not a complaint.
70. Where a customer/service user indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handler or the complaints manager and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.
71. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.





## **What to do if the CHP does not apply**

72. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer/service user why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
73. Where a customer/service user continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to take action under our Unacceptable Actions Policy.
74. The SPSO has issued a [template letter for explaining when the CHP does not apply](#).

## Appendix 1 – Complaints

The following table shows specific examples of complaints that may be considered at the frontline stage, and suggest possible actions.

Complaint	Possible actions
Complaints relating to the Strategic Plan of the HSCP	Identify specific areas of concern and discuss with complainant how the Strategic Plan was created and which stakeholders were involved..
Complaints relating to the budget allocated to an HSCP Service	Discussion with the complainant on how the priority areas are identified via the Scottish Government and the budgets are allocated according to this priority. The remaining allocations are agreed via the IJB and local stakeholders.
Complaints relating to the non involvement of a local third sector service provider in the strategic plan	Collect all the details regarding the third sector provider and discuss at the IJB if there is a way to utilise the services and involve them going forward.

## **Appendix 2 – What is not a complaint?**

A concern may not necessarily be a complaint. For example, a customer/service user might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively and the customer/service user has to keep on asking for service.

A customer/service user may also be concerned about a decision made by the organisation. These decisions may have their own specific review or appeal procedures, and, where appropriate, customers/service users must be directed to the relevant procedure.

**Example 1: Service user is not happy with the service being provided by the Community Mental Health Team.** This should be dealt with using the NHS Complaints procedure and the complainant advised this will be passed to the relevant team.

**Example 2: Care at home workers are constantly late and rude to the service users partner.** This should be dealt with using the Council complaints procedure and the complainant advised this will be passed to the relevant team.

**Example 3: There is no parking at the Inpatient Unit.** This should be dealt with using the NHS Complaints procedure and the complainant advised this will be passed to the relevant team.

**Example 4: Service user has requested to see their records and is not happy with the content.** This should be dealt with using the NHS/Council Complaints procedure and the complainant advised this will be passed to the relevant team.

# Complaints Handling Procedure for Inverclyde Integration Joint Board (IJB)

## Part 3:

### The complaints handling process

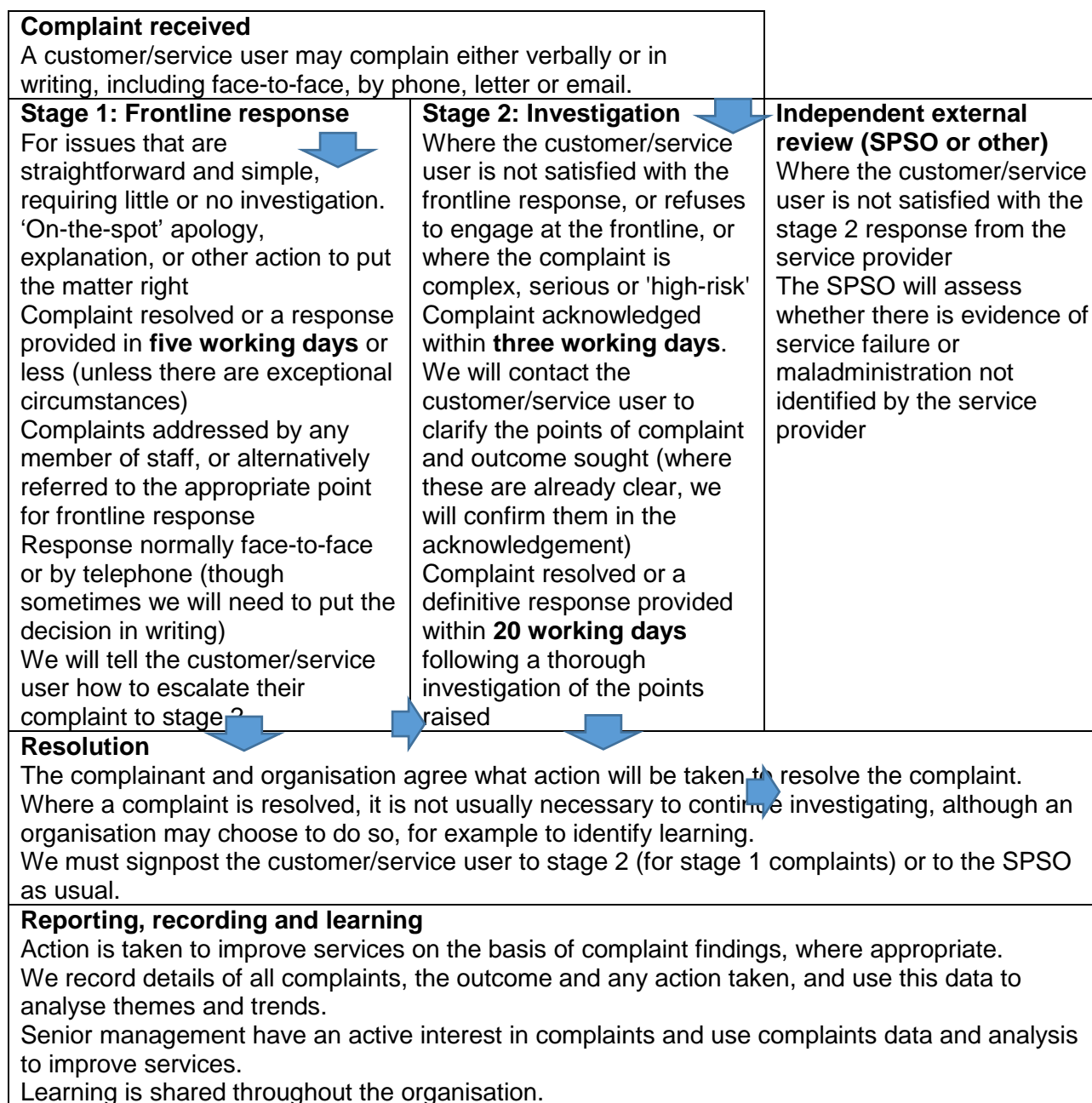
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## The complaints handling process

1. Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well-trained staff. Where possible, we will **resolve** the complaint to the customer's/service user's satisfaction. Where this is not possible, we will give the customer/service user a clear and reasoned response to their complaint.



## Resolving the complaint

2. A complaint is **resolved** when both Inverclyde IJB and the customer/service user agree what action (if any) will be taken to provide full and final resolution for the customer/service user, without making a decision about whether the complaint is upheld or not upheld.
3. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
4. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the customer/service user or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
5. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See **Alternative complaint resolution approaches**.
6. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the customer's/service user's agreement to this as a final outcome. In some cases it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
7. In all cases, we must record the complaint outcome (resolved) and any action taken, and signpost the customer/service user to stage 2 (for stage 1 complaints) or to the SPSO as usual (see **Signposting to the SPSO**).
8. If the customer/service user and Inverclyde IJB are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

## What to do when you receive a complaint

9. Members of staff receiving a complaint should consider four key questions. This will help them to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

### **What exactly is the customer's/service user's complaint (or complaints)?**

10. It is important to be clear about exactly what the customer/service user is complaining about. We may need to ask the customer/service user for more information and probe further to get a full understanding.
11. We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.
12. If the matter is not suitable for handling as a complaint, we will explain this to the customer/service user (and signpost them to SPSO). There is detailed guidance on this step in [Part 2: When to use this procedure](#).
13. In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2 (see **Stage 2: Investigation**).

### **What does the customer/service user want to achieve by complaining?**

14. At the outset, we will clarify the outcome the customer/service user wants. Of course, the customer/service user may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

### **Can I achieve this, or explain why not?**

15. If a staff member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
16. The customer/service user may expect more than we can provide. If so, we will tell them as soon as possible.
17. Complaints which can be resolved or responded to quickly should be managed at stage 1 (see **Stage 1: Frontline response**).

### **If I cannot respond, who can help?**

18. If the complaint is simple and straightforward, but the staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or area of service involved, they should pass the complaint to someone who can respond quickly.
19. If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at stage 2. If the customer/service user refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2. See



**Stage 2: Investigation.**

## Stage 1: Frontline response

20. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.
21. Any member of staff may deal with complaints at this stage (including the staff member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
22. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the [SPSO guidance on apology](#).
23. **Part 2, Appendix 1** gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them.
24. Complaints which are not suitable for frontline response should be identified early, and handled immediately at **stage 2: investigation**.

## Notifying staff members involved

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25. If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

## Timelines

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26. Frontline response must be completed within **five working days**, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday).

## Extension to the timeline

27. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with an appropriate manager. We will tell the customer/service user about the reasons for the extension, and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than **ten working days** in total from the date of receipt).
28. If a complaint will take more than five working days to look into, it should be handled at stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at stage 1 if it is clear that it can be handled within the extended timeframe of up to ten working days.
29. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response.

30. **Appendix 1** provides further information on timelines.

### **Closing the complaint at the frontline response stage**

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31. If we convey the decision face-to-face or on the telephone, we are not required to write to the customer/service user as well (although we may choose to). We must:

- tell the customer/service user the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)
- explain the reasons for our decision (or the agreed action taken to resolve the complaint (see **Resolving the complaint**)); and
- explain that the customer/service user can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the customer/service user has completed stage 2).

32. We will keep a full and accurate record of the decision given to the customer/service user. If we are not able to contact the customer/service user by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.

33. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).

34. The complaint should then be closed and the complaints system updated accordingly.

35. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

## Stage 2: Investigation

36. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
- the customer/service user is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the customer/service user must escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later (see [Part 2: Time limits for making a complaint](#))
  - the complaint is not simple and straightforward (for example where the customer/service user has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
  - the complaint relates to serious, high-risk or high-profile issues (see [Part 2: Serious, high-risk or high-profile complaints](#)).
37. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the customer/service user a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).
38. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.
39. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see **Alternative complaint resolution approaches**).

### Acknowledging the complaint

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40. Complaints must be acknowledged within three working days of receipt at stage 2.
41. We must issue the acknowledgement in a format which is accessible to the customer/service user, taking into account their preferred method of contact.
42. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the customer/service user to get in touch with us immediately if they disagree. See **Agreeing the points of complaint and outcome sought**.
43. Where the points of complaint and expected outcomes are not clear, we must tell the customer/service user we will contact them to discuss this.

### Agreeing the points of complaint and outcome sought

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44. It is important to be clear from the start of stage 2 about the points of complaint to be investigated and what outcome the customer is seeking. We may also need to manage the customer's/service user's expectations about the scope of our investigation.

45. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the customer/service user when acknowledging the complaint (see **Acknowledging the complaint**).

46. Where the points of complaint and outcome sought are not clear, we must contact the customer/service user to confirm these. We will normally need to speak to the customer/service user (by phone or face-to-face) to do this effectively. In some cases it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the customer/service user have a shared understanding of the complaint. When contacting the customer/service user we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the customer/service user.

47. In all cases, we must have a clear shared understanding of:

- **What are the points of complaint to be investigated?**

While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.

We will make every effort to agree the points of complaint with the customer/service user (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the customer/service user insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). We will manage any such cases in accordance with our *[unacceptable actions policy, or equivalent]*, bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.

- **Is there anything we can't consider under the CHP?**

We must explain if there are any points that are not suitable for handling under the CHP (see [Part 2: What to do if the CHP does not apply](#)).

- **What outcome does the customer/service user want to achieve by complaining?**

Asking what outcome the customer/service user is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

- **Are the customer's/service user's expectations realistic and achievable?**

It may be that the customer/service user expects more than we can provide, or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the customer/service user as soon as possible.

## Notifying staff members involved

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48. If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named, but can be identified from the complaint). We will:

- share the complaint information with the staff member/s (unless there are compelling reasons not to)
- advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
- discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
- signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).

49. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met. See also [Part 2: Complaints and disciplinary or whistleblowing processes](#).

## Investigating the complaint

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50. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:

- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails)
- what should have happened? (this should include any relevant policies or procedures that apply); and
- is there a difference between what happened and what should have happened, and is Inverclyde IJB responsible?

51. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).

52. If we need to share information within or outwith the organisation, we will be mindful of our obligations under data protection legislation. See [Part 1: Maintaining confidentiality and data protection](#).

53. The SPSO has resources for conducting investigations, including:

- [Investigation plan template](#)
- [Decision-making tool for complaint investigators](#)

## Alternative complaint resolution approaches

54. Some complex complaints, or complaints where customers/service users and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.
55. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the customer's/service user's desired outcome.
56. The SPSO has [guidance on alternative complaint resolution approaches](#).
57. If Inverclyde IJB and the customer/service user (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

## Meeting with the customer/service user during the investigation

58. To effectively investigate the complaint, it may be necessary to arrange a meeting with the customer/service user. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
59. As a matter of good practice, a written record of the meeting should be completed and provided to the customer/service user. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

## Timelines

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60. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday):
- complaints must be acknowledged within **three working days**
  - a full response to the complaint should be provided as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

## Extension to the timeline

61. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. It is important to be realistic and clear with the customer/service user about timeframes, and to advise them early if we think it will not be possible to meet the 20 day

timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the customer/service user.

62. Any extension must be approved by an appropriate manager. We will keep the customer/service user and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the customer/service user and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.

63. The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers/service users or others but the person is not available because of long-term sickness or leave
- we cannot obtain further essential information within normal timescales; or
- the customer/service user has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

64. **Appendix 1** provides further information on timelines.

### **Closing the complaint at the investigation stage**

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65. The response to the complaint should be in writing (or by the customer's/service user's preferred method of contact) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of Inverclyde IJB.

66. We will tell the customer/service user the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and in terms of good practice should:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational
- avoid technical terms, but where these must be used, an explanation of the term should be provided
- address all the issues raised and demonstrate that each element has been fully and fairly investigated
- include an apology where things have gone wrong (this is different to an expression of empathy: see [the SPSO's guidance on apology](#))
- highlight any area of disagreement and explain why no further action can be taken
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO (see **Signposting to the SPSO**).

67. Where a complaint has been **resolved**, the response does not need to provide a decision on all points of complaint, but should instead confirm the resolution agreed. See **Resolving the complaint**.



68. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
69. We will record the decision, and details of how it was communicated to the customer, on the complaints system.
70. The SPSO has guidance on responding to a complaint:
- [Template decision letter](#)
  - [Apology guidance](#)
71. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

## Signposting to the SPSO

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72. Once the investigation stage has been completed, the customer/service user has the right to approach the SPSO if they remain dissatisfied. We must make clear to the customer/service user:
- their right to ask the SPSO to consider the complaint
  - the time limit for doing so; and
  - how to contact the SPSO.
73. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are outwith the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.
74. The SPSO recommends that we use the wording below to inform customers/service users of their right to ask the SPSO to consider the complaint. This information should only be included on inverclyde IJB's final response to the complaint.

### Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about *[the organisation]*. The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from *[the organisation]*, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the *[organisation]*'s Complaints Handling Procedure
- it is less than 12 months after you became aware of the matter you want to complain

about, and

- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at [www.spsso.org.uk/complain](http://www.spsso.org.uk/complain) or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Citizens Advice Bureau
- Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)

## Post-closure contact

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75. If a customer/service user contacts us for clarification when they have received our final response, we may have further discussion with the customer/service user to clarify our response and answer their questions. However, if the customer/service user is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

## Appendix 1 - Timelines

### General

1. References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

### Timelines at frontline response (stage 1)

2. We will aim to achieve frontline response within five working days. The date of receipt is **day one**, and the response should be provided (or the complaint escalated) on **day five**, at the latest.
3. If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on **day ten**, at the latest.

### Transferring cases from frontline response to investigation

4. If the customer/service user wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the customer/service user is told this will happen.

### Timelines at investigation (stage 2)

5. For complaints at the investigation stage, **day one** is:
  - the day the case is transferred from the frontline stage to the investigation stage
  - the day the customer/service user asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
  - the date we receive the complaint, if it is handled immediately at stage 2.
6. We must acknowledge the complaint within three working days of receipt at stage 2 i.e. by **day three**.
7. We should respond in full to the complaint by **day 20**, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
8. Exceptionally, we may need longer than the 20 working day limit for a full response. If so, we will explain the reasons to the customer/service user, and update them (and any staff involved) at least once every 20 working days.

### Frequently asked questions

*What happens if an extension is granted at stage 1, but then the complaint is escalated?*

9. The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date, unless an extension is granted).

*What happens if we cannot meet an extended timeframe?*

10. If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.
11. If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and

respond to the complaint). Where a further extension is agreed, we should explain the situation to the customer/service user and give them a revised timeframe for completion. We must update the customer/service user and any staff involved in the investigation at least once every 20 working days.

*What happens when a customer/service user asks for stage 2 consideration a long time after receiving a frontline response?*

12. Unless exceptional circumstances exist, customers/service users should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest). See [Part 2: Time limits for making a complaint](#).

## Appendix 2 – The complaint handling process (flowchart for staff)

<p>A customer/service user may complain verbally or in writing, including face-to-face, by phone, letter or email.</p> <p>Your first consideration is whether the complaint should be dealt with at stage 1 (frontline response) or stage 2 (investigation).</p>	
<p><b>Stage 1: Frontline response</b></p> <p>Always try to respond quickly, wherever we can</p> <p style="text-align: center;">↓</p>	<p><b>Stage 2: Investigation</b></p> <p>Investigate where:</p> <ul style="list-style-type: none"> <li>• The customer/service user is dissatisfied with the frontline response or refuses to engage with attempts to handle the complaint at stage 1</li> <li>• It is clear that the complaint requires investigation from the outset</li> </ul> <p style="text-align: center;">↓</p>
Record the complaint and notify any staff complained about	<p>Record the complaint and notify any staff complained about</p> <p>Acknowledge the complaint within <b>three working days</b></p>
	<p>Contact the complainant to agree:</p> <ul style="list-style-type: none"> <li>• Points of complaint</li> <li>• Outcome sought</li> <li>• Manage expectations (where required)</li> </ul> <p><i>(these can be confirmed in the acknowledgement where the complaint is straightforward)</i></p>
Respond to the complaint within <b>five working days</b> unless there are exceptional circumstances	Respond to the complaint as soon as possible, but within <b>20 working days</b> unless there is a clear reason for extending the timescale
<p>Is the customer/service user satisfied?</p> <p>You must always tell the customer/service user how to escalate to stage 2</p>	<p>Communicate the decision, normally in writing</p> <p>Signpost the customer/service user to SPSO and advise of time limits</p>
<p>(Yes) Record outcome and learning, and close complaint.</p> <p>(No) -&gt; to stage 2</p>	Record outcome and learning, and close complaint
<p>Follow up on agreed actions flowing from the complaint</p> <p>Share any learning points</p> <p style="text-align: center;">↓</p>	

# Complaints Handling Procedure for Inverclyde Integration Joint Board (IJB)

## Part 4: Governance

<i>Version</i>	<i>Description</i>	<i>Date</i>
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## Roles and responsibilities

1. All staff will be aware of:
  - the Complaints Handling Procedure (CHP)
  - how to handle and record complaints at the frontline response stage
  - who they can refer a complaint to, in case they are not able to handle the matter
  - the need to try and resolve complaints early and as close to the point of service delivery as possible; and
  - their clear authority to attempt to resolve any complaints they may be called upon to deal with.
2. Training on this procedure will be part of the induction process for all new staff. Refresher training will be provided for current staff on a regular basis.
3. Senior management will ensure that:
  - Inverclyde IJB's final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of Inverclyde IJB and that the complainant's concerns have been taken seriously
  - it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
  - it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
  - mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in *[the organisation]*; and
  - complaints information is used to improve services, and this is evident from regular publications.
4. **Chief Officer:** The chief officer provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective CHP, with a robust investigation process that demonstrates how we learn from the complaints we receive. The chief officer may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to senior staff. Regular management reports assure the chief officer of the quality of complaints performance.
5. The chief officer is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors. This includes:
  - ensuring performance monitoring for complaints is a feature of the service/management agreements between Inverclyde IJB and contractors



- setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide Inverclyde IJB with an overview of how the contractor is meeting its objectives
6. **Members of the Senior Management Team:** On the chief officer's behalf, the senior management team may be responsible for:
    - managing complaints and the way we learn from them
    - overseeing the implementation of actions required as a result of a complaint
    - investigating complaints; and
    - deputising for the chief officer on occasion.
  7. They may also be responsible for preparing and signing off decisions for customers/service user's, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, the senior management team may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, the senior management team should retain ownership and accountability for the management and reporting of complaints.
  8. **Heads of service:** Heads of service may be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers/service users, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.
  9. **Complaints investigator:** The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer/service user service team, and will be involved in the investigation and in coordinating all aspects of the response to the customer/service user. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.
  10. **The Complaints Manager:** Our complaints manager's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

## **Recording, reporting, learning from and publicising complaints**

11. Complaints provide valuable customer/service user feedback. One of the aims of the CHP is to identify opportunities to improve services across Inverclyde IJB. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
12. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

### **Recording complaints**

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13. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
  - the customer's/service user's name and contact details
  - the date the complaint was received
  - the nature of the complaint
  - the service the complaint refers to
  - staff member responsible for handling the complaint
  - action taken and outcome at frontline response stage
  - date the complaint was closed at the frontline response stage
  - date the investigation stage was initiated (if applicable)
  - action taken and outcome at investigation stage (if applicable)
  - date the complaint was closed at the investigation stage (if applicable); and
  - the underlying cause of the complaint and any remedial action taken.
  - the outcome of the SPSO's investigation (where applicable).
14. If the customer/service user does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
15. Individual complaint files will be stored in line with our document retention policy.

### **Learning from complaints**

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16. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
  - seek to identify the root cause of complaints
  - take action to reduce the risk of recurrence; and
  - systematically review complaints performance reports to improve service delivery.

17. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
18. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action.
- the action needed to improve services must be authorised by an appropriate manager
  - an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
  - a target date must be set for the action to be taken
  - the designated individual must follow up to ensure that the action is taken within the agreed timescale
  - where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
  - any learning points should be shared with relevant staff.
19. SPSO has guidance on [Learning from complaints](#).
20. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

## **Reporting of complaints**

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21. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.
22. We will report at least **quarterly** to senior management on:
- performance statistics, in line with the complaints performance indicators published by SPSO
  - analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

## **Publicising complaints information**

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23. We publish on a **quarterly** basis information on complaints outcomes and actions taken to improve services.

24. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show our customers/service users that we value their complaints.
25. We will publish an **annual** complaints performance report on our website in line with SPSO requirements, and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:
- performance statistics, in line with the complaints performance indicators published by the SPSO; and
  - complaint trends and the actions that have been or will be taken to improve services as a result.
26. These reports must be easily accessible to members of the public and available in alternative formats as requested.

# **Inverclyde Integration Joint Board (IJB) Complaints Handling Procedure**

Inverclyde IJB is committed to providing high-quality services.

**We value complaints and use information from them to help us improve our services.**

1. If something goes wrong or you are dissatisfied with our services, please tell us. This leaflet describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

**What is a complaint?**

2. We regard a complaint as any expression of dissatisfaction about our action or lack of action, or about the standard of service provided by us or on our behalf.

**What can I complain about?**

3. You can complain about things like:
  - failure or refusal to provide a service
  - inadequate quality or standard of service, or an unreasonable delay in providing a service
  - dissatisfaction with one of our policies or its impact on the individual
  - failure to properly apply law, procedure or guidance when delivering services
  - failure to follow the appropriate administrative process
  - conduct, treatment by or attitude of a member of staff or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves); or
  - disagreement with a decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
4. Your complaint may involve more than one Inverclyde IJB service or be about someone working on our behalf.

**What can't I complain about?**

5. There are some things we can't deal with through our complaints handling procedure. These include:
  - a routine first-time request for a service
  - a request for compensation only
  - issues that are in court or have already been heard by a court or a tribunal (if you decide to take legal action, you should let us know as the complaint cannot then be considered under this process)
  - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
  - a request for information under the Data Protection or Freedom of Information (Scotland) Acts
  - a grievance by a staff member or a grievance relating to employment or staff recruitment
  - a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)

- a concern about a child or an adult's safety
  - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
  - abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our Unacceptable Actions Policy or
  - a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf).
6. If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you.

### **Who can complain?**

7. Anyone who receives, requests or is directly affected by our services can make a complaint to us. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on **Getting help to make your complaint** below.

### **How do I complain?**

8. You can complain in person at any of our HSCP or NHS offices, by phone, in writing, by email at [complaints.hscp@inverclyde.gov.uk](mailto:complaints.hscp@inverclyde.gov.uk).
9. It is easier for us to address complaints if you make them quickly and directly to the service concerned. So please talk to a member of our staff at the service you are complaining about. Then they can try to resolve the issue.
10. When complaining, please tell us:
- your full name and contact details
  - as much as you can about the complaint
  - what has gone wrong; and
  - what outcome you are seeking.

### **Our contact details**

By calling: 01475 715280

By email: [complaints.hscp@inverclyde.gov.uk](mailto:complaints.hscp@inverclyde.gov.uk)

### **How long do I have to make a complaint?**

11. Normally, you must make your complaint within six months of:
- the event you want to complain about; or
  - finding out that you have a reason to complain.
12. In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

### **What happens when I have complained?**

13. We will always tell you who is dealing with your complaint. Our complaints procedure has two stages.

#### **Stage 1: Frontline response**

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14. We aim to respond to complaints quickly (where possible, when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.

15. We will give you our decision at stage 1 in five working days or less, unless there are exceptional circumstances.

16. If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:

- within six months of the event you want to complain about or finding out that you have a reason to complain; or
- within two months of receiving your stage 1 response (if this is later).

17. In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

#### **Stage 2: Investigation**

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18. Stage 2 deals with two types of complaint: where the customer/service user remains dissatisfied after stage 1 and those that clearly require investigation, and so are handled directly at this stage. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.

19. When using stage 2:

- we will acknowledge receipt of your complaint within three working days
- we will confirm our understanding of the complaint we will investigate and what outcome you are looking for
- we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and
- where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within 20 working days.

20. If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.



## What if I'm still dissatisfied?

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21. After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.

The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

You can ask the SPSO to look at your complaint if:

- you have gone all the way through the Inverclyde IJB complaints handling procedure
- it is less than 12 months after you became aware of the matter you want to complain about; and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of our final response to your complaint. You can do this online at [www.spsso.org.uk/complain/form](http://www.spsso.org.uk/complain/form) or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on **Getting help to make your complaint** below.

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)

## Getting help to make your complaint

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22. We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.

23. You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance:

**Scottish Independent Advocacy Alliance**

Tel: 0131 510 9410 Website: [www.siaa.org.uk](http://www.siaa.org.uk)

24. You can find out about advisers in your area through Citizens Advice Scotland:

**Citizens Advice Scotland**

Website: **[www.cas.org.uk](http://www.cas.org.uk)** or check your phone book for your local citizens advice bureau.

25. We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in writing, or want this information in another language or format, such as large font, or Braille, please tell us in person, contact us on 01475 715280 or email us at [complaints.hscp@inverclyde.gov.uk](mailto:complaints.hscp@inverclyde.gov.uk).

## **Our contact details**

26. Please contact us by the following means:

**Inverclyde Integration Joint Board (IJB)**

**Complaints**

**Inverclyde HSCP**

**Hector McNeil House**

**7/8 Clyde Square**

**Greenock**

**PA15 1NB**

We can also give you this leaflet in other languages and formats (such as large print, audio and Braille).

## Quick guide to our complaints procedure

### Complaints procedure

You can make your complaint in person, by phone, by email or in writing. We have a **two-stage complaints procedure**. We will always try to deal with your complaint quickly. But if it is clear that the matter will need investigation, we will tell you and keep you updated on our progress.



### Stage 1: Frontline response

We will always try to respond to your complaint quickly, within **five working days** if we can.

If you are dissatisfied with our response, you can ask us to consider your complaint at stage 2.



### Stage 2: Investigation

We will look at your complaint at this stage if you are dissatisfied with our response at stage 1. We also look at some complaints immediately at this stage, if it is clear that they need investigation.

We will acknowledge your complaint within **three working days**.

We will confirm the points of complaint to be investigated and what you want to achieve.

We will investigate the complaint and give you our decision as soon as possible. This will be after no more than **20 working days** *unless* there is clearly a good reason for needing more time.



### Scottish Public Services Ombudsman

If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have handled your complaint, you can ask the SPSO to consider it.

We will tell you how to do this when we send you our final decision.

We will tell you how to do this when we send you our final decision.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 21 June 2021
<b>Report By:</b>	<b>Louise Long Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/29/2021/LL
<b>Contact Officer:</b>		<b>Contact No:</b> 01475 712722
<b>Subject:</b>	<b>ANTI-POVERTY</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Integration Joint Board an update on a series of proposals on the deployment of funds allocated to anti-poverty in Inverclyde, including governance and interventions.

## **2.0 SUMMARY**

- 2.1 In the 2020 Scottish Indices of Multiple Deprivation (SIMD) report a number of data zones within Inverclyde are highlighted as amongst the worst in Scotland, with Greenock Town Centre rated number one in Scotland.
- 2.2 Prior to the SIMD 2020 being published, the Council and its Alliance Partners had already identified three of Inverclyde's six localities (Port Glasgow, Greenock East and Central, Greenock South and South West) as having the greatest level of inequalities, poverty and deprivation in Inverclyde.
- 2.3 The Council, along with the Integration Joint Board, have allocated £1million for specific action to address these inequalities and this papers sets out a range of potential targeted interventions to address these inequalities, along with proposals on governance to support the management of the intervention. The 1 million anti-poverty fund was agreed in 2020 with 750,000 funded from the Council and 250,000 funded by Integration Joint Board.
- 2.4 The Council allocated extra funding for Scottish Welfare Fund and Discretionary Housing Payments in 2017. In recent years this funding has not been required. It is proposed to vire the unallocated £80,000 from the Welfare Reforms Budget to the Anti-Poverty Budget thus increasing the annual sum available to £1.08m.

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that;

- The Integration Joint Board note the proposals and governance structure.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

- 4.1 The Scottish Government published the Scottish Index of Multiple Deprivation (SIMD) report on 28 January 2020. The SIMD is a Scottish Government tool for identifying places in Scotland suffering from deprivation. It uses data relating to multiple aspects of life (income, employment, health, education, access, crime and housing) in order to gain the fullest possible picture of deprivation across Scotland.
- 4.2 Inverclyde is the area with the largest local share of deprived areas, with 45% of data zones among the 20% most deprived in Scotland. Greenock Central is ranked as the most deprived data zone in Scotland.
- 4.3 Prior to Covid -19 pandemic the Council, along with the Integration Joint Board, allocated £1million for specific action to address inequalities and deprivation with a focus on initiatives to address unemployment and employability, support for people experiencing difficulties with alcohol and drugs, mental health or people who are experiencing food insecurities.
- 4.4 The issues faced by the affected by the targeted client group are often complex and multi-generational – so in order to address this a holistic approach across the three Directorates of the Council was adopted via the formation of a senior officer Anti-Poverty Group.
- 4.5 The Anti-Poverty Steering Group provides strategic leadership, monitoring and guidance on the multifaceted challenges associated with this local priority. The Anti-Poverty Steering Group comprises of the Chief Officer for the IJB, Corporate Directors and the two Interim Service Directors, Head of OD, Policy & Communications.
- 4.6 In March 2021, Inverclyde Council completed a series of Community Listening Events and Community Survey Monkey across the 6 Localities, to discuss with key stakeholders what needs to change to offer better support and to meet the needs of people living in Inverclyde and specifically within the most deprived communities. Key themes include;
  - Employment, life skills and apprenticeships for young people and people who are most marginalised from the job market, offer intensive on going and follow up support. Quality employment opportunities for those who have lost their jobs or been furloughed. Ensuring co-ordination and communication so that people who need support for benefits or employment know where to access it and that the services are sharing information for the benefit of the individual.
  - Mental Health and Isolation was discussed at every community listening event and more support is required at grass root level for people to build their resilience and skills. The stakeholders agreed that having safe community spaces would offer local services that were easily accessed and relevant to the community.
  - Food and Utility Insecurity are a concern of many of the stakeholders who participated, food insecurity was affecting those living in poverty prior to Covid 19 pandemic and this has been exacerbated during the lock down period, especially for those who are not entitled to the additional benefits but have experienced a reduction in their income.
  - Asset Based Community Support – People within the smaller localities have worked together to develop services and volunteering opportunities to meet the short term needs of the community with kindness and compassion. These immediate needs include food, clothing, utilities and digital access, which are accumulating and adding to family stress and mental health.

Collaborative service support for those who are on the poverty margin but do not qualify for the benefits available was highlighted across many of the localities.

## **5.0 PROPOSALS AND GOVERNANCE**

- 5.1 It is proposed that the implementation, management and monitoring of the day to day interventions of the Anti-Poverty initiatives will be the responsibility of a 0.6 dedicated team leader this will be situated in the council. Two year budget - Costs for backfilling the redirected hours- £72,000.
- 5.2 Delivery, governance and monitoring of the interventions will be the responsibility of the Implementation Group, consisting of Service Manager – Regeneration, Service Manager - Business Support Engagement, Financial Inclusion and Workforce, Finance Manager – Education and Exchequer, Service Manager Policy, Performance and Partnership and HSCP Service Manager Strategy and Support Services, This group will be Chaired by Head of Culture, Communities & Educational Resources.

The Anti-Poverty Steering Group will lead the strategic overview including reporting on anti-poverty initiatives to Inverclyde Council Policy and Resources Committee. The Anti-Poverty Steering Group will be Chaired by Corporate Director Education, Communities & Organisational Development. An organigram of this proposed structure is attached as appendix 1 of this report.

The Anti-Poverty team leader post will be responsible for the collation of project updates, but not responsible for the delivery of each individual project. The project lead will help those involved with the projects to monitor delivery and evaluation of the projects as well as anticipated medium term outcomes. Updates will be reported to the Policy and Resources Committee on a regular basis. It should be noted that longer term outcomes and longitudinal impact on poverty will be harder to measure for many of the projects.

Regular reports to the council Policy and Resources committee and an annual report to Integration Joint Board on the impact and outcomes.

## **INTERVENTIONS PROPOSED**

### **5.3 Employment - £1,037,000**

It is proposed to implement two local Employment pilots to offer support to a cohort of 20-30 year old males who are unemployed with alcohol or drugs dependencies, often with mental health issues. Males tend to make up at least 70% of the alcohol and drug service population and these clients do not engage effectively with the Council or other support services due to their chaotic lifestyle which often includes crime. It is proposed to provide a pipeline of three dedicated Grade 6 outreach support posts for 24 months to these individuals; to engage with them, gain their trust, provide intensive activities through a diversionary approach with a view to making them job ready after one year and provide them with one years' worth of paid employment in year 2, with appropriate ongoing support. An initial pilot will target Greenock Town Centre clients with a second pilot following in Port Glasgow Town Centre, each pilot will support 15 clients. In the SIMD 2020 figures Inverclyde's most deprived data zone, which is located in Greenock town centre, has an income deprivation rate of 48% and an employment deprivation rate of 44%. Further analysis of our most deprived town centres datazones has identified a cohort of 20-30 year old males with complex barriers to employment, often mental health and addictions,



and involved in crime. There are major challenges to be overcome in relation to reducing poverty and deprivation, increasing employment opportunities, improving health and reducing health inequalities. To be successful in tackling this issue it will need to be delivered through stronger, more targeted collaborative working which we consider these pilots capable of achieving as well as the added benefit in year two of paid employment being reinvested in the community.

#### 5.4 **School Linked Social Workers £202,000**

Based on the findings of the CELSUS work around early intervention and child neglect and the links to poverty it is proposed to allocate two full time social workers to the most deprived school cluster areas in Inverclyde. The service will be piloted for an initial two year period and the social workers can be redeployed at the end of this period if the pilot stops.

#### 5.5 **Business Start Up - £167,000**

Employ a dedicated business development officer for a two year period to provide business start-up and business development support in the most deprived data zones. (SIMD 2020). This funding will be allocated between employment costs £92,000 salary / support development costs £75,000.

#### 5.6 **Food Insecurity - £124,000 for two years**

The first Inverclyde Zero Waste Food Pantry opened in early December 2020 and the membership has steadily increased to more than 400 members at the end of March 2021. The table below provides an update of the location members of the pantry

Postcode	Members
PA14	37
PA15	98
PA16	244
PA18	3
PA19	20

Providing a total of £60,000 towards the running costs of the Pantry for the next 2 years which will offer the Inverclyde Community Development Trust with medium-term financial security for the existing pantry whilst it bids for other funding sources to help support and expand the Pantry longer term.

Inverclyde Council has two annual memberships to Glasgow FareShare to supply food to key stakeholder organisations and to the Inverclyde Zero Waste Food Pantry who distribute to their local service users. The cost of the two Fare Share membership will be £64,000 for two years.

#### 5.7 **Fuel Insecurity - £200,000**

Combining the anti-poverty fund with hardship funding will enhance local partnerships with the third and community sector organisations such as IHeat to provide service support for households who are financially insecure. IHeat already support older people over 75 years to ensure that they do not have debts because of utility bills. IHeat currently offer advice, information and funding of £75 for utilities. During Covid -19 pandemic lock down this was increased to £150 of grants because older people were shielding or self-isolating and therefore would be likely to use more gas and electricity. This will be scaled to include people over 70 years with an annual cost of £80,000 per annum.

5.8 In addition, Inverclyde households will receive support through the Wise Group Energy Crisis Fund (IHeat) to ensure that their energy supply is sustained whilst working with the household to equip them with the tools, skills and knowledge to manage their energy usage in future.

- Households with prepaid meters: will receive a £49 top up grant funding provided up to three occasions for households who have prepaid metering that is in or in danger of self-disconnection.
- Households who pay by quarterly credit or monthly budget will receive a one-off charitable grant of £50 that will be allocated to the Customers energy billing account.
- Households with a prepaid meters will be given the opportunity to discuss the option of changing to a lower tariff that meets the needs of the household. This option will be in discussion and at the discretion of the energy provider depending on any outstanding debts. It is likely that the utility company will carry out a credit check prior to agreeing to change the meter however, IHEAT energy advocacy will support the customer to ensure the best utility deal is offered.

5.9 **Financial Fitness - £60,000**

Inverclyde Council provide Financial Fitness with £30,000 of grants per year to offer support in benefits advice and financial management, this provides people across the community with a choice of services for them to seek support and assistance regarding their finances. This cost was previously met from the Welfare Reform Budget.

5.10 **Starter Packs - £74,000**

Starter Packs is a small community organisation who provides those on the lowest income with a range of household products to assist with their first tenancy. Starter Packs also receives £14,000 towards rent for a two year period. This cost was previously met from the Welfare Reform Budget.

5.11 **Early Intervention Support and Mentoring for Families - £104,000**

To provide mentoring and coaching support for families living on low income, and who have challenges with mental health and anxiety. This proposal will provide £52,000 of funding per year to employ staff for a 24 month period to establish and develop a local referral service support for families requiring early intervention support. The funding will equate to supporting approximately 25 to 30 families in Inverclyde in the first 12 months of the initiative.

5.12 **Tail o'the Bank Credit Union - £8,000**

To support Tail o'the Bank with funding for non-domestic rates relief for the period 2021/23.

5.13 **Other Anti-Poverty Initiatives**

These proposals are not the only initiatives or services that will work towards mitigating poverty and deprivation in Inverclyde. The council has a number of policies and plans such as Attainment Challenge, the Child Poverty Action Report, Inverclyde Outcome Improvement Plan and the Recovery Plans all take cognisance of poverty,

deprivation and inequalities as a priority. Many services that the Council provides have either a direct or indirect impact on trying to alleviate families and residents from the impact of poverty including:

- Employability Schemes
- Scottish Welfare Fund/Discretionary Housing Payments
- Attainment Fund
- Early implementation of universal provision of P4 School Meals
- More generous qualifying criteria for FSM and Clothing Grants
- More generous free School Transport eligibility for FSM recipients
- Free internet access in many Council Facilities
- Heating support/grants for the over 75s

5.14 The proposed initiatives in this report take into account the recovery period post Covid-19. Beyond the initial 2 years of this plan, consideration needs to be given to ensure that Inverclyde Council and Integration Joint Board support takes into account the national context and any future Scottish Government initiatives that are put in place. The longer term sustainability of any interventions needs to be taken into account.

#### 5.15 **Summary of Finance**

<b>Proposal</b>	<b>Two year budget</b>
Dedicated team leader (0.6FTE)	£72,000
Local Employment pilots	£1,037,000
Dedicated business development officer	£167,000
School linked Social Workers	£202,000
Food Insecurity Year 2 Pantry and Fare Share Membership	£124,000
Fuel Insecurity	£200,000
Financial Fitness	£60,000
Starter Pack	£74,000
Early Intervention Support and Mentoring for Families	£104,000
Credit Union	£8,000
Total Allocated	£2,048,000
Contingency	£112,000
Total funding	£2,160,000

## 6.0 IMPLICATIONS

### 6.1 FINANCE

Financial Implications

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>
Anti-Poverty	Various	2021/23	800k		£112k remains unallocated over 2021/23

## Annually Recurring Costs / (Savings)

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

### 6.2 LEGAL

There are no legal implications other than those highlighted in the report.

### 6.3 HUMAN RESOURCES

Any HR implications are highlighted in the report.

### 6.4 EQUALITIES

Has an Equality Impact Assessment been carried out?

X	YES
	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.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The services that will be delivered using the £1 million Anti Poverty fund will directly target the most disadvantaged in our communities.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	People with protected characteristics who are more likely to be living in poverty will receive the services directly when they need them.
People with protected characteristics feel safe within their communities.	
People with protected characteristics feel included in the planning and developing of services.	The recent Community Listening Events implemented in Inverclyde asked people with lived experience of poverty and services who support people living in poverty their recommendations, thoughts and key points to take forward to plan and develop the proposals for the Anti-Poverty Interventions. Specific listening events were taken forward and discussed with Care Experienced Young People, people with mental anxiety through Man On and the Adult Learning Community including communities where English is their second language.

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	

## 6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 6.6 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.	Specific initiatives that will be funded with the £1million Anti Poverty fund will promote positive wellbeing, mitigate food insecurity through low cost fresh food available in communities.
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	Support offered to change lifestyles of the most marginalised and those who have been most affected by financial insecurity.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The initiatives funded by the Anti Poverty money will target those who require support and have protected characteristics as identified within the Equalities Act and the Child Poverty Act.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improving the quality of life for the most marginalised, deprived and those living in poverty is central to all the initiatives proposed within these interventions.
Health and social care services contribute to reducing health inequalities.	Improving the quality of life for the most marginalised, deprived and those living in poverty is central to all the initiatives proposed

	within these interventions.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	Improving the quality of life for the most marginalised, deprived and those living in poverty is central to all the initiatives proposed within these interventions.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care services.	Improving the quality of life for the most marginalised, deprived and those living in poverty is central to all the initiatives proposed within these interventions.

## 7.0 DIRECTIONS

### 7.1

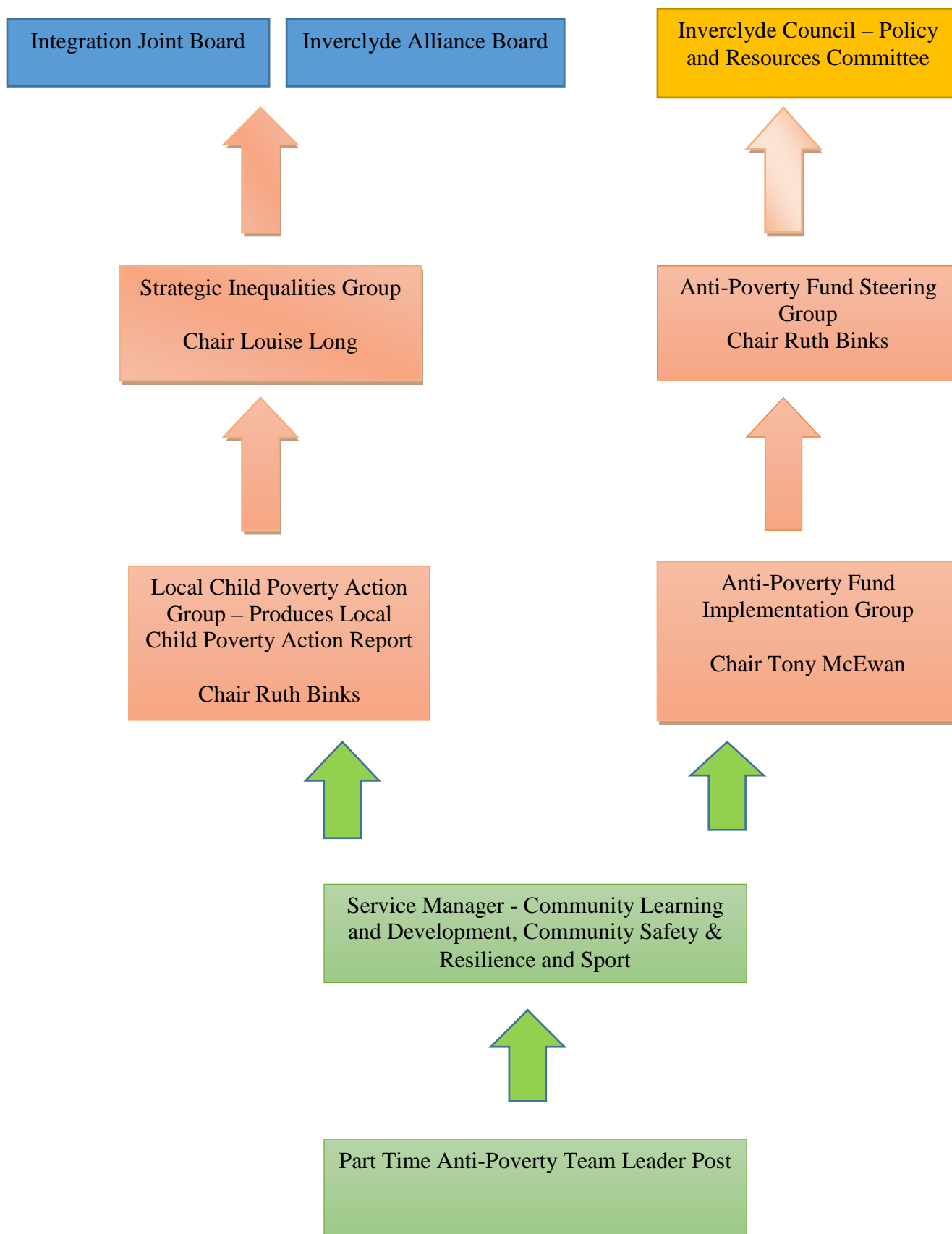
<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 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 Anti-Poverty Governance Structure

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>21 June 2021</b>
<b>Report By:</b>	<b>Louise Long, Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/066/21</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Appointment of Chief Finance Officer</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to confirm the appointment of the Inverclyde Integration Joint Board's (IJB) new Chief Finance Officer.

## **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 The IJB is required to appoint a "proper officer" who has responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973.
- 2.3 At its meeting on 17 May 2021, the IJB noted the short term appointment of its interim Chief Finance Officer and that a process for recruiting a permanent replacement was proceeding. Following this recruitment process, Craig Given was appointed as Chief Finance Officer, with a start date of 12 July 2021.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board
- (1) confirms the appointment of Craig Given as the Chief Finance Officer of the Inverclyde Integration Joint Board as from 12 July 2021; and
  - (2) designates Craig Given as the Inverclyde Integration Joint Board's Section 95 Officer as from 12 July 2021.



## 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.
- 4.2 The IJB is required to appoint a “proper officer” who has responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973.
- 4.3 At its meeting on 17 May 2021, the IJB noted the short term appointment of its interim Chief Finance Officer and that a process for recruiting a permanent replacement was proceeding. Following this recruitment process, Craig Given was appointed as Chief Finance Officer, with a start date of 12 July 2021.
- 4.4 It is appropriate that the “proper officer” role is performed by the Chief Finance Officer of the IJB.

## 5.0 PROPOSALS

- 5.1 It is proposed that the IJB confirms the appointment of Craig Given as Chief Finance Officer and his designation as the IJB’s Section 95 Officer from 12 July 2021.

## 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 recommendations in this report meet the requirement to appoint a Section 95 Officer in terms of the Local Government (Scotland) Act 1973.

### 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 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	None

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

## 7.0 DIRECTIONS

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

## 8.0 CONSULTATIONS

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

## 9.0 BACKGROUND PAPERS

9.1 N/A

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>21 June 2021</b>
<b>Report By:</b>	<b>Louise Long, Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/055/21</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board – Voting Membership Update</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of changes to its Chair and Vice-Chair positions and provide an update in respect of its current voting membership.

## **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 The Integration Scheme and IJB Standing Orders set out the arrangements for the appointment to the positions of Chair and Vice-Chair of the IJB. The current Chair and Vice-Chair have reached the end of their terms of office and this report sets out the proposed changes to these positions.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
1. notes the appointment by Greater Glasgow and Clyde NHS Board of Mr Alan Cowan as Chair of the Inverclyde Integration Joint Board;
  2. notes the appointment by Inverclyde Council of Councillor Jim Clocherty as the Vice Chair of the Inverclyde Integration Joint Board;
  3. 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 Jim MacLeod as proxy;

as voting members of the Inverclyde Integration Joint Board for a further term of office of two years or until the date of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.

## 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 IJB CHAIR AND VICE-CHAIR APPOINTMENTS

- 5.1 In terms of the Integration Scheme (Para. 2.4), the Order and IJB Standing Order 9, the appointment of the Chair and Vice-Chair of the IJB is to rotate every 2 years between Greater Glasgow and Clyde NHS Board and Inverclyde Council, with the Chair being from one party and the Vice-Chair from the other. The current Chair of the IJB was appointed on the nomination of Inverclyde Council and that appointment’s term of office is due to expire in June 2021.
- 5.2 In respect of the new arrangements, Greater Glasgow and Clyde NHS Board have appointed Alan Cowan as Chair of the IJB.
- 5.3 Inverclyde Council confirmed the appointment of Councillor Jim Clocherty as Vice Chair of the IJB on 10 June 2021.
- 5.4 The impact of these changes in voting membership on the membership of the IJB Audit Committee is considered in a separate report on the agenda.

## 6.0 VOTING MEMBERSHIP

- 6.1 Inverclyde Council also agreed at its meeting on 10 June 2021 to the re-appointment of the following voting members to the IJB for a further term of office of 2 years or until the date of the next Local Government Elections (currently scheduled for 5 May 2022), whichever is shorter:

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 Jim MacLeod as proxy.

## 7.0 PROPOSALS

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

## 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 from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

## Legal

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

## 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.

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

## 9.0 DIRECTIONS

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

## 10.0 CONSULTATIONS

- 10.1 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.

## 11.0 BACKGROUND PAPERS

- 11.1 N/A

## Inverclyde Integration Joint Board Membership - 21 June 2021

<b>SECTION A. VOTING MEMBERS</b>		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Vice Chair)  Councillor Luciano Rebecchi  Councillor Lynne Quinn  Councillor Elizabeth Robertson	Councillor Robert Moran  Councillor Gerry Dorrian  Councillor Ronnie Ahlfeld  Councillor Jim MacLeod
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair)  Mr Simon Carr  Ms Dorothy McErlean  Ms Paula Speirs	
<b>SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS</b>		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lisa Branter (Interim until 12 July 2021)	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director  Dr Hector MacDonald	
Registered Nurse	Chief Nurse  Dr Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
<b>SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS</b>		
A staff representative (Council)	Ms Gemma Eardley	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator CVS Inverclyde



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

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>21 June 2021</b>
<b>Report By:</b>	<b>Louise Long, Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/056/21</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board Audit Committee – Membership and Chair and Vice-Chair Appointments</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to agree revised membership arrangements and Chair and Vice-Chair appointments for the Inverclyde Integration Joint Board Audit Committee ("IJB Audit Committee")

## **2.0 SUMMARY**

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

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
1. Appoints one Greater Glasgow and Clyde NHS Board voting member to serve on the Inverclyde Integration Joint Board Audit Committee; and
  2. appoints a Chair and a Vice-Chair to the Inverclyde Integration Joint Board Audit Committee, having due regard to the requirements set out in Paragraph 3.1 of the Inverclyde Integration Joint Board Audit Committee Terms of Reference

with nominations and appointments being made at the meeting;

## 4.0 BACKGROUND

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

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

- 5.1 The current membership of the IJB Audit Committee is set out at Appendix 1.
- 5.2 As the NHS Board is taking over the Chair of the IJB, Alan Cowan can no longer continue as Chair of the IJB Audit Committee. He is also unable to continue as a member of the IJB Audit Committee (see paragraph 5.4 below).
- 5.3 The IJB is therefore required to appoint one new NHS Board voting member to the IJB Audit Committee. The IJB also requires to appoint the Chair (from the Council members) and Vice-Chair (from the NHS Board members) of the IJB Audit Committee.
- 5.4 In terms of paragraph 3.1 of the IJB Audit Committee's Terms of Reference (attached at Appendix 2), the Chair of the IJB should not be a member of the IJB Audit Committee and this will require to be taken into account when agreeing the new Chair and Vice-Chair appointments.

## 6.0 PROPOSALS

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

## 7.0 IMPLICATIONS

### Finance

- 7.1 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

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

### Human Resources

- 7.3 None.

## Equalities

7.4 There are no equality issues within this report.

7.4.1 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.

7.4.2 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

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

## National Wellbeing Outcomes

7.6 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	None

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

## 8.0 DIRECTIONS

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

## 9.0 CONSULTATIONS

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

## 10.0 BACKGROUND PAPERS

10.1 N/A

**Inverclyde Integration Joint Board  
Audit Committee Membership – as at 21 June 2021**

<b>SECTION A. VOTING MEMBERS</b>		
		<b>Proxies (Voting Members)</b>
Inverclyde Council	Councillor Elizabeth Robertson*  Councillor Luciano Rebecchi  <b>*Chair is vacant</b>	Councillor John Crowther  Councillor Gerry Dorrian
Greater Glasgow and Clyde NHS Board	<b>Vacancy**</b>  Ms Paula Speirs  <b>**Vice Chair is also vacant</b>	
<b>SECTION B. NON-VOTING MEMBERS</b>		
A staff representative (Inverclyde Council)	Ms Diana McCrone	
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan	

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

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

5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Audit Committee may co-opt additional advisors as required.
<b>6</b>	<b>Meeting Frequency</b>
6.1	The Audit Committee will meet at least three times each financial year. There should be at least one meeting a year, or part thereof, where the Audit Committee meets the external and Chief Internal Auditor without other senior officers present.
<b>7</b>	<b>Authority</b>
7.1	The Audit Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
<b>8</b>	<b>Duties</b>
8.1	The Audit Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. Acting as a focus for value for money and service quality initiatives;
	2. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	3. Monitoring the annual work programme of Internal Audit;
	4. To consider matters arising from Internal and External Audit reports;
	5. Review on a regular basis action planned by management to remedy 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.
	14. Monitoring progress on the delivery of Directions on a six monthly basis and escalating key delivery issues to the IJB.
<b>9</b>	<b>Conduct of Meetings</b>
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.